

Severe and Persistent Mental Illness (SPMI)


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*Adapted from "Crisis Responder Training
for Law Enforcement
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Why are we here?

- ◆ To understand the behaviors and symptoms of those experiencing major mental illness, and/or a mental health crisis
 - ◆ To refresh your techniques on how to respond to those experiencing a mental health crisis
 - ◆ To determine the next steps for those experiencing a mental health crisis
 - ◆ To understand how medications and medical illnesses might account for changes in presentation
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Mental Health vs. Behavioral Health

- ◆ ***Behavioral Health*** seeks to understand the connection between behaviors and overall health
 - a person's behavior, thinking, social environment, and genetics have a direct impact on health
- ◆ Emphasis on prevention as well as treatment
- ◆ Less stigmatizing term than MI
- ◆ Mental illness and substance use can be captured under the BH umbrella

Top Behavioral Health Issues in RI

- ◆ Substance Use
- ◆ Anxiety
- ◆ Trauma related disorders – PTSD
- ◆ Personality disorders – difficulty coping with life stressors
- ◆ Mood and thought disorders

All of the above conditions impact the functioning of brain regions controlling mood, focus, motivation, judgement, thought and decision making

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Are the mentally ill more dangerous than the general public?

Only about 3 to 5% of violence in the general population is attributed to those with severe mental illness


New England Journal of Medicine, Dr. Richard Friedman

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Public Perception of Mental Illness

- ◆ 71% emotional weakness
- ◆ 65% bad parenting
- ◆ 45% victim's fault; can will it away
- ◆ 43% incurable
- ◆ 35% consequence of sinful behavior
- ◆ 10% biological basis, involves the brain

Stahl, Stephen M., M.D., Ph.D.,
Essential Psychopharmacology

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Psychotic Disorders

- ◆ Thoughts are not based in reality
 - Evaluate content and form of thought in speech
 - ◆ Bizarre behaviors
 - Dress, motor behavior, impulsivity, hygiene, etc.
 - ◆ Hallucinations
 - Perceptual disturbances (5 senses)
 - Can be commanding in nature
 - ◆ Delusions
 - Fixed, false beliefs
 - Bizarre (not plausible – e.g., alien abductions) and non-bizarre (plausible - e.g., being followed)
 - Can be distressing and all-consuming
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Causes of Psychosis

Medical

- ◆ Head trauma
- ◆ Epilepsy
- ◆ Brain Tumor
- ◆ Medication toxicity
- ◆ Infection – esp. UTI


Substance use

- ◆ Cocaine
- ◆ Bath Salts/K2/Spice
- ◆ Amphetamines
- ◆ PCP
- ◆ Synthetic marijuana

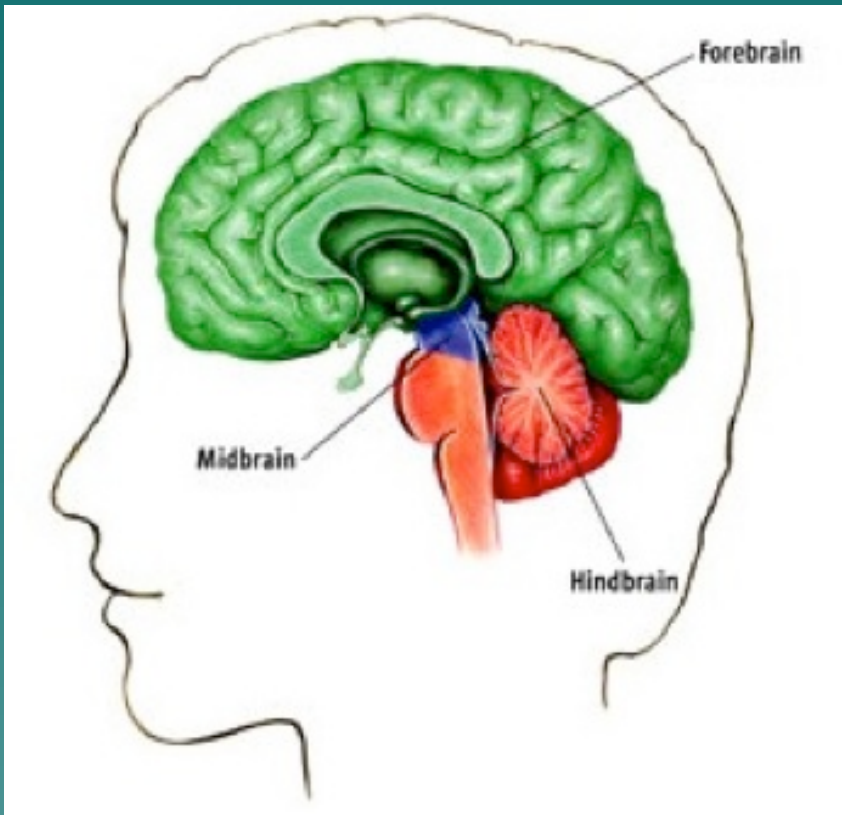
Mental Illness

- ◆ Schizophrenia
- ◆ Schizoaffective
- ◆ Delusional Disorder
- ◆ MDD with Psychosis
- ◆ BPD with Psychosis

How The Brain Processes Information

- ◆ We read and make quick decisions about our surroundings through our 5 senses.
 - ◆ The brain also has the ability to filter out distractions to allow us to concentrate on what is most important.
 - ◆ Once received, the information is sent to the brain's switch board operator (thalamus) for processing. It's here that the brain quickly evaluates whether the stimulus is a threat. If so, it activates fast-acting instinctive/survival networks (fight or flight response). If not, it decides on a course of action using higher/slower thinking networks.
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Brain's Filtering System




- ◆ Reads the environment through its 5 senses
- ◆ The perception/stimulus is shunted to the frontal lobe for evaluation
- ◆ The frontal lobe selects the correct action/reaction
- ◆ If the person is not experiencing psychosis the experience is correctly evaluated(not a threat, not about me) and action based in reality is taken

Brain Filtering Exercise

- ◆ “The minute of silence”
 - Record all sounds and sensations you experience
 - Review of office perceptions/experience

What Happens In Psychosis?

- ◆ The brain's filtering system malfunctions, causing the person to misperceive and misevaluate the information coming in from the 5 senses.
 - ◆ The person is unable to filter out distractions, sights and sounds are amplified, and routine/non-threatening information is read as dangerous and/or about the person.
 - ◆ The brain attempts to sort out the confusion unsuccessfully, which, in part, leads to delusional thinking.
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Psychosis causes a malfunction in the brain's filtering system



- ◆ Begins reading everyday events as threatening
- ◆ Misperceives the actions of others
- ◆ Begins to develop false beliefs-delusions
- ◆ Thoughts are not based in reality
- ◆ Over or underreacts to daily situations
- ◆ Causes delusional thinking

Brain Filtering Exercise, Part 2


- ◆ Recall “the minute of silence”:
 - Imagine each individual stimulus was amplified
 - Imagine perceiving each stimulus as threatening or dangerous
 - Imagine believing each stimulus was about you, or had hidden and secret meaning

Schizophrenia


(Most Common Psychotic Disorder)

- ◆ Affects approximately 2.7 million Americans
- ◆ Onset in late teens, early 20s; can develop later in women
- ◆ No cure, but there is treatment
- ◆ High risk for suicide:
 - Approximately one-third will attempt
 - About 1 out of 10 will take their own lives

Delusional Thoughts – False Beliefs

- ◆ **Paranoia** –food poisoned, being watched, followed,etc.
 - ◆ **Grandiose** – special powers, talents, god, can fly, etc.
 - ◆ Being controlled by an outside force- being directed to do certain actions. Microchip implanted, communication from radio tower
 - ◆ **Reference** -events in the environment have special/personal meaning to the person. Earthquake occurred because of them.
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Delusions Cont.

- ◆ Delusional beliefs may involve a false relationship with a famous person. Stalker behaviors - Madonna, Spielberg, John Lennon
 - ◆ Most delusions are in line with cultural norms. In U.S., police, government, religion and electronics are a major influence, thus are common delusions.
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All Delusions Share Common Characteristics Such As:

- ◆ **Conviction of belief** – firmly believes despite contradictory evidence.
- ◆ **Pre-occupation or obsession** – thinks about their belief most of the day.
- ◆ The person **looks in distress** when experiencing delusional thoughts. Looks overly anxious, agitated or fearful when discussing their concerns. May also cry, yell, throw objects, etc.
 - Exception: grandiose delusions
- ◆ **Reassurance seeking** – The person actively seeks evidence to support their beliefs, i.e. letter writing or excessive communication with government and/or police, surveillance, etc.

Techniques for Delusional Thinking

- ✓ Never **challenge** a person's delusions (false beliefs) as you will lose rapport and trust.
- ✓ **Don't feed:** "We arrested the devil today so he will not harm you"
- ✓ **Do normalize:** Anyone would be scared if they believed the devil were after them, we will keep you safe.
- Give yourself time to listen to the delusion. This will help you gather your thoughts, and develop an appropriate response.

Hallucinations


- ◆ Auditory - hearing voices
 - ◆ Tactile – bugs on skin
 - ◆ Smell – dead bodies
 - ◆ Taste – gasoline
 - ◆ Visual – lights, demons, faces
 - ◆ Command – Gives the person commands to do certain acts. “stab yourself”, “sing Christmas songs”, “dig up trees in the park”.
 - ◆ Rule out: trauma, culture/religion, substance use, medical/medications
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Hallucinations Simulation

<https://www.youtube.com/watch?v=63lHuGMbscU>



Schizophrenia: Other Signs and Symptoms


- ◆ Negative symptoms: reduced affect, poverty of speech, anhedonia, lack of social interest, cognitive blunting
 - ◆ Bizarre dress
 - ◆ Poor hygiene
 - ◆ Kindling effect: over time, episodes become longer, more intense, with time between episodes briefer and baseline progressively lower
 - ◆ Odd speech: derailing, word salad, clanging, thought blocking
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Schizophrenia Video


<https://www.youtube.com/watch?v=lehtMYIOulk>



How do you know immediate care or treatment is needed?

- ◆ The person is acting on delusional beliefs. For example, they may dismantle or destroy household appliances believing that a microphone or monitoring device was planted (by the CIA) to monitor their actions.
 - ◆ Looks in distress when expressing delusional thoughts. Looks highly anxious, frightened or agitated. May cry, yell, throw objects, disrobe, etc.
 - ◆ Expresses beliefs which involve others – Getting message from a local priest; children in neighborhood are possessed; police are shooting radiation into their body, etc.
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Treatment

- ◆ Hospitalization is most often needed when behaviors pose a risk to the person or others
 - ◆ Emergency certification
 - ◆ Civil Court Order or COOP
 - ◆ Medications
 - Antipsychotic medications bring their thoughts back into reality and decrease hallucinations and delusions.
 - Antipsychotics are fast acting, relieving symptoms within 1 – 2 hours.
 - Haldol, Risperidone, Ziprasidone, Seroquel, Clozaril, Olanzapine, Abilify
 - Some medications are injectable. Great option when individuals chronically stop their medications!
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Remember!

- ◆ Individuals experiencing psychosis may misinterpret your actions, or words, due to the brain's inability to properly filter and understand the environment.

Remember!

- ◆ Continue to maintain staff and patient safety
 - ◆ The individual may misinterpret your words or actions.
 - ◆ The person may be fearful, believing you are there to hurt, not help.
 - ◆ The person may need to be re-oriented to surroundings. “Sir, I’m a staff member here to help you.”
 - ◆ Remember, the experience of psychosis is like being trapped in a nightmare!
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What to remember before you..

S.T.E.P.

I.N.

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S.T.E.P. I.N.

- ◆ **S – Safety.** Remember to follow all staff safety protocols. Never compromise safety for rapport! Look for potential weapons/projectile objects – other people present.
 - ◆ **T – Time.** Time is in your favor. Individuals with mental illness need extra time to process information and establish trust.
 - ◆ **E – Emotions.** Remember the brain's malfunctioning filter. Individuals will misperceive and misevaluate situations producing scared, anxious, angry, and upset emotions. Maintain a calming, safe presence will help the person stay in control.
 - ◆ **P – Proximity.** Do not crowd or move in too quickly. Do not touch unless necessary. Keep in mind that their strength may be intensified due to higher adrenaline levels and a likelihood of illicit substances.
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S.T.E.P. I.N.

- ◆ **I – Introduce.** Ask for their first name. You should introduce yourself using your first name. Reiterate that you are there to help them, keep them safe, and help them maintain control. Reduce field chaos to help keep their attention on you.
- ◆ **N – Normalize.** Use Techniques to normalize their fears. “I would be scared too if that happened to me. “lets get you somewhere safe.. Provide continuous reassurance and redirection. Remind them that they are safe, and you will keep them safe. DO NOT DENY or FEED their delusions.

Techniques

- ✓ If time permits, **wait for backup** before approaching the person in crisis.

- ✓ **Have a plan**
 - Who will do the talking ?
 - This is a very important step, which will help you stay in control of the situation and reduce confusion for the person in crisis
 - it is easier for a person with psychosis to focus on one person at a time due to their inability to focus and concentrate.

Techniques

✓ Do Not Touch:

Many times psychotic individuals are paranoid and highly fearful. They will most likely misinterpret physical contact and may lash out to protect themselves.

✓ Watch Hands:

Always ask to see hands! Your hands should also be in plain sight. Paranoid individuals may suspect that you are hiding a weapon.

Techniques

Proximity:

- Keep a safe distance. If a confused or psychotic person bumps into you, easily guide them away. Do not physically touch whenever possible.

Command Presence:

- Help person remain focused on you. Introduce yourself and remind him/her that you are not there not to harm them, but to help.
- **Best to use your first name.**

Techniques


Voice Tone:

- Use a non-threatening tone. No need to raise your voice unless the person can't hear you (due to experiencing hallucination). Showing concern and caring is a must! "It must have been difficult for you..."
- Treat as a human being.


Reduce field chaos:

- Limiting all background noise will make it easier for the person to understand you.

Techniques Cont.:

- ✓ Never **challenge** a person's delusions (false beliefs) as you will lose rapport and trust.
 - ✓ **Don't feed:** "We arrested the devil today so he will not harm you"
 - ✓ **Do normalize:** Anyone would be scared if they believed the devil were after them, we will keep you safe.
 - Give yourself time to listen to the delusion. This will help you gather your thoughts, and develop an appropriate response.
 - Remember, the person firmly believes that their delusions are real.
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Normalization

- ◆ All individuals want to be **understood**
 - ◆ The best way to do this, is by listening closely to their concern.
 - ◆ You want the person to feel that it would be normal for anyone to be upset if they were in the same situation.
 - ◆ Use the “I” statement.
 - ◆ “If that had happened to **me**, I would be upset too”
 - ◆ “**Most people** would be scared if they felt they were being hunted by demons”
- 


Techniques

- ✓ If a person appears to be hallucinating, **refocus** them on **your voice**. Continue to do this until they have refocused on you.
“ John, focus on my voice...I need you to focus on me...I will not let the voices harm you.”
- ✓ Ask if the voices are commanding them to do anything. Sometimes a person can experience **command hallucinations** which tell the person to harm themselves or others. Individuals with command hallucinations usually need hospitalization.

Medication

- ◆ Always ask if they are prescribed medications.
 - ◆ If bottles present, write down the medications prescribed
 - ◆ Try to get the names of their treatment providers.
 - ◆ If you see an empty bottle, ask if they have taken all of the contents.
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Techniques Review

- ◆ Get Information, esp. re: command hallucinations
 - ◆ Keep good spacing
 - ◆ Calm voice
 - ◆ Orient to who you are and your purpose (safety and protection)
 - ◆ Reduce field chaos
 - ◆ Give the situation time
 - ◆ Listen
 - ◆ Normalize (I statement)
 - ◆ Re-focus- Hallucinations
 - ◆ Don't feed or deny a delusion
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Role Play Demonstration



Delirium

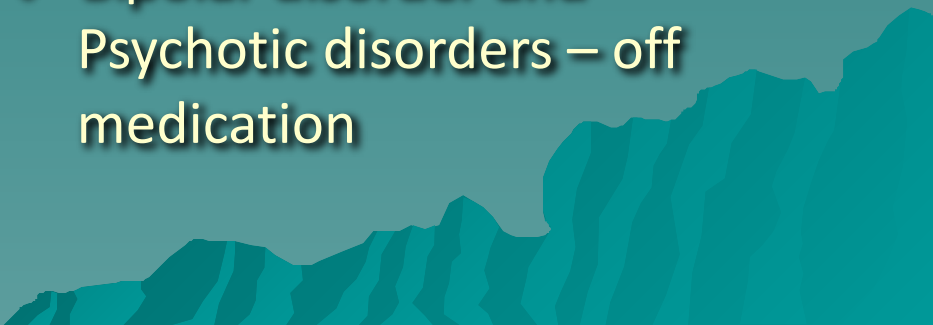
- ◆ Abrupt change in the brain that causes mental confusion and emotional disruption
 - ◆ Medical event
 - ◆ Temporary and sudden
 - ◆ Can occur during alcohol withdrawal, after surgery, or secondary to medical conditions and/or medications
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Excited Delirium

What is it?

- ◆ Medical condition
- ◆ First documented in 1849 as “exhaustive mania”
- ◆ Violent and bizarre presentation
- ◆ Verbal tactics ineffective – not rationale

Causes?

- ◆ Stimulant drugs
 - ◆ Untreated medical conditions such as head trauma, toxic effects of medication
 - ◆ High fever
 - ◆ Electrolyte imbalance
 - ◆ Urinary tract infection
 - ◆ Bipolar disorder and Psychotic disorders – off medication
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Presentation

- ◆ **Naked or disrobing.** Remember, if a person removes a hat, rings or a watch they are most likely getting ready to fight (criminal intent) and not in an excited delirium! Aggressively taking off all clothes or being found naked is more common in excited delirium.
- ◆ **Excessive sweating.** This is due to excessive body temperature.
- ◆ **Yelling and screaming.** While an angry resident will typically yell and scream, a combination of yelling with other symptoms mentioned here, such as disrobing or bizarre behavior, may be more problematic. The person may also be intensely staring without blinking or may have the infamous “wild eyes”

Presentation

- ◆ **Expresses paranoia** of others. Listen for delusional content in speech such as “they’re after me”, or “we’re all in danger.” Use the interventions listed below to reduce the person’s fears such as saying “I will not let anyone hurt you,” or “I will keep you safe”. Remember to keep your distance and remain vigilant!
- ◆ **Excessive energy** or agitation/ aggression.
- ◆ **Disorganized** or rambling speech.
- ◆ Evidence of **hallucinations** such as complaining of bugs on the skin or shouting in the air as if speaking to someone.
- ◆ **Delusional beliefs.** Odd or bizarre thoughts or ideas such as “I am god, on a mission to save the world!”


Presentation

- ◆ **Bizarre behavior** such as pulling up shrubs in the park, destroying signs and breaking glass.
- ◆ **Excessive strength!** This is one of the main reasons to wait for police/fire/EMS backup as we believe that this condition excessively increases adrenaline levels which translate into increased aggression and power


Presentation

- ◆ **Impervious to pain**
- ◆ **Sudden tranquility.** Excited delirium can cause cardiac and respiratory arrest due to the combination of high temperature, blood pressure, drugs, increased cardiac input, build up of lactic acid, and physical combativeness.

What to do?

- ◆ Treat as a medical emergency.
Rescue!
 - ◆ Once the person is secure, sit them up, or place them on their side to prevent respiratory arrest.
 - ◆ Positional Asphyxia. Occurs when person is restrained face down and unable to breathe correctly.
 - ◆ Worsened by pressure on the mid-back / back of the neck. Most often happens with knee pressure.
 - ◆ If face down, turn head to the side. Watch for biting.
 - ◆ Airway needs to be monitored at all times!
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What To Do?

- ◆ Transfer custody to rescue asap.
 - ◆ Request rescue document subject's core body temperature due to hyperthermia.
 - ◆ Watch for sudden tranquility. Person will go from high aggression to not moving/respiratory arrest
 - ◆ Shallow breathing. As the person is violently struggling there is a buildup of muscle lactic acid. This causes Co2 levels to rise which reduces oxygen levels in the body. Pressure on the back at this point leads to sudden death.
 - ◆ Lots of media coverage- in custody deaths high.
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Mood Disorders

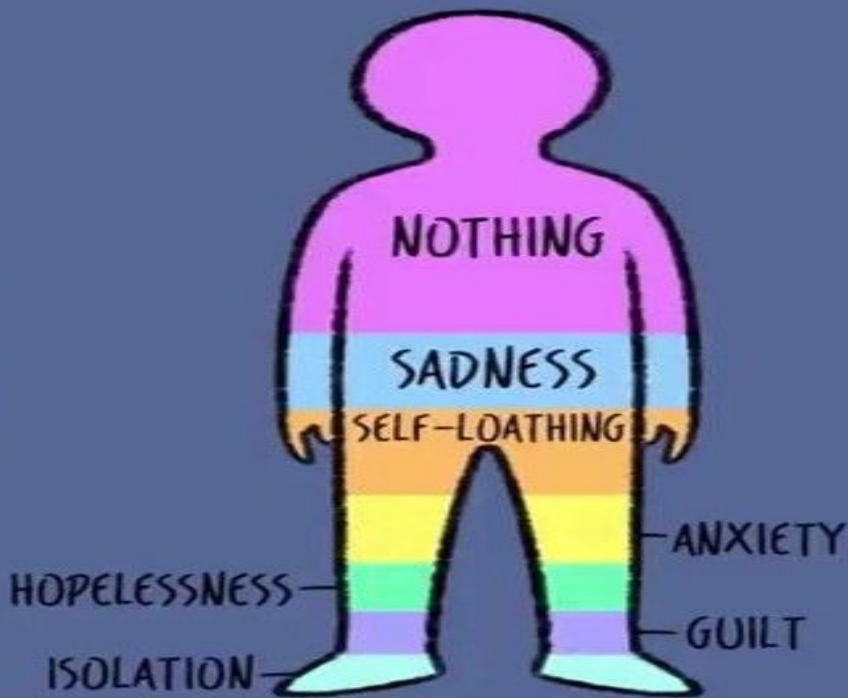


Major Depressive Disorder

WHEN YOU SUFFER FROM DEPRESSION



WHAT PEOPLE
THINK I FEEL



WHAT I
ACTUALLY FEEL

Major Depression

- ◆ <https://www.youtube.com/watch?v=lgSVR54LZzY>

Major Depression

- ◆ Depressed mood
- ◆ Loss of interest or pleasure
- ◆ Need to have at 1 of the above, plus 4 or more of the following:


+ 4 or more

- ◆ Sleep disturbance
 - ◆ Decreased energy
 - ◆ Decreased concentration
 - ◆ Decreased appetite
 - ◆ Hopelessness
 - ◆ Worthlessness
 - ◆ Somatic preoccupation
 - ◆ Psychomotor agitation/retardation
 - ◆ Suicide ideation
- ◆ *Need to have 5 or more symptoms, with a significant decrease in functioning, for a minimum of 2 weeks.*


Major Depression

- It's important to be aware of the warning signs of suicide. Fortunately, there are some common signs which when acted upon, can save lives.
- It is believed that depression is in part due to a decrease in brain chemicals such as serotonin and norepinephrine.

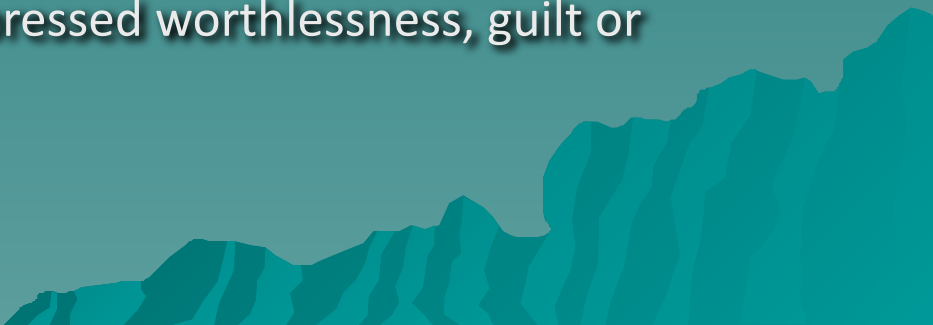
Warning Signs

- ◆ **Change in personality** – becoming sad, easily angered, withdrawn, irritable, anxious, agitated, tired, indecisive, apathetic
 - ◆ **Changes in behavior** – inability to concentrate on school, work and routine tasks
 - ◆ **Change in sleep pattern** – oversleeping or insomnia, nightmares, waking up early
 - ◆ **Loss of interest and pleasure** – a noted decrease in enjoyment regarding sex, self care, hobbies, family and friends
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Warning Signs

- ◆ **Content of speech** – talks about committing suicide or wanting to die. Appears preoccupied with death and dying.
 - ◆ **Expressed hopelessness** – voices no hope for the future and may make statements like “I will never get better”.
 - ◆ **Loss of religion** – loses faith in god and stops going to church
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Warning Signs

- ◆ **Drug or alcohol use** – a noted increase in the use of drugs or alcohol. The person is using substance to medicate symptoms of anxiety or depression
 - ◆ **Giving away prized possessions** – a person sometimes prepares for death by giving away possessions or treasured belongings
 - ◆ **Puts affairs in order** - makes out a will, pays bills far in advance of due date or takes out an insurance policy
 - ◆ **Self blame or hatred** – expressed worthlessness, guilt or shame
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Warning Signs

- ◆ **High risk behaviors** – driving fast, car accidents, drug use, gambling, fighting
- ◆ **Recent losses** – loss of job, status, relationship, physical health, divorce, death of a loved one
- ◆ **Individual or family history** of prior suicide attempts – places a person at higher risk of committing suicide in the future
- ◆ **Suicidal actions** – cutting wrist, taking pills, making suicidal statements
- ◆ **Access to a firearm in the house** – if a depressed person has access to a firearm; they are more apt to use it!

Treatment

- ◆ **Antidepressants** believed to increase the brain chemicals slowly lifting the depression
 - Suicide risk is highest during first two weeks of starting antidepressants
 - full recovery takes 3-8 weeks
 - ◆ Therapy
 - ◆ Psychosocial
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Antidepressants


- Older antidepressants such as Elavil (amitriptyline), Imipramine, Doxepin can be lethal in overdose.
- All newer antidepressants are safer in overdose attempts. Become more lethal if mixed with other drugs/alcohol.
- Also used to treat PTSD

Antidepressants

- ◆ Can take up to **3-8 weeks** to work
- ◆ First 7-10 days one may experience increased energy
 - Increased risk for suicide during this time
- ◆ First symptom of improvement
 - Objective: (what you see!) energy, sleep.
- ◆ Last to improve is subjective (feeling, enjoyment, etc.)” I feel a lot better”

Depression Techniques

Same as for Psychosis plus:

- ◆ Normalize what's true
 - ◆ Educate
 - ◆ Offer hope and offer help
 - ◆ Direct, but be supportive
 - ◆ Go slow and use silence
 - ◆ Don't talk someone out of depression
- 

Bipolar Disorder

- ◆ Previously called manic depression
- ◆ Person experiences highs (mania) and may experience lows (depression)

Video Examples

Mania

- ◆ <https://www.youtube.com/watch?v=DrzvsRqlgdc>
- ◆ Watch for grandiose delusions
 - Special powers or gifts
- ◆ Euphoria – extreme happiness.

Depressive phase of Bipolar disorder

- ◆ <https://www.youtube.com/watch?v=7PuJKw4SHl0>

Bipolar Disorder

Mania


- ◆ Rapid speech, loud, excessive talking
- ◆ Hyperactive
- ◆ Hypersexual
- ◆ Inflated self-esteem
- ◆ May become irritable angry or assaultive
- ◆ Bizarre or provocative dress

Depression

- ◆ Depression
- ◆ 2 weeks or longer with severe depressed mood



What to do....

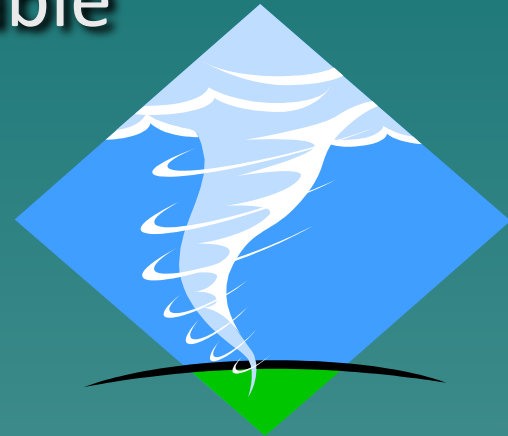
- ◆ When someone is manic or high, they may require hospitalization
 - ◆ Attempt to secure safety
 - ◆ Do not confront, argue or get in the way
 - ◆ Refer to or contact his/her mental health provider
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Medication

- ◆ Medication such as Lithium, Depakote, Tegretol, Zyprexa, Seroquel, Risperidal may be prescribed.
- ◆ It is believed that the medication restabilizes the mood by decreasing the excessive firing of brain cells seen in bipolar disorder.


Personality Disorders

- ◆ Lifelong maladaptive patterns
- ◆ Angry, impulsive, unpredictable
- ◆ Life in constant turmoil
- ◆ Substance abuse
- ◆ Fighting with Others



What to do:

Medications are not very effective. If a person wants to change, counseling may help – respond to limit setting and structure. Give options.



Post Traumatic Stress Disorder

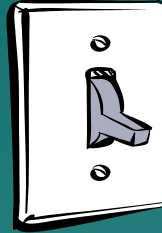


Participant in or witness to event(s) involving

- ◆ Horror
- ◆ Feelings that you or someone close to you will die
- ◆ Helpless
- ◆ Powerless

Capt. Bill Nash in Combat Stress Injury

Fight or Flight Activation



- ◆ Accelerator/Gas
- ◆ Fight or Flight
- ◆ Aggression
- ◆ Alertness



- ◆ **Brake/Relaxation**
- ◆ Lowers Blood pressure
- ◆ Lifts mood
- ◆ Digestion
- ◆ Concentration
- ◆ Motivation
- ◆ Learning
- ◆ Turns off fight or flight
- ◆ Deep breathing turns on the brake!

Survival Stress Reaction (SSR)

Fight, Flight, Freeze (Massive release of stress hormones)

- ◆ Increased HR and blood pressure
- ◆ Blood sugar increases
- ◆ Increased blood clotting
- ◆ Tunnel vision
- ◆ Event recorded in “high definition”
- ◆ Increased cholesterol
- ◆ Pain sensation dulled – natural morphine (endorphins)
- ◆ Increased alertness, Increased focus
- ◆ Insulin increases
- ◆ Memory loss for parts of the event
- ◆ Increased strength, energy, aggression
- ◆ Hearing may shut down
- ◆ Time slows down or speeds up




Common Themes/Presenting problems

- ◆ Feelings of isolation
- ◆ Nightmares, sleeplessness
- ◆ Lack of motivation
- ◆ Forgetfulness
- ◆ Anger
- ◆ Feeling irritable, anxious, “on edge”

AHEC Training

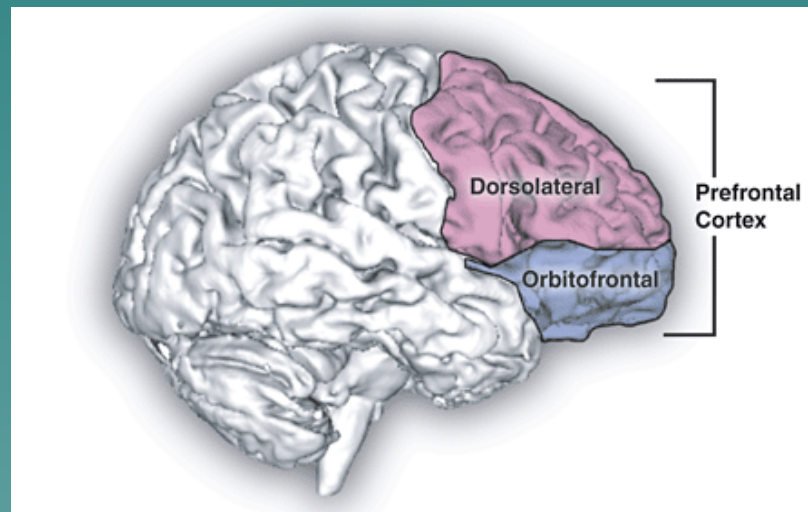
Substance Abuse

- ◆ In many cases people with mental health issues self-medicate with drugs and/or alcohol.
 - ◆ The use of drugs and/or alcohol can make existing mental health issues worse.
 - ◆ The use of synthetic drugs can increase aggressive and violent behavior.
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- A stylized, dark teal silhouette of a mountain range is positioned in the bottom right corner of the slide, adding a decorative element to the background.


Substance Abuse



- ◆ Individuals are impulsive with an increased risk of violence.
- ◆ SA shuts off the thinking brain (PFC). The reason people do things they would normally not do when sober.
- ◆ Substances hijack the brain into believing the drug is more important than family, job, friends hobbies, etc.
- ◆ High risk of suicide if intoxicated – shuts off the thinking brain!



Conclusion

- ◆ Normalize with I statements
 - ◆ Utilize active listening techniques
 - ◆ Maintain physical distance
 - ◆ Offer hope and offer help
 - ◆ Utilize a team approach, calling for rescue if needed
 - ◆ Rule out medical
- 
- A stylized, layered mountain range graphic in shades of teal and blue, located in the bottom right corner of the slide.