

Dealing with the **MENTALLY ILL** Person on the Street



An Assessment and Intervention Guide
for Public Safety Professionals

DANIEL M. RUDOFOSI
Psy.D., Ph.D.

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PERSON ON THE STREET**

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By

DANIEL M. RUDOFOSSI, PSY.D., PH.D.

Retired Sgt./Uniform Psychologist NYPD



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PREFACE

This new book titled, *Dealing with Mentally Ill Persons on the Street: An Assessment and Intervention Guide for Public Safety Professionals* by Doctor Rudofossi, stands out as a “book among books” in the psychological and law enforcement domains of dealing with the mentally ill. It is written in a clear, informative, comprehensive, and insightful fashion which reflects the true genius of the author. I unconditionally recommend the book to practitioners, first responders, professors and students alike with good reasons as follows: At present the public safety and mental health community are working on a strategic plan nationwide to respond to the scourge of mentally ill patients left without adequate assessment, care and treatment. Simultaneously police and public safety officers are being deployed and called on more often to respond to alarmingly high intensity radio runs. These radio runs are more severe and potentially violent. Officers and mental health professionals are at higher risk of becoming victims of violent outcomes. In a parallel and sobering result a number of “citizens” suffering from severe mental illnesses are left untreated and without assistance where perturbation and access to weapons increases the likelihood of homicide and suicide.

The Eco-Ethological Existential Analytic method of Professor and Doctor Rudofossi presents an original approach toward compassionate and safe interventions with mentally ill citizens who become involved with public safety officers. Doctor Rudofossi worked as a police officer and sergeant in urban war zones. He has saddled up in both worlds as Police Sergeant and Police Surgeon-Psych Doc in dealing with, preventing, and doing tragic psych autopsies of suicides and homicide with the mentally ill. The tragic outcome has become endemic to many urban centers and epidemic over the past decade within the USA and other countries. The impact on officers and their existential survival ensures their emotional and mental health survival.

Doctor Rudofossi gets down in the trenches with officers and supervisors on the street level while underscoring the key impact on mental health practitioners who share strategic importance with public safety officers on assisting the mentally ill. This guide is not a textbook but a casebook on how to

get the job done well, effectively and humanely without sacrificing safety and officer wellness by New York's Cop Doc Dan Rudofossi!"

Jack Kitaeff, Ph.D., J.D.

Clinical, police, and forensic psychologist

Author of *Forensic Psychology*, and editor of the *Handbook of Police Psychology*

FOREWORD

Doctor Dan Rudofossi has again written a work that exceeds expectations. This book is a “must” for all first responders dealing with the mentally ill in crisis situations. Doctor Rudofossi’s treatment of this important, sensitive, and timely topic is of major importance to police officers, firefighters, EMT’s, the mentally ill and the community at large. This work takes an extremely complex, systemic issue and breaks it down into very workable parts. He advocates treating the mentally ill in a respectful manner that originates with each individual’s personal integrity. As this copdoc progresses through this work he takes years of street experience in dealing with the mentally ill on the streets of New York City and blends it seamlessly with years of clinical experience coming up with an outstanding handbook for all first responders to deal with the mentally ill during potentially explosive encounters. This book should be mandatory reading for all who are interested in police, fire, or EMT careers. It should be on the required reading list in all training academies.

Dealing with the mentally ill on the street is a seminal work for first responders and is very likely to save lives. Most obviously, the lives impacted are those of the mentally ill and the first responders dealing with them in critical and uncontrolled situations. These situations are unpredictable, presenting great hazard to all involved. In many cases police officers, firefighters, and EMT’s have been injured on calls dealing with the mentally ill. In any number of cases officers have been forced to use deadly force in protecting themselves or others. This book will give officers another tool to hang on their belt. It will give them other options in dealing with these crisis situations. This book will help all involved in these situations, including, first responders, the mentally ill, the community, and the families of those directly involved. As these situations are resolved peacefully the first responder is not injured, the person with the mental illness is not injured, the community is enhanced and the families of all directly involved do not lose a loved one.

While the use of deadly force may still be necessary in some cases, Doctor Rudofossi has given us a way to perhaps avoid such force in the way he teaches about the mentally ill on the street. Doctor Rudofossi breaks this down into a simple process beginning with a step-by-step guide to active listening and progressing with the same step by step approach into more complicated descriptions of severe mental illness. For example, Doctor Rudofossi teaches specifically how to respond to the psychosis of some of the mentally ill when he says not to buy into their hallucinations and why. Doctor Rudofossi does not treat all mental illness as the same, he helps officers to understand that “one size does not fit all” in describing the mentally ill or the first responders who deal with them. Doctor Rudofossi breaks mental illness down into understandable categories and then ties it together with the individual personality styles of various first responders. He does it in a practical, common sense way to help you understand how your actions and style impact the situation as much as the mental illness of the individual you are dealing with.

As Doctor Rudofossi continues to describe the eco-ethological impact of dealing with the seriously mentally ill, he describes the impact on the officer, firefighter, or EMT as well as the mentally ill individual. Far too often first responders are dealing with someone who could just as easily have been any one of us. It's not like dealing with the bad guys who are making their own choices to end up where they are, these are regular people who are having extreme personal crisis. Doctor Rudofossi provides a model to build from, that will help us to deal with them in a professional and respectful manner, while not robbing them of their dignity. As such, it means that he has given us the tools to not only make the first encounter more safe but subsequent encounters with these individuals safer as well.

This work is full of helpful advice written in a way that makes sense for cops, firefighters, EMT's and anyone else on the front lines. It's written in plain language without a lot of clinical jargon that we might otherwise find in a work that is strictly written from an ivory tower by someone who has only read about crisis encounters with the mentally ill. This book is full of practical suggestions based on years of experience in what works and what doesn't work. Doctor Rudofossi's “field wisdom” is a step by step way to approach an individual with mental illness in crisis. His “bullets” of wisdom will help to keep you safe while resolving the situation. I would rather use the material in this book and have my partners using this material than have a psychiatrist on scene. This work takes things to a “gut” level and helps us to respond intuitively and appropriately within as safe a range as possible in dangerous situations. As Doctor Rudofossi so aptly puts it, “Your life is not only your own but those who love you. Doing the work on the side of the angels does not include being in choir practice with them prematurely!”

Remember that the life you save may be your own. This book can help you do that.

Dennis L. Conroy, Ph.D.
Retired Sergeant, Saint Paul, MN PD
Licensed Psychologist
Author: *Surviving a Law Enforcement Career*

INTRODUCTION

How to Use this Guide in Becoming An Effective and Humane Public Safety Officer

The book you have in your hand is a result of a need for a clinical guide that promises to offer you a map to assist you in finding coordinates as to what type of individual you are facing on the street encounters that is emotionally disturbed. Your uncommon sense and intuition as a public safety officer are learned in many other experiences and are respected and valued by this author as much as by you as a public safety officer.

I also know that having picked up this guide and reading it, you are a public safety officer who is conscientious. You care about the job you do and being the best you can be in your work and that is the best one can wish and hope for. This promises to be a helpful guide that is written to assist you best as a prevention guide in dealing with citizens who suffer from mental and behavioral disorders that affect their lawful or unlawful behavior. The unique promise of this text is that it offers you a training guide before you are at doorsteps of a housing complex where a rageful person is ready to blow up in anger as a temporary crisis has escalated an otherwise rational and decent person into an explosive emotionally chaotic, irrationally disturbed human being.

This guide is not a step-by-step cookie cutter approach that imagines the author has the wisdom to foresee and tell you what to do and how to do your job of dealing with people who are emotionally disturbed in every single situation. That kind of textbook is one that may be quite scholarly and impressive but may not cut the edge to help you when you yourself must move out on the ledge and diffuse a crisis with an emotionally disturbed citizen,

I offer you, and within your own unique ability, a choice to prepare and use your own imagination to think of when to reach into the knapsack of your own professional and effective toolbox and to modify case examples presented and questions and answer sections in each chapter as to what you can use on the streets where you will work.

What Credibility Do I Have To Offer You As A Public Safety Officer Any Wisdom For The Streets?

Great question and one I would ask myself if you were not asking this important question of me. My wisdom is that I know how tough it is to make the right decision when you are dealing with life and death choices often without preparations and without much time to sit and think about the issues you are challenged with. Having been a police officer and street cop working public housing and city streets and occasionally public transit, I had the privilege of working with some of the finest fellow officers from my own NYPD and other agencies including Port Authority Police and federal agents to public security officers and seeing crises unfolding and sometimes doing exactly what survival called for and at times making mistakes I have learned from regrettably. I had never been at a major job involving mental and medical health issues where I did not welcome the police officers' best friends and colleagues, the emergency medical technicians and firefighter rescue public safety peer-professionals.

As a sergeant and supervisor who in the saddle of large jobs to the very small and quiet jobs, I never lacked hearing a public safety officer's street assessment and sizing up major situations as a team leader.

As a street cop dealing with crime, public emergency situations, and private situations where I was asked to intervene with nice people fraught with loss and death and in a fragile temporary state where emotions flared, I wished I had an extinguisher to help me put out the fires that consumed otherwise decent people who acted with the utmost inhuman indecency.

As I became a doc from a street cop, I remained on "the-job." I learned truly how each time I would need to learn from my public safety officer patients and still do to this day as each has a unique history. In relating her case as well, I can glean wisdom otherwise missed in recounting not only a story but the one element that can be missed as to what is most important in the losses and trauma experienced and why it presents with such a flare when one least expects it to. I am in this as a cop doc or a cop who is also a doc and able to help my peers like my firefighter and EMT peers who take fires that are raging and turn them into simmering flames to light the darkness and not consume the fire of life with darkness.

I have assisted thousands of officers in my long career of a decade and a half as a cop doc, but this guide is to help you and others who are fortunate enough to have a safety officer to assist them in their most public of crises without cursing the day they were born and your own family ruefully mourning the day you vowed to be a public safety officer because you are found to have acted wrongly in the line of fire we all face or are fatally wounded in the cross-fires of an emotionally disturbed person who has lost his/her hu-

manity in a moment. That is all it takes is one moment of rage and chaos on their part and one moment of indecision on your part when action of one sort or another calls on you in the moment you least wish for and now must face. I will help you as far and wide in this short guide as I can with sound advice you can plan on before that moment comes so when it does, you are better prepared than most of the finest, bravest, and boldest which you are in different facets of the complex and unique depth of who you really are as a public safety officer.

The supportive map in case examples throughout this guide is the center of the existential path that can help you choose which route to take as best for you. By existential, what is meant is what is most important to center you in the space of your own existence as a public safety officer, crucial to keeping you being the best you can be. In dealing with the multiple losses and wounds as traumas are called, you may want to get the survivors guide to complex PTSD (Rudofossi, 2012) in which your own unique style as a public safety officer is fleshed out as well as how you can use your own tendencies and experiences to enhance and improve not only your professional standing but your personal one as well. A question that may have emerged in your reading this introduction is, who is a public safety officer? That is a wonderful question and one that is well worth answering.

Defining a Public Safety Professional Officer

As a public safety officer, you may be a local, city, or state police officer. Perhaps you are an emergency medical technician or medic. You may, of course, be a firefighter or firefighting investigator. But what if you are not in one of these three public safety officer categories, where do you fit in exactly within the public safety professional culture?

If you are wondering where you fit in as a university peace officer, traffic enforcement, or health service investigator, or case worker—do you consider yourself as a public safety officer?

I would say for those of us who have been in the business of saving lives, who have been in the saddle long enough to know the real deal, truth is you do and are public safety professional officers.

Some are more in the mix of battle as warriors and some are in the support stadiums as auxiliaries and volunteers, but we all fit in the larger puzzle that offers one piece of the puzzling solution. In closing, this introduction to a guide that offers identifying the problem of mental health and the individuals impacted by a deteriorating healthful life for one reason or another, you are the missing link in that long chain, whether on the front heat of the initial intervention or on the closing frontier where hospitalization is called for and taking place.

For those on the front lines of emergency medical work, doing a police emergency response, a medical lifesaving technique, or fire-extinguishing procedure, all are involved in trying their very best but not in losing one's life, and this must be the first and most foremost goal.

Your life is not only your own but those who love you. Doing the work on the side of the angels does not include being in choir practice with them prematurely! So safety and at times using the least force may mean taking a life to save many more as the most humane way of preserving life including your own.

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First, and in profound appreciation for my ability to have survived and grown in my faith in the Highest being—the highest spiritual force, G-d! I often reflect, as many greater folk than I have said, “There go I but for the grace of G-d, Go-G-d!” It has been my good fortune to have so many blessings that follow.

I would first like to thank my wife who is my best friend and only lover -- my compass in stormy weather and tempestuous roads. Dongyu Brachah Rudofossi with gratitude now and always for being the best wife a man can pray for! Her brilliance and compassion shine light in my life everyday and kisses away darkness in the nights—My wife is my Yin, to my Yang, my true Brachah for now and always!

Thank you to Michael Payne Thomas, President of Charles C Thomas Publisher, Ltd., for welcoming me as an author in a collegial style and encouraging creative expression in a professional guide: You’re reputation for welcoming your authors and support in publishing I can attest to and with that offer a guide that I hope will assist many in public safety and mental health who work on the frontlines of street encounters with the mentally ill.

Cop Doc Dennis Conroy, who gave much of his time in reading through my manuscript and honoring me with his Foreword, is in his own right a legend among Cop Doc’s with a U.S. Marine service record, scores of years as a St. Paul, Minnesota Police Sergeant and the Director of their Psychological Services/EAP. The 1993 *Cops at Risk* is destined for being a classic as it is now, as well as his next classic, *Surviving a Law Enforcement Career: A Guide for Cops and Those Who Love Them*. He is a true friend and peer with a lot of wisdom—rare and incisive—always willing to offer a helping hand to a fellow cop doc. Cop Doc Antoon Leenaars, outside of his Canadian wit, is an on-target premiere world expert on Suicide. He knows more about this tragic moment and epidemic than anyone alive today. His erudition presages not only knowledge but healing from and preventing such tragedies. He is simply the leader and it is with his generosity and genius I have been blessed to

have my Preface written. My close friend and mentor of the highest caliber, Cop Dr. Al Benner, who died three years ago, inspired me by his political honesty, integrity, and fellowship during rough times. *Indisputably, Doc Benner lives on as the Cop Doc's Cop Doc*. His service is legendary. His courage was indefatigable! A true pioneer who broke through unexplored paths in police psychology by his incredible ingenuity, humility, fraternity, and professionalism. Dr. Professor R. R. Ellis—a superb clinical psychologist did this best by his humanity—being the superb educator, clinical supervisor, and gentleman he was. A decade and a half of our lives evolved together into a personal friendship and collegiate relationship. Dr. Ellis gave countless hours in editing with a wonderful openness, sense of humor, and love; his sagacious and acute critiques are magnificent. What he planted in his students are harvests in the here and now. Although his death also has left a gap in many ways, his work is alive and so is his soulfulness. I can never leave out the enlightened genius and erudite supervision of Dr. Charles Brenner, the father of the science of conflict as a Psychodynamic Psychotherapist. It is not only his cognitive genius but his emotional as well that surfeits over his fecund mind: if one grabs Diogenes torch in darkness—in search of an honest man with humanity and humility, he/she would find him in Dr. Brenner. His mindful creativity lives on in all his fellows and post docs. I am grateful for the privilege afforded by his generous sharing of perspective extending way beyond “the hours” of clinical supervision—my eco-ethological approach toward PPS-CPTSD has benefited by his fecund perspicuity. Dr. Al Ellis’s inimitable style and clinical supervision also remain invaluable.

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**DEALING WITH THE MENTALLY ILL
PERSON ON THE STREET**

Chapter 1

PRESERVING LIFE: ACTIVE LISTENING AND EMPATHY WITH MENTALLY ILL CITIZENS

INTRODUCTION

Preserving life is a noble calling to anyone who picks up the call. This call to preserve life drives most health professionals in choosing responsibly as to the key of how to enhance other's lives and living conditions.

Doctors, whether physicians or psychologists in the area of mental health, are often called on to preserve and conserve life. Further, all mental health professionals who do their calling correctly are counted on to open the umbrella of intervention so crucial towards health and wellness for individuals, communities they live in and serve.

Different levels of education and experience outside of achieving the doctor degree exist in the mental and medical health profession. Although the doctorate is the highest level of education and experience in any chosen area of health, there exist other professionals who assist and help fill the picture of assessment and treatment of mental/medical health problems.

The full picture includes taking culture into account as different hues that shaded the color of each tapestry presented. Culture colors the context of any call being answered by the mental health professional. Yet, it is hardly conceivable that any culture would not press its mental and medical health professionals to preserve life as its major objective. Yet, culture itself is impacted itself by ecology and ethology. **Ecology**, such as environmental, social, and political structure impacts

on the quality of care that is expected in any community. **Ethology** for our purposes is the motivation of survival when life is threatened.

Your well-being and mine to shifting degrees is impacted by ecology and ethology. Ethological influences include our own survival motivation which in some levels of experience parallel animals as well. Keep in mind that this guide uses ecology and ethology as motivations behind much of what we first see in ourselves, and those we help in dire need.

That dire need as a call for help from thousands of officers in need of assistance shaped my own assessment and treatment approach. A treatment approach both as a cop and a doc.

Community influences public safety responses in what jobs are considered high priority and lesser priority. Communities differ in terms of ecological and ethological motivations and impact on individuals and the differences those individuals endure.

A specific community in need of services may differ from another although they are literally and geographically next door neighbors. Taking a larger view for a moment's pause, we can say all communities to different degrees—regardless of differences in ideas about life, religion, economic and social conditions—will have a basic need for health and public safety professionals. In the need to respond to individuals, or clusters of individuals who suffer from medical emergencies, mental health crises, situational responses to large events of natural disasters and unnatural disasters such as terrorism (domestic or foreign), public safety officers are called on to mediate well.

The fact is, public safety professionals include but are not limited to different and large communities distinguished as police officers; public security at city, state, and federal levels; private trained security officers; firefighters—active and volunteer; emergency medical technicians—public and private; military medics/physician assistants; civilian public and private health case workers and nurses preserving and enhancing quality of life and living in large populations of people struggling with life and death situations.

Although differences abound between all communities of public safety both/and mental/medical health professionals a focused skill to assess, intervene, and offer immediate assistance exists in all departments, agencies, and services. Redirecting victims, complainants, or patients to the right sources to achieve a better outcome exist ideally in all public safety and mental/medical health professionals.