FIRST RESPONDERS
AND
APPROACHING THE VETERAN IN CRISIS
ASHLAND COUNTY MENTAL HEALTH AND RECOVERY SERVICES
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Kathy Platoni, Psy.D, DAAPM, FAIS
COL (RET), US Army / COL, Ohio Military Reserve/State Defense Forces
HONOR

The difference between the good guys and the bad guys is whether they use human shields or make themselves human shields.
WHAT NOT TO FORGET

• Despondent, angry, or agitated Veterans are warfighters who carry the wounds of war home

• They are not necessarily mentally ill or disordered

• PTSD is not a mental disorder, disease process, psychological condition as much as it is a PSYCHOLOGICAL AND MORAL INJURY

• Estimated that 30 percent of returning Veterans consider taking their own lives – likely a low estimate
WHAT NOT TO FORGET

• Far too many returning Veterans carry the invisible wounds of war that remain undetected, undertreated, or untreated

• Interfacing with the criminal justice system is often first opportunity for facilitating crisis intervention and treatment

• First responders officers must first be able to recognize those signs and symptoms of PTSD and/or TBI in order to de-escalate the crisis
WHAT NOT TO FORGET

• When these symptoms are severe and out of control, Veterans may become suicidal, homicidal, and/or violent

• This is NOT the case with most Veterans; nevertheless, it is critical to be aware of the most effective means of dealing with Veterans in crisis
10 WAYS TO RECOGNIZE A COMBAT VETERAN
ASK, CARE, ESCORT

BEST PRACTICES
Stopsoldiersuicide.org

THE KEY AND PRIMARY GOAL OF ANY First responders INTERVENTION WITH VETERANS IN CRISIS IS TO ESTABLISH A BOND OF TRUST AND RAPPORT
• Relate to the experience of the Service Member or Veteran by asking about their military service

• If you are a Service Member or Veteran, share your experiences

• Stop if the response is progressive loss of control
The Road to Combat PTSD
(Post Traumatic Stress Disorder)
REMEMBER THAT THE WOUNDED SOULS OF WAR CANNOT SIMPLY BE FIXED WITH BACTINE AND BANDAIDS
SLEEP TIGHT AMERICA

WE GOT THIS!
ASK

• Ask the Veteran or Service Member if he/she is experiencing suicidal ideation or intent

• Be calm in your approach

• Have the courage of conviction to ask directly if the individual is thinking of suicide OR harming someone else
BUT MANY ARE STANDING ALONE
CARE

Consider that the SM or Veteran is experiencing intense emotional distress

Remove any weapons, objects, tools, or other items that may pose a danger

Ask and actively listen for details about what, where and when they may be planning to take their life or the life of someone else

Be non-judgmental as you listen

Be supportive and empathic, but direct and firm about maintaining behavioral control

Reaffirm that help will be provided and is on its way
GRATITUDE

How do you thank those who most bear the burden of ultimate sacrifice?
Escort the Service Member or Veteran to the nearest VAMC if possible.

Notify family members and loved ones of situation at hand....no time for secrets.

Provide the member with the Military Crisis Line at 800-273-8255 and press 1 to speak with a trained professional immediately.

Never leave the SM or Veteran in crisis alone.

Hospitalization is usually necessary in these cases for crisis stabilization.
SO WHAT REALLY HAPPENS WHEN A VETERAN CALLS THIS NUMBER?

It takes the courage and strength of a soldier to ask for help...

If you are in an emotional crisis call 1-800-273-TALK
THE PLIGHT OF THE VETERAN AND THE WARRIOR

• We owe our Service Members and Veterans a huge debt of gratitude

• If the situation warrants, arrange for transport to the local VA Hospital, though this may not be the best option

• Otherwise and as always, follow specific departmental policies and procedures for dealing with suicidal, homicidal, or otherwise violent individuals

• Handling any Service Member or Veteran involves reducing or eliminating risk of harm to first responders as well
UNCONDITIONAL LOVE

Sleep well America
We got your back
VIDEO

A VETERAN RECALLS KILLING HIS WIFE
HAVE A LEG UP

• Always look for clues that subject is a Veteran

• Dispatcher should routinely ask callers if the subject is a Veteran

• Obvious clues are dog tags, military tattoos, combat uniforms, desert boots, or distinct military bearing
HAVE A LEG UP

• Listen to what the subject says in terms of use of military words
• If the situation allows, ask directly about military service
• Obtain additional information without escalating the situation
• More information received, more leverage to de-escalate the situation
MILITARY LINGO

**FUBAR** - F***** Up Beyond All Repair: A description of many differing items and people

**Wingnut** - A member of the US Air Force

**Squid/squidee/swabbie/swab jockey** - Affectionate terms used by members of other service branches to describe members of the US Navy.

**Bohica** – bend over - here it comes again

**Bravo Sierra (BS)** - Initials for the word "Bullshit"

**First Shirt** - First Sergeant (Usually the senior NCO within a military unit)

**Ground Pounder** - A term used to describe a military member in the armed forces whose primary job is being an infantry member.

**Grunt** - ground roving unit, non-trainable

**Rack** - Navy/Marine Corps: A bed (particularly on a ship)

**Rack time** - Sleeping

**Shitbird** – full bird colonel
KEEPING IT SAFE

• If subject is a combat Veteran, assume extra safety precautions are necessary

• Many, if not most Veterans, carry weapons on them at all times

• When called to the home of a Service Member or Veteran, whether for hostile actions, domestic situations, or suicidal/homicidal gestures, assume there are weapons and ammunition on board
PSYCHOLOGICAL DECOMPENSATION

• When Service Members or Veterans decompensate, the situation may become volatile

• Establish physical distance between the subject and everyone else around him

• Use phrases that convey providing some breathing room

• Such non-confrontational responses decrease threat level and promote the re-establishment of safety
ABSENCE OF CONSCIOUS CONTROL

• Always remember that SM’s or Veteran's actions may be outside realm of their control.

• They may also be experiencing some degree of physical pain and likely, have not received the treatment deserved.

• So if it is at all appropriate and feasible, thank them for their military service, even after taking them down and handcuffing them.

• Mean it as respectfully as possible.

• Do everything possible to help that veteran save face.

• If there are suicidal gestures or arguments, thanks for military service may change entire tone of the encounter ~ be as genuine as possible.

• This is critical to de-escalation of crisis.
DIPLOMACY

Here! Have 68 grains of it!
EXAGGERATED HYPERSTARTLE RESPONSES

• Dramatic responses to being startled extremely commonplace
• Best advice: minimize the surprises element
• The warrior brain may be kickstarted by any sudden or unexpected movements
• The SM or Veteran may also believe he or she is about to be attacked
• Cue the SM or Veteran and tell them what you are about to do, even if that just involves taking notes
DE-ESCALATING THE SITUATION

Most importantly, calming the SM or veteran should be a primary goal:

- Maintain and calm and confidence
- Control your voice (anger and disgust are not easily disguised and may be interpreted as disrespect)
- Use supportive language
- If there is a symphony of noises, separate the SM or veteran from the chaos
- Neurologically, these individuals likely to be “torqued up” by the ravages of war and highly charged by any degree of stress
TIES THAT BIND

If you have any ties to the military, mention this

Use what words work....tell the SM or veteran how glad you are that they served in time of war and how grateful you are personally

The more real and genuine you can be with the SM or veteran, the less likely he or she will perceive you as an enemy

This is particularly true when forced to take action, making it more likely the defensive posture will be dropped
WINDING THEM DOWN

- Allow the SM or Veteran free reign to talk
- This is ordinarily an effective means of winding them down
- Validate their experiences
- At all costs, do not argue with ranting and raving
- Be noncommittal and acknowledge that their situation is a most difficult one
- Use time as your ally if control is falling apart
- Sometimes, the SM or Veteran needs a good reason to re-establish control
- Offer this to them
THE PSYCHOLOGICAL INJURIES OF WAR

• Never forget that the SM or Veteran’s behavior as a PSYCHOLOGICAL INJURY and NOT a mental illness or disorder
• NO ONE, but no one comes home from war unscathed
• It is these experiences that are disordered and that result in injuries of the mind and heart and soul
• As with any injuries, they require care and support and understanding and treatment
• We may be broken, but most of us are not sick or disordered
• If SMs and Veterans are approached as injured, far greater chance that they will trust you and connect with you
COURAGE

Courage doesn’t mean no fear, it’s digging deep to get the job done anyway.

motlasko.com
FLASHBACKS

• If at any point the subject begins making no sense or making statements strongly indicative of a loss of hold on reality, call EMS immediately

• Clear the area

• If the SM or veteran begins to scream out, shouting something like, "We're three clicks away and under fire!" or if he/she starts calling out names of people who are not present, he/she most likely experiencing flashbacks

• This also means he or she is unpredictable

• In the midst of flashbacks, one has no control over their behavior and cannot be "talked down or out of it"

• Any attempts to do so may agitate the individual even further
FLASHBACKS

• If he or she is reliving out a real combat scenario or battle scene, “make a hole” and create as large of a perimeter as available space allows
• Reassure the SM or Veteran know that "medics" are on their way "to assist the wounded"
• Alert EMS to the situation when upon arrival
• Remember that you are witnessing symptoms of severe psychological injuries
F R E E D O M

“Some people take freedom for granted, while others wake up and defend it.”
OUR DEBT

What we owe our Service Members and Veterans is not only compassion and empathy for the wounds that have accompanied them home and their service and sacrifices, but a debt of gratitude that can never be repaid.

Among these debts is the ability to make available behavioral/mental health services in lieu of allowing them to be lost in the legal system.

Sadly, as a country, we are falling far short of this goal.
THE COST

2.6 million of us have served in the recent wars in Iraq and Afghanistan, yet less than 1% of the American populace has ever worn the uniform.

We are disoriented and derailed by homecoming and re-entry into a homeland we no longer recognize.

It is indeed a sad day when bearing witness to crimes against humanity in the wartime theater results in being accused of the same on the home front.

We must vow to do much better by our Service Members and Veterans and promote establishment and referral to the Veteran’s Court System and to those resources that may indeed, allow them to come all the way home.
LEAVE NO MAN BEHIND
QUESTIONS AND COMMENTS
WHATEVER THE UNIFORM, THANK YOU FOR YOUR SERVICE