

# JUST THE FACTS

## Getting the Information You Need Part 1

Involuntary Commitment Seminar  
Judicial College Program for Magistrates  
School of Government  
University of North Carolina at Chapel Hill  
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**Crystal Farrow**  
**Wake County Human Services**  
**Director, Local Managing Entity**  
[cfarrow@co.wake.nc.us](mailto:cfarrow@co.wake.nc.us)  
**919.250.1593**



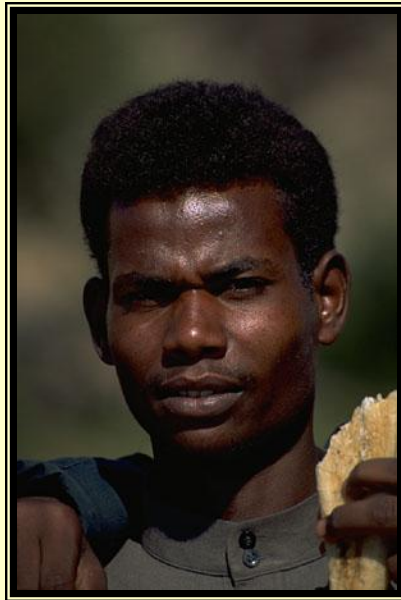
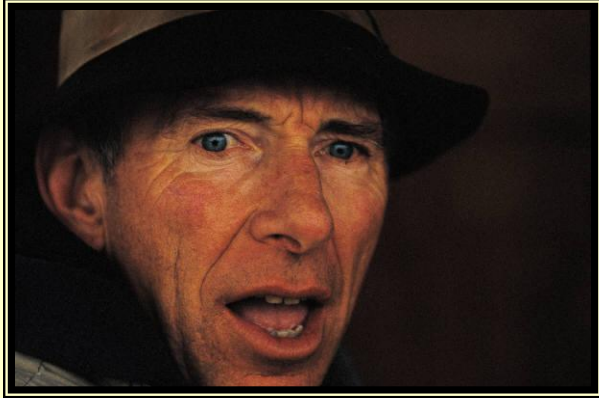
# Agenda

1. Interviewing and crisis intervention skills
  - The interpersonal skills that help you get the information you need
2. Understanding the risk factors
  - Obtaining the critical information
3. Summarizing the relevant information
  - Finding the facts in the “fluff”
4. Wrapping up with the petitioner

Are these the  
faces of mental  
illness and  
addictive  
disorders?



JUSTIN SUTCLIFFE



Or are these?



# The Framework



The Petitioner  
The Petitioner  
and You

THE  
LAW

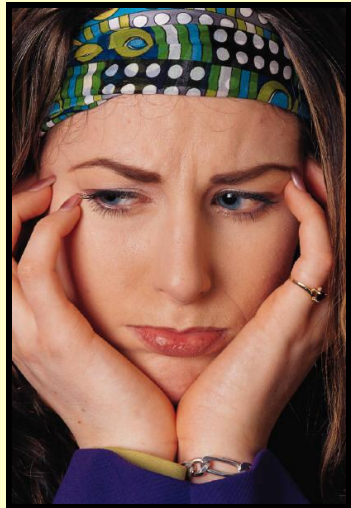
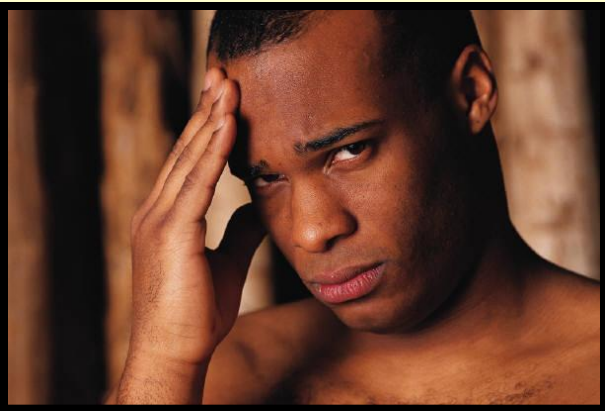
THE  
LAW

# The Role of Stigma in the Petition Process

## Mental Illnesses and Addictions Disorders are Family Illnesses

- Guilt, Embarrassment, and Shame
- Losses and Sacrifices
- Denial and Enabling

Petitioners  
are also in  
**Crisis**



**EXHAUSTED**

**ANGRY**



**SCARED**

**CONFUSED**

# Crisis Provokes a Set of Responses

## Heightened emotions

- Overwhelmed, helpless, abandoned, anxious

## Physiological arousal

- Increased heart rate and blood pressure
- Classic “fight or flight” response

## Cognitive

- Impaired problem solving ability, diminished ability to use normal coping mechanisms



# Crisis as Opportunity

危險 + 機會 =

*(dangerous)* *(opportunity)*

危機

*(crisis)*

# cri·sis (krss)

**A crucial or decisive point or situation; a turning point.**

**A sudden change in the course of a disease or fever, toward either improvement or deterioration.**

An emotionally stressful event or traumatic change in a person's life.

An unstable condition, as in political, social, or economic affairs, involving an impending abrupt or decisive change.

A point in a story or drama when a conflict reaches its highest tension and must be resolved.

# crisis intervention

Brief therapeutic approach which is ameliorative rather than curative of acute psychiatric emergencies.

Used in contexts such as emergency rooms of psychiatric or general hospitals, or in the home or place of crisis occurrence, this treatment approach focuses on interpersonal and intrapsychic factors and environmental modification.

# Benefits of effective crisis intervention work

## For the petitioner:

- S/he leaves calmer than s/he arrived
- Taken an effective step toward helping the family/friend/neighbor respondent
- Probably willing to help more or again
- For the magistrate:
  - Gather the information you need to make good decisions
  - Satisfaction of knowing you've done what you can within the authority you have to positively impact a life

# Working with People in Crisis

Putting yourself into the picture.....



# Every visit is a NEW event

- Never say “Never”, never say “Always”
- Use history to inform the current decision, not to make the current decision
- Look for what’s different this time
- The system’s failures are not your failures
  - There can be value in repeated petitions
    - The consumer is put in front of a clinician who can work to engage him—involuntarily or voluntarily
    - You and the clinician get another opportunity to educate the petitioner

# Setting a tone, modeling behavior for the conversation

Use the person's name and introduce yourself.

Be polite in requests and statements.

Be respectful and genuine in manner.

Talk calmly in moderated voice.

Reduce noise and distractions if possible.

# Active listening

## Focus on the speaker

- Maintain good eye contact
- Use open, non-threatening posture

## Listen for key points

- Do not jump to conclusions
- Encourage continued speaking



# Asking good questions

Ask open-ended questions for clarification

- Avoid yes/no answer questions
- “Tell me more....” “Help me to understand....”

Avoid “Why?” questions

- Feels like interrogation
- Elicits “because” non-answers and/or defensiveness

# Using empathy to engage & de-escalate

## Use “I” statements

- “I’d like to help...”
- “I want you to.....”

## Validate feelings and concerns

- “I understand you’re nervous....”
- “Sounds like it’s been a hard day...”

# Directing and re-directing until you have the required information

## Use simple & direct instructions

- Repeat and rephrase as needed
- Allow for delayed response time

## Clarify and summarize

- Restate the message, usually with fewer words
- Request verification of your understanding
- Put key ideas and feelings into broad statements
- DO NOT add new ideas

# Monitoring your own response

Try not to:

- Take anything personally
- Make promises you can't keep
- Get into power struggles
- Act angry, frustrated, or impatient
- Laugh inappropriately

# Working with “special populations”



# Working with MD petitioners

Check your assumptions

- ED MD's ≠ Psychiatrists

Be assertive and persistent

- Know your authority

Try to speak their language

- Ask for the “History of present illness (HPI)”
- Facts = signs and symptoms
  - Or “as evidenced by...”
- Conclusions = diagnoses

Work the systems

# Effective crisis intervention







# JUST THE FACTS

## Getting the Information You Need Part 4



# Some Stats

Mental health and addictive disorders account for the third highest loss of workplace productivity among chronic diseases.

More than half of all prison and jail inmates have a mental health problem or addictive disorder.

50% of students with mental disorders drop out of school, the highest rate of any disability group.

Americans with serious mental illnesses die – on average – 25 years earlier than the general population, mainly due to untreated health conditions.

# Some Stats

More than 84 million Americans suffer from a mental health or addictive disorder.

Mental health and addictive disorders are the leading cause of combined death and disability for women & the second leading cause for men.

Mental illness and addiction annually cost the US \$171 billion in lost productivity.

More than 30,000 Americans die by suicide each year and more than 90% have a mental illness or addictive disorder.

# Wrapping up the process

Explain next steps to the petitioner

- How long until the LEO arrives
- Use of cuffs
- Where to go next
- What to take to the evaluating clinician
- What happens if the petition is terminated



# What's an LME and how can it help?

## Screening, Triage, and Referral

- 24/7/365 information line for consumers, families, general public

## Care Coordination

- Charged to identify and develop plans for high-risk/high-cost consumers



## Provider Monitoring

- Investigate complaints, reports, incidents for certain categories of providers OR can assist you to find where to make a complaint



*"Part of me wants to help you with your crisis, Hargraves,  
but part of me wants to go to lunch."*