Mental Illness Disorder Attributes & Communication Strategies in Successfully Addressing the Callers

NOTE: This Booklet is not an official diagnostic tool. It is NOT designed to officially diagnose individuals, who may be suffering from mental illness. It is simply a template designed to assist 911 operators in the recognition of certain mental disorders and how to properly communicate with them.

Mental illness – is defined as a mental condition marked primarily by mood, thought, personality or emotional disorder.

THE STIGMA OF MENTAL ILLNESS

- Unfair discrimination, rooted in ignorance
- Born of a lack of information or awareness
- Keeps people from seeking help when they need it
- Keeps people from receiving services and basic life necessities

The percentage of acts of violence with persons living with severe mental illness is no greater than among the general population.

People with serious mental illnesses are actually more vulnerable to being victims of violence.

However, when substances are abused, there is a greater percentage of violent behaviors by persons living with mental illness than by the general population.

NOTE OF IMPORTANCE!

There are 2 questions we should ask in reference to those being treated for and suffering from mental illnesses:

1) Has there been any recent medication changes?

2) Has the person been drinking or partaking in any recreational or illicit drug use?

Therefore, it should be a priority to ask if the person of interest is involved in substance abuse, after discovering mental illness is at play.

We will see the following Cognitive Empathy strategies utilized in this booklet:
Neuron Mirroring, Appropriate Open-Ended Questions and Labeling Techniques

LISTEN, LISTEN, LISTEN

a) What do you hear from the caller, and what does the caller hear from you?
b) Listen to what the caller DOES NOT say, as well.
c) Don't ignore your thoughts, experiences, instincts, and feelings.
d) Listen to the caller, but listen to yourself as well
e) Does the caller hear that you have time for them?

Immediate Danger Equals Immediate Action -

Ask about: (consider labeling technique for this)

A) Intent
B) Plans
C) Means

- Listen to what they are saying!
- Did they mention any positives? Encourage them to elaborate
- Focus on realistic goals
- What did they say? Repeat even the smallest goals back to them via Neuron Mirroring technique.
- Be firm, clear, and *honest*
- Let the person know what you can and cannot offer
- Be likable and kind. However, you must be resolute.
- Pick a point in the future that you both can agree on. (i.e. My first and primary objective is to get you to safety.)
- Set limits but avoid a power struggle – *don't argue!*

- Do not sound threatening, angry, afraid, or display inappropriate humor.

Mental disorders you are likely to encounter as a 911 dispatcher

* Schizophrenia
* Major Depression
* Bipolar Disorder (previously manic-depression)
* Post-Traumatic Stress Disorder
* Personality Disorders
* Psychotic Disorders

Schizophrenia is the most common form of psychotic illness. It is not curable, but it is treatable. Schizophrenia is disabling and has a prolonged course that almost always results in ill health and some degree of personality change.

911 Emergency Dispatchers are most likely to encounter the mentally ill during their most manic/acute phase.

Individuals with Schizophrenia

- Know it is a severe brain disorder
- Onset between ages 16 and 25
- Person experiences psychotic symptoms
- Personality changes after onset (not split personality)
- Experiences loss of "self"
- Thinking that is incomprehensible to others and appears illogical
- Loosening of associations - ideas are disconnected, and may jump from one topic to another
- Delusions or false beliefs
- Loss of contact with reality
- Hallucinations-audio, visual, tactile, and/or olfactory(smell)
- Illusions, de-personalization, loss of emotion
- Sense of body change

- Disturbance of behavior may be bizarre, and inappropriate. Posturing, grimacing, ritual behavior, excessive stillness, aggression, and some sexual inappropriateness

  Behavior and thought may be:
  * Paranoid
  * Grandiose
  * Delusional
  * Persecutory
  * Jealousy
  * May be uncooperative, difficult to deal with, angry or fearful

  About Schizophrenia
- 10% commit suicide
- Affects 1% of people worldwide
- Unknown cause
- Can be successfully managed with medicine, psychiatric care, and caregiver support

Individuals with schizophrenia are no more violent than the general population.

However, just as with the general population, increased substance abuse increases propensity for illegal behaviors.

Guidelines for Dealing with Schizophrenic Persons
* Show respect and dignity
* Make a noticeable attempt to understand the context of the person's statements, and allow them to vent
* Don't argue about or try to change the persons sense of reality. (What they are experiencing is very real to them.)
* Try to develop reality-based issues – location, injuries, their needs, medications and treatment, history
* Use Active Listening Skills and Cognitive Empathy
* Use terms like "Us" and "We" rather than "You" and "Me"

Major Depression is the most likely mood disorder to be present.
It is often referred to as the "common cold" of psychological disorders, about 20% of the general population suffers from clinical depression

Symptoms of Depression

- Pervasive sadness
- Feelings of hopelessness & helplessness
- Feelings of unworthiness
- Self-blaming, guilt
- Brooding over past mistakes
- Sleep & Appetite disturbances
- Crying spells, loss of appetite, apathy
- Psychomotor retardation
- Experience of recent loss
- May be situational or chronic
- Not necessarily obviously suicidal
- Medication usage, be sure to ASK

Major Depression

- High risk of suicide if untreated
- Recurrent thoughts of death (not just fear of dying)
- Recurrent suicidal thoughts without a specific plan, or a
- Suicide attempt or a specific plan for committing suicide
- A person who is ill with Major Depression may also experience transient psychosis

Strategies: Depression

- Be patient - use Active Listening
- Maximize Cognitive Empathy utilizing the taught Neuron Mirroring techniques and Labeling techniques.
- Discuss real world - Here & Now
- ASK ABOUT SUICIDE
- Ask about medications, INCLUDING RECENT MEDICATION CHANGES

- Expect honesty about the situation
- Expect ambivalence by subject
- Find Hope ("Hook") expand the person's options
- Beware of sudden improvement
- Family and friends are an important resource, but there are cautions to consider, HOWEVER, they may also be the TRIGGER.

Bipolar Disorder (previously manic-depression)

What is Bipolar Disorder?

Bipolar disorder causes dramatic mood swings—from overly "high" and/or irritable to sad and hopeless, and then back again, often with periods of normal mood in between. Severe changes in energy and behavior go along with these changes in mood. The periods of highs and lows are called episodes of mania and depression.

Signs and symptoms of *mania* (or a *manic episode*) include:

- Increased energy, activity, and restlessness
- Excessively "high," overly good, euphoric mood
- Extreme irritability
- Racing thoughts and talking very fast, jumping from one idea to another
- Distractibility, can't concentrate well
- Little sleep needed
- Unrealistic beliefs in one's abilities and powers
- Poor judgment
- Spending sprees
- Impulsive involvement in various activities
- Increased sexual drive
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life.

Strategies: Manic and Psychotic

- Avoid arguments
- Do not try to rationally convince someone that their delusions are wrong – they will stop talking to you about it.
- A person's need to explain allows opportunity to build rapport - just listen
- Utilize the taught Neuron Mirroring technique
- Strive for honesty - promote trust
- Convey taught cognitive empathy techniques, without appearing threatening.
- Be clear and specific
- Offer protection; help the person feel less isolated and alone
- Address the person's fears and offer constant reassurance
- Find out if it is possible to speak to someone else in the home who knows the person?

Post-Traumatic Stress Disorder

* PTSD may occur if exposed to an event that is considered traumatic.
    * Obvious traumas as rape, military combat, torture, natural disasters, and transportation or workplace disasters.
    * Repeated traumas of long duration as child abuse, domestic violence, stalking, cult membership, and hostage situations may produce symptoms of PTSD in survivors.
    * Symptoms may begin immediately after the Painful feelings of guilt
    * Sense of foreshortened future – does not expect to have career, marriage or normal lifespan
    * Hyper vigilance – irritability, exaggerated startle response. This abnormally intense startle response may be the most

characteristic symptom of PTSD event or may develop months later. The disorder is marked by the development of specific characteristic symptoms. The symptoms may include:

* Recurring dreams or memories about the event (flashbacks).
* A sense of personal isolation and a deadening of feelings
* Disturbed sleep and concentration
* 911 Emergency Dispatchers and First Responders are at risk for PTSD
* May witness or be involved in traumatic situations
* "Secondary" post-traumatic stress is based on the concept that those who care for or interact with individuals who suffer trauma can also become traumatized.
* This type of trauma can be seen in therapists, social workers, Fire, EMS, and law enforcement personnel including Telecommunicators. With these types of workers, common recurring relationship patterns causing PTSD may include:
* Allies versus enemies
* Interaction with the exploiter and the exploited
* Interaction with aggressors and their victims
* Interaction between rescuer and victim
* The symptoms associated with secondary post-traumatic stress also include:
* Losing faith: These individuals may begin questioning their religious or other beliefs, which up until the traumatic event were strong.
* Vulnerability: A heighted sense of vulnerability, cynicism, or distrust may arise.
* Feelings of guilt and/or grief: Overwhelming feelings guilt or grief is often experienced, especially if the person perceives that they could have prevented the traumatic event.

Strategies

- Utilize Emotional Intelligence, which is that ability to identify and manage our own emotions, as well as the emotions of the caller.
- Avoid arguments or getting angry
- A person's need to explain allows opportunity to build rapport - just listen
- Utilize the taught Neuron Mirroring technique
- Promote trust
- Convey taught cognitive empathy techniques, without appearing threatening.
- Address the person's fears, offering constant reassurance.
- Utilize appropriate labeling, taught earlier.

Personality Disorders

- Histrionic - overly theatrical or melodramatic in character or style.
- Narcissistic
- Antisocial
- Tend to be overly emotional, unstable, or self-dramatizing
- Passive-Aggressive
- Avoidant
- Dependent
- Obsessive Compulsive –
- Tend to appear tense, rigid and anxiety-ridden to others
- Borderline

Strategies: Personality Disorders

- Appropriate use of Open-Ended Questioning taught earlier.
- Appropriate use of Labeling, taught earlier
- Appropriate use of Neuron Mirroring, taught earlier
- Assurance that you are there for them and want to help them.
- AVOID a judgmental attitude.

Psychotic Disorders

- Disorders in which a person loses contact (*partial or complete*) with reality.
- May display "*Odd*" & "*Eccentric*" clusters of behavior.

Three Main Characteristics

- Disorganized Thinking
- Disturbed Perceptions
- Inappropriate Emotions & Actions

Disorganized Thinking

Delusions - false beliefs, often of persecution or grandeur, despite evidence to the contrary

Formal Thought Disorder - thoughts spill out in no logical order, randomly jumping from one idea to the next, talking in a "word salad"

Disturbed Perceptions

Hallucinations - sensory experiences without known external cause.

- Most problematic are auditory
- Misheard or mumbled conversation
- Beware of "Command Voices"
- Can involve any/all five senses
- most common are auditory and visual

Other Symptoms

- Paranoia - Believing that others want to harm, poison or plot against you.
- Affective flattening - Unable to respond emotionally
- Avolition - Lack of motivation or drive, lack of behaviors or feelings

Inappropriate Emotions & Actions

- Laughs when describing trauma, flat affect when describing fear – or total absence of emotions
- Engages in rhythmic behaviors in a compulsive manner such as rocking, rubbing arm, twirling hair, etc.
- May serve a self-soothing function

Strategies: Psychotic Disorders

- Remain calm
- Listen carefully
- Repeat verbatim what the person says, even if bizarre utilizing the taught Neuron Mirroring technique – (Note: PLEASE be careful with your tone)
- Avoid arguments
- Let them know you want to understand.
- Offer to help-give simple directions.
- Do not laugh at them or get angry with them.
- Do not yell at them.

Dementia - Collection of symptoms resulting from disease or trauma to the brain.

- Memory loss
- Impaired judgment
- Disorientation to time and place
- Gait, motor and balance problems
- Neglect of personal care and safety
- Inappropriate behavior
- Hallucinations,
- Paranoia or Agitation

What might you observe with a person with Dementia?

- Repeatedly asks the same questions
- Becomes lost or disoriented in familiar places
- Unable to follow directions
- Neglects personal safety, hygiene and nutrition
- Difficulty with routine tasks

Normal Memory Changes or Dementia?

Typical Aging Attributes

- Complains about memory loss, but able to provide examples of forgetfulness

- May have to pause to remember directions but doesn't get lost in familiar places

- Remembers recent important events

- Interpersonal skills are at the same level as they have always been

Symptoms of Dementia

- May complain about memory loss only if asked, unable to recall specifics

- Gets lost in familiar places and takes excessive time to return home

- Notable decline in memory for recent events

- Loss of interest in social activities, maybe behave in socially inappropriate ways

Dementia is a collection of *symptoms, while Alzheimer's* is a *medical disease.*

10 Warning Signs of Alzheimer's Disease

1) Memory loss sufficient to disrupt daily life
2) Problem-solving difficulties
3) Trouble completing familiar tasks
4) Confusion over time or place
5) Difficulty understanding visual images
6) Problems with spoken or written words
7) Misplacing things
8) Poor judgment
9) Withdraw from work or social activities
10) Changes in mood

3 Stages of Alzheimer's

First Stage - Mild - Confusion with simple tasks and functions

Second Stage - Moderate - Problems intensify. Wandering starts (go to work, pick up the kids etc.)

Third Stage - Severe - Significant decline in health.

Individuals with Alzheimer's forget:

a) How to walk
b) How to eat
c) How to swallow
d) How to breath
e) . . . Eventual outcome..... DEATH

Alzheimer's Disease Statistics

- 10% of the population in the US over 65 years of age have Alzheimer's.
- 50% of the population in the US over the age 85 have Alzheimer's

NOTE: As a professional 911 operator, please do not let the words Alzheimer's or Dementia give you a preconceived notion that the caller isn't creditable or doesn't have a real emergency.

When communicating with individuals who have Alzheimer's or Dementia, we need to understand they are not stupid and the following traits are applicable to them:

- They have reasoning power.
- A change in environment will affect their actions.
- At times they study the staff in nursing homes
- They can be good at fooling law enforcement

Why will dispatch get so many calls in reference to Alzheimer's or Dementia patients wandering?

Simple answer is they have a mission:

a) Searching for something, often looking for something familiar or to satisfy a basic need.
b) Escaping from something-result of stress, anxiety or too much stimulation.

Most often, a person with Alzheimer's who wanders:

- Will not follow a logical route
- Will continue in a straight line until they encounter a barrier
- Will often become secluded in a natural area
- Will not call out for help
- Will not respond to rescuers calling their name
- May attempt to hide from rescuers

Important Stats

a) Usually (89%) found within one mile of the Point Last Seen (PLS), half found within 0.5 miles.
b) Subject usually found a short distance from road (50% within 33 yards).
c) Subject may attempt to travel to former residence or favorite place.
d) Succumb to the environment (hypothermia, drowning, and dehydration).
e) They go until they get stuck.
f) Subject usually found in a creek, or drainage and/or caught in briars/bushes (63%)

Stigma of the "A" word

Family member might not say dementia or Alzheimer's—instead you may hear:

a) Memory problems
b) Forgetful

We have to learn to read between the lines and continue asking questions and gathering information.

BEST PRACTICES when directly conversing with individuals, who are suffering from Dementia or Alzheimer Disease

1) Ask *"yes"* or *"no"* questions
2) Speak calm and clear
3) Project compassion and have patience
4) Do not challenge delusions . . . note them in your case and move on.

Alzheimer's Association Safe Return is a great resource to share. It is a 24-hour nationwide emergency response service for people with Alzheimer's and dementia and their caregivers.

Enroll online at www.alz.org or by calling 1-888-572-8566