

# Tourism Contacts with People with Special Needs



# The Behavioral Response Unit

- ◆ Goal are to:
  - ◆ Reduce Baker Acts
  - ◆ Reduce arrests related to mental illness
  - ◆ Refer people in crisis to local providers
  - ◆ Provide training and advise to agency personnel



**BRU**  
**Behavioral Response Unit**  
**ORANGE COUNTY**  
**SHERIFF'S OFFICE**

# About The BRU

- ◆ One Sergeant
- ◆ Three deputy co-responder teams (deputy and clinician pair)
- ◆ One corporal, assigned a clinician as one of the three teams
- ◆ One Analyst
- ◆ Teams work 4/10, daytime hours, either Mon-Thurs or Tues-Fri
- ◆ Our clinicians are contract employees from Devereux
- ◆ The clinicians came from Mobile Crisis (211)

# BRU

- ◆ BRU responds to calls for service as requested by patrol as a back up
- ◆ Once the scene is secure and patrol needs BRU, they will respond to the scene
- ◆ BRU will handle all paperwork, Baker Act if necessary, and transport if safe to do so
- ◆ BRU deputies have unmarked vehicles with single secure partitions
- ◆ When not responding to calls for service, BRU is conducting follow-ups on entries made into the BRUBIS

# BRU Clinicians

- ◆ They have Masters Degrees in Social Work, Mental Health, or Marriage and Family Health
- ◆ To be licensed they work as an supervised “Intern” for 1,500-2,000 hours then take a final test. (License allows them to Baker Act, no other difference)
- ◆ They Conduct full assessments to help guide them and making the appropriate referrals
- ◆ The do not diagnose, but assess in order to refer to local community services
- ◆ Because of their training they are much less likely to Baker Act than LE

# Co-Responder Model

- ◆ The Co-Responder Model pairs law enforcement and behavioral health specialists to respond to behavioral health related calls for service.
- ◆ These teams utilize the combined expertise of the officer and the behavioral health specialist to de-escalate situations and help link individuals with behavioral health issues to appropriate community services.

# Advantages of the Co-Responder Model

## Increase

- ◆ Access/speed of access to care
- ◆ Collaboration and communication between law enforcement and behavioral health practitioners
- ◆ Safety for the clinicians
- ◆ Accuracy of on-scene needs assessments
- ◆ Improved and immediate responses to crisis situations

## Decrease

- ◆ Use of force by law enforcement
- ◆ Psychiatric hospitalizations
- ◆ Repeat calls for service
- ◆ Expensive arrests and jail admissions related to mental health
- ◆ SWAT callouts
- ◆ Civil Lawsuits

# What is CIT?

Crisis Intervention Team (CIT) programs are community-based programs that bring together law enforcement, mental health professionals, mental health advocates (people living with mental illness and their families), and other partners to improve community responses to mental health crises.(CIT International)



# Mental Illness

- ◆ Mental illnesses involve changes in emotion, thinking, or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.

# Person in Crisis

- ◆ People are in a state of crisis when they face an obstacle to life goals that appears to them to be insurmountable. A mental health crisis is any situation in which a person's **behavior** puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function in the community.

# Baker Act Chapter 394

- ◆ 1. There is reason to believe that he or she is mentally ill. This means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology. For the purposes of this part, the term **does not include retardation or developmental disability as defined in Chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.**

# Baker Act Chapter 394

- ◆ 2. Because of his or her mental illness the person has **refused voluntary examination** or is unable to determine whether examination is necessary; and
- ◆ 3. Without care or treatment, the person is **likely to suffer from neglect** resulting in real and present threat of substantial harm that can't be avoided through the help of others; or there is substantial likelihood that without care or treatment the person will cause serious bodily harm to self or others in the near future, as evidenced by recent behavior.

# Baker Act Chapter 394

- ◆ A law enforcement officer **shall** take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to the nearest receiving facility for examination. The officer **shall** execute a written report detailing the circumstances under which the person was taken into custody, and the report shall be made a part of the patient's clinical record.

# Baker Act Consequences

- ◆ The average cost is **\$300 a day per bed** regardless of whether there is someone receiving treatment.
- ◆ Can be a traumatic event for many people.
- ◆ It's not a cure or a fix.

# Well Being Check

- ◆ Is there food?
- ◆ Is there water?
- ◆ How messy is the home? (Hoarding, all the dishes are dirty)
- ◆ Are there medical issues not being taken care of?
- ◆ Is there electricity?
- ◆ Do they know who to contact for help?

# Marchman Act, Chapter 397

- ◆ Under Marchman Act Protective Custody initiated by law enforcement, the officer is only permitted to take the person to home, hospital, or detox with the person's consent, whichever the officer believes is the most appropriate setting for the person. If the person doesn't give such consent, it is limited to hospital or detox, unless the person is taken to jail. Other licensed substance abuse providers that are not licensed as detox facilities, addiction receiving facilities (ARF), or hospitals wouldn't be eligible to accept a person under protective custody.



# Ex Parte

- ◆ A law enforcement officer acting in accordance with an Ex Parte order issued pursuant to this subsection may use such reasonable physical force as is necessary to gain entry to the premises, and any dwellings, buildings, or other structures located on the premises, and to take custody of the person who is the subject of the ex parte order.

# Terminology associated with Mental Illness

- ◆ Hallucinations- someone sees, hears, smells, tastes or feels things that don't exist outside their mind
- ◆ Delusions- belief or impression that is firmly maintained despite being contradicted by what is generally accepted as reality
- ◆ Psychosis- when people lose some contact with reality
- ◆ Mania- period of extreme high energy or mood associated with bipolar disorder
- ◆ Depression- low mood and a loss of interest in activities
- ◆ Affect- the outward expression of a person's internal emotions
- ◆ Ideation- the formation of ideas or concepts

# Trauma Related Disorders

## Post-traumatic stress disorder (PTSD)

- ◆ Individuals develop PTSD following a traumatic event. Symptoms can be grouped into four categories:
  - ◆ **Intrusive thoughts** about the event, including nightmares and flashbacks
  - ◆ **Avoidance** of anything that reminds you of the trauma
  - ◆ **Behavioral changes** such as insomnia, withdrawing from loved ones, and engaging in reckless or self-destructive behaviors
  - ◆ **Cognitive disturbances** like irritability, negative thoughts about self or others, and fear/paranoia

# Substance Abuse Disorders

## Opioid Use Over Time



# Excited Delirium Syndrome

- ◆ Occurs with a sudden onset, with symptoms of bizarre and/or aggressive behavior, shouting, paranoia, panic, violence toward others, unexpected physical strength and hyperthermia.
- ◆ Excited delirium is diagnosed most commonly in males with a history of serious mental illness or acute or chronic substance use disorder, particularly stimulant drugs such as cocaine and MDPV.
- ◆ If the situation is not de-escalated quickly and the patient does not receive rapid medical intervention they may die of respiratory or cardiac arrest.
- ◆ A serious and potentially deadly medical condition involving psychotic behavior, elevated temperature, and an extreme fight-or-flight response by the nervous system.

# Self Harm

Why?

- ◆ Process their negative feelings
- ◆ Distract themselves from their negative feelings
- ◆ Feel something physical, particularly if they are feeling numb
- ◆ Develop a sense of control over their lives
- ◆ Punish themselves for things they think they've done wrong
- ◆ Express emotions that they are otherwise embarrassed to show

# People with Physical Disabilities

- ◆ A physical disability is a physical condition that affects a person's mobility, physical capacity, stamina, or dexterity. This can include brain or spinal cord injuries, multiple sclerosis, cerebral palsy, respiratory disorders, epilepsy, hearing and visual impairments and more.
- ◆ Many disabilities cannot be seen.
- ◆ Using patience and communication can help understand how to communicate with someone and what they need.

# Autism

**Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication.**

- ◆ Autism is a neurodevelopmental disorder traditionally characterized by trouble with communication and social interactions.
- ◆ Avoiding eye contact.
- ◆ Delayed speech and communication skills.
- ◆ Reliance on rules and routines.
- ◆ Being upset by relatively minor changes.
- ◆ Unexpected reactions to sounds, tastes, sights, touch and smells.
- ◆ Difficulty understanding other people's emotions.



# Alzheimer's

- ◆ Alzheimer's disease is a progressive neurologic disorder that causes the brain to shrink (atrophy) and brain cells to die. Alzheimer's disease is the most common cause of dementia — a continuous decline in thinking, behavioral and social skills that affects a person's ability to function independently.
- ◆ Memory loss, poor judgment leading to bad decisions, loss of spontaneity and sense of initiative, taking longer to complete normal daily tasks, repeating questions, trouble handling money and paying bills, wandering and getting lost, losing things or misplacing them in odd places, difficulty communicating.

# Dementia

**Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia.**

- ◆ Memory loss, which is usually noticed by someone else.
- ◆ Difficulty communicating or finding words.
- ◆ Difficulty with visual and spatial abilities, such as getting lost while driving.
- ◆ Difficulty reasoning or problem-solving.
- ◆ Difficulty handling complex tasks.
- ◆ Difficulty with planning and organizing.

# Unattended Children

- ◆ If the child is located without parents, talk calmly to them, stay in one place with them, give them water, if necessary (allergies), depending on their age, ask for phone numbers, names, descriptions, hotel information, pictures in their phone.
- ◆ If the parents are seeking help finding a lost child, keep them in one place, keep someone with them, get a description, names, last location and time seen, pictures in their phone, interests of the child.

# Targeted Individual/Gang Stalking

- ◆ Individuals who believe they are being followed, stalked, and harassed by a large number of people.
- ◆ They claim their lives are disrupted from being stalked by organized groups intent on causing them harm.
- ◆ Most believe it is unknown government groups targeting them.
- ◆ Some blame specific individuals such as celebrities or government leaders.
- ◆ What you are likely to see: head protection, aluminum foil, Compact Disks...

# Targeted Individual/Gang Stalking

- ◆ Aaron Alexis, a 34-year-old who believed he was suffering from "ultra-low frequency attacks," killed 12 people with a shotgun in a Washington Navy Yard in 2013.
- ◆ Myron May, a 31-year-old who also believed he was being targeted shot three people at Florida State University in 2014 before dying in a shootout with police.

# The Role of Family Members

- ◆ Can help with the person's mental and medical history
- ◆ Can help with de-escalation
- ◆ Can help provide known triggers
- ◆ Can provide random personal information
- ◆ Can provide phone numbers
- ◆ Can help with a safety plan to avoid medical detentions

# What questions should you ask?

- ◆ Asking orienting questions is key to determining if mental illness is present as well as severity.
- ◆ What would you ask to determine if a subject has an altered mental status?
- ◆ What are your next steps if you determine the subject is suffering from a mental health crisis?

# What to look for when talking to a person in crisis

- ◆ Ability for subject to make eye contact
- ◆ Inappropriate laughter or reaction to situation
- ◆ Psychomotor agitation (bouncing leg, wringing hands, pacing)
- ◆ Rapid speech, loose associations when speaking
- ◆ Labile mood (quickly switching from laughing to crying)
- ◆ Ability to communicate (an individual in crisis may be unable to verbally communicate what is happening)



# Ways to communicate to a person in crisis

- ◆ Speak slowly and directly
- ◆ If the subject is escalated to the point of screaming, DO NOT scream or yell back. Maintain calm and steady communication
- ◆ Be clear with your intentions and why you are there/what you are doing
- ◆ Be honest. It's okay to say you are worried about their behaviors

# Things not to say or do to a person in crisis

- ◆ Do not validate delusions, instead say “I believe that must be scary for you.”
- ◆ Do not ask “what did you do?” Instead ask “What happened to you or what is going on?”
- ◆ Do not act in an aggressive manner
- ◆ Do not be condescending or further escalate the situation
- ◆ RESPECT the subject and their needs

Remember, Mental Illness is  
not a Crime



# De-escalation

- ◆ Establish a rapport:
  - ◆ Introduce yourself
  - ◆ Show empathy
  - ◆ Use a calming voice
  - ◆ You can't win an argument with someone in crisis
  - ◆ Ask how you can help them
  - ◆ Avoid touching people in crisis
  - ◆ Maintain your safety and allow the person to de-escalate themselves

# De-escalation

- ◆ Use active listening.
- ◆ Allow the person to vent.
- ◆ Don't feel compelled to rush. Take your time.
- ◆ Express empathy and a desire to help.
- ◆ Distance + Cover = Time
- ◆ Don't yell at a person in crisis.

# De-escalation

- ◆ It's not something you do to someone. You create the conditions where people are more likely to de-escalate themselves.
- ◆ Placing barriers between an uncooperative subject and an officer, containing a threat, use distance, cover and concealment, communicate from a safe position, using verbal techniques to calm an agitated person, call additional resources to assist.
- ◆ Safely allowing someone to vent in a non-threatening manner. Slow things down!
- ◆ Sometimes walking away is the best answer.

# De-escalation

- ◆ Transfer your sense of calm and genuine interest in what the patient wants to tell you by using respectful, clear, limit-setting language.
- ◆ Crisis intervention is short term in nature with the goal of calming an individual and reaching a non-violent conclusion.
- ◆ If you need them to do something, use repeated commands. “I need you to put the stick down”

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