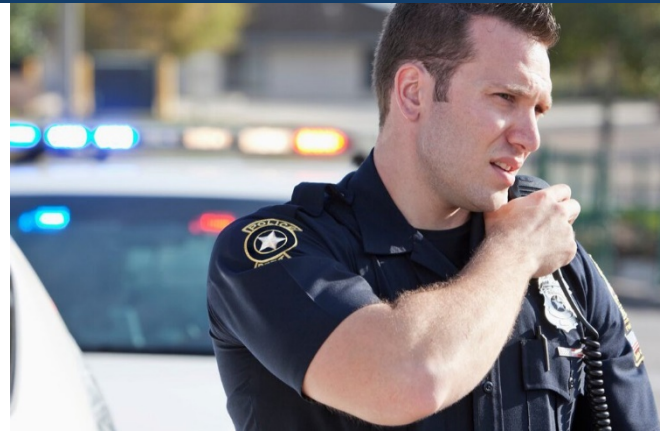


Crisis Management and De-Escalation



Tools for law enforcement and first responders to promote positive interactions with individuals with brain injury

PATIENCE

- ◆ Stay calm if level of behavior escalates and emphasize that you are there to help. Do not rush, speak over, or become observably frustrated.
- ◆ Suggest a few deep breaths rather than suggesting the individuals “calm down.”
- ◆ Use active listening strategies such as paraphrasing, clarifying, and perception checking. Use phrases like, “it sounds like” or “what I’m hearing is” instead of “I understand.”
- ◆ Allow time for response. Redirect or refocus as necessary (behavior, conversation, etc.). Concrete and short answers may be given if there is difficulty with speaking or understanding.
- ◆ Difficulty with short-term memory may make recalling events or a timeline difficult. Frequent short breaks to reduce both physical and cognitive fatigue and maximize attention.
- ◆ Involve family/friends when obtaining information.

AWARENESS

- ◆ Observe for outward signs of brain injury (for example: scars, medication, devices such as a cane).
- ◆ Use mental grounding techniques to help with orientation to time and place to assist memory & confusion.
- ◆ Be mindful of conditions that might mask brain injury symptoms (mental health, domestic violence, substance misuse, etc.).
- ◆ Be cautious of personal movements and location in relation to the individual – don’t get any closer than necessary and announce movements or gestures, as it is safe.
- ◆ Have one person speaking at a time, obtain eye contact.

SIMPLICITY

- ◆ Say the person’s name often, speak slowly, and enunciate.
- ◆ Avoid speaking down to an individual or not at their appropriate age level.
- ◆ Use one-step questions or instructions. With confusion, have them repeat in their words.
- ◆ Provide choices when appropriate, instead of open-ended questions to decrease cognitive overload.
- ◆ Reduce or note potential distractors or triggers that might limit attention (television, flashing lights, sirens, etc.).





ACQUIRED BRAIN INJURY

when the brain is injured any time after birth. It can be caused by strokes, aneurysms, tumors, overdoses, and other forces from inside the body. When it results from forces outside the body, such as from a fall, blast, motor vehicle collisions, or assault, it is considered a traumatic brain injury (TBI). An injury to the brain can cause a disruption in how the brain communicates with the rest of the body, affecting different functions and making escalating situations more likely. Common changes might be a person's movements, emotions, processing of the sounds/sights around, starting or holding a conversation, or being able to pay attention or remember information.

Remember that people with brain injury are people first, deserving respect and dignity particularly in times of crisis.

PHYSICAL & SENSORY

- ◆ Seizures/ History of
- ◆ Fatigue
- ◆ Pain & headaches
- ◆ Sleep disturbance
- ◆ Weakness/ paralysis
- ◆ Movement & coordination
- ◆ Balance or slurred speech
- ◆ Slurred speech
- ◆ Sensory changes (sight, smell, touch, hearing, taste)

THINKING & PROCESSING

- ◆ Attention, memory & recall
- ◆ Concentration & learning
- ◆ Planning & organization
- ◆ Initiation & motivation
- ◆ Task-switching, flexibility, & sequencing
- ◆ Safety awareness & impulsivity
- ◆ Problem-solving, judgment, & reasoning
- ◆ Social skills & speech

ACTIONS & FEELINGS

- ◆ Difficulty with regulation (emotions, actions, etc.)
- ◆ Self-awareness
- ◆ Personality & impulsivity
- ◆ Irritability & mood changes
- ◆ Unrelated laughter or crying
- ◆ Lethargy or flat affect
- ◆ Psychological conditions (depression, anxiety, etc.)

WEBSITE

www.biamd.org



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