Module 9: Effective Communications

Communication Skills

Communication Skills for Security Guards

Effective communication is essential for security guards, who must convey clear and concise information both orally and in writing. Often, this information needs to be obtained from sources that may be reluctant to share it, making strong communication skills critical to the role.

The Importance of Communication

Communication can be either a strength or a weakness. Since ancient times, humans have developed various methods to convey messages, evolving from the basic sounds of early humans to the complex, technical languages of modern computers. As a security guard, you must rely on standard methods of communication, including verbal contact, telephone, radio, physical signals, mechanical signals, and written communications.

General Rules of Communication

Regardless of the method, some general rules apply to all forms of communication:

- **Be Brief:** Keep your messages short and to the point to avoid confusion.
- Be Explicit: Clearly state your message to ensure there is no misunderstanding.
- **Be Concise:** Use as few words as necessary to convey your message effectively.
- Ensure Understanding: Make sure the person receiving your message understands it completely.
- **Avoid Hostility:** Do not be antagonistic or hostile in your communication.

Verbal Communication

To engage in effective verbal communication, it is important to have a sufficient vocabulary. Your vocabulary needs will vary depending on your specific job and the people you are communicating with. It is beneficial to use the same type of language as those around you to facilitate better communication. However, maintaining your normal vocabulary is essential for clear communication with visitors and others not familiar with the local jargon.

In addition to the general communication rules, consider the following for person-to-person interactions:

- Make Eye Contact: Look at the person you are communicating with to establish a connection.
- **Be Courteous:** Smile and maintain a polite demeanor.
- Use Familiar Expressions: Avoid using expressions if you are uncertain of their meaning.
- **Keep It Simple:** Do not try to impress others with complex words and phrases that they may not understand.

Utilizing Various Communication Methods

As a security guard, you will use different communication methods depending on the situation. Each method has its own set of best practices:

- **Telephone and Radio:** Speak clearly and directly, ensuring that your message is received accurately. Use standard protocols and language to avoid confusion.
- **Physical and Mechanical Signals:** Use universally understood signals to communicate effectively without words. Ensure these signals are visible and unambiguous.
- Written Communication: Write clearly and legibly. Be concise and ensure your writing is easy to understand.

Gathering Information from Reluctant Sources

When you need to gather information from individuals who may be unwilling to provide it, your communication skills become even more important. Approach such situations with sensitivity and respect. Use open-ended questions to encourage dialogue and be patient, allowing the individual to share information at their own pace.

Practical Application

Consider a situation where you need to obtain information from a witness to an incident:

- 1. Approach Politely: Introduce yourself and explain why you need the information.
- 2. **Ask Open-Ended Questions:** Instead of asking, "Did you see the incident?" ask, "Can you tell me what you observed?"
- 3. **Be Patient and Respectful:** Give the witness time to respond and listen attentively without interrupting.
- 4. **Clarify if Needed:** If the information provided is unclear, politely ask for clarification to ensure accuracy.

By adhering to these communication guidelines and practices, you can perform your duties more effectively, build better relationships, and ensure that important information is conveyed accurately and respectfully.

How to Interview Witnesses and Others?

If an incident occurs while you are on duty, you may need to interview involved individuals or witnesses. Practicing active listening skills will help most people feel comfortable sharing information with you. Always remember to obtain permission before attempting to interview someone. Here are some additional steps to follow:

Preparing for the Interview

- **Find a Quiet Spot:** Choose a location where you won't be disturbed, but remain mindful of your duties and responsibilities at the site. Whenever possible, have a qualified person take over for you while you conduct the interview.
- Match the Interviewee's Position: Face the person squarely and at their level. If they are sitting, you should also be sitting. This helps create a comfortable and equal setting for the conversation.

Conducting the Interview

- **Focus on the Person's Words:** Concentrate on what the person is saying. Avoid thinking about your next question while they are still talking, and don't let your attention wander to their appearance. If you find your mind drifting, consciously bring it back to the conversation.
- **Keep the Conversation on Track:** If the person starts discussing unrelated topics, gently steer them back to the incident at hand. Remind them that you need to gather the facts.
- Take Detailed Notes: Inform the interviewee at the beginning that you will be taking notes and explain the importance of these notes for your investigation. If they object, take notes as soon as possible after the interview while the information is still fresh in your mind. Repeat key information to ensure accuracy and ask the person to slow down if they are speaking too quickly.
- **Collect Contact Information:** Obtain the interviewee's contact details, if possible, in case you need further information or if the police need to speak to them.

Maintaining Confidentiality and Respect

- **Keep Information Confidential:** Assure the interviewee that the information they provide will only be shared with those who must know it for the investigation.
- Avoid Making Unkeepable Promises: Do not promise to protect their identity or suggest
 that cooperating will make things easier for them if you cannot guarantee these
 outcomes.
- **Respect Their Rights:** Understand that you cannot force someone to participate in the interview. Respect their decision to withhold information or refuse to be interviewed. Remember that rights may vary, particularly for children.

Practical Application

Consider the following steps when interviewing a witness to an incident:

- 1. **Obtain Permission:** Politely ask if the person is willing to answer some questions about the incident.
- 2. Choose the Location: Find a quiet area where you can talk without interruptions.
- 3. **Establish a Comfortable Setting:** Sit down if the witness is sitting, and make direct eye contact.
- 4. **Listen Actively:** Pay close attention to their words without planning your next question.
- 5. **Keep the Conversation Focused:** Gently redirect the conversation to the incident if it veers off course.
- 6. **Take Notes:** Let the witness know you will be taking notes, and ensure you capture all relevant details accurately.
- 7. **Gather Contact Information:** Ask for their contact details for any follow-up questions or further investigation by authorities.
- 8. **Maintain Confidentiality:** Reassure the witness that their information will be kept confidential and shared only with necessary parties.
- 9. **Respect Their Rights:** Acknowledge their right to refuse participation and do not press them beyond their comfort level.

By following these guidelines, you can effectively gather crucial information from witnesses and others involved in an incident, ensuring that the process is respectful, thorough, and legally sound.

Effective Questioning Techniques for Interviews

Knowing what types of questions to ask and when to ask them is crucial for conducting effective interviews. Questions can be categorized into two main groups: open-ended questions and closed-ended questions. Each type serves a different purpose and can be used strategically during the interview process.

Open-Ended Questions

Open-ended questions encourage the interviewee to provide detailed responses and share their story. These questions are particularly effective at the beginning of an interview or when you need general information. They help create a comfortable environment and allow the interviewee to express themselves fully.

Examples of open-ended questions include:

- "Can you tell me what happened?"
- "What did you see?"
- "How did that make you feel?"

• "What did you do next?"

Closed-Ended Questions

Closed-ended questions are designed to elicit specific information and are usually answered with "yes," "no," or short responses. These questions are useful for verifying details and obtaining precise information. They are typically used after open-ended questions to clarify and confirm specific points.

Examples of closed-ended questions include:

- "Were there any other witnesses?"
- "What time did this happen?"
- "Where were you standing?"

Avoid Leading Questions

Leading questions suggest a particular answer or contain the interviewer's opinion. These questions can bias the interviewee's responses and should be avoided.

Examples of leading questions to avoid include:

- "Why would you do something like that?"
- "Don't you think you should have walked away?"

Best Practices for Asking Questions

- **Ask One Question at a Time:** Ensure clarity by asking only one question at a time. This prevents confusion and allows the interviewee to focus on providing a clear answer.
- **Allow Time to Answer:** Give the interviewee sufficient time to respond before asking the next question. Rushing through questions can lead to incomplete or unclear answers.
- Write Down Follow-Up Questions: If you think of another question while the interviewee is talking, write it down. This allows you to return to it once the interviewee has finished their current response.

Practical Application

Conducting an Interview

- Start with Open-Ended Questions: Begin the interview with open-ended questions to gather general information and make the interviewee feel comfortable. For example, "Can you describe what happened during the incident?"
- 2. **Move to Closed-Ended Questions:** Once you have the general story, use closed-ended questions to obtain specific details. For instance, "What time did you first notice the incident?" or "Were there any other people around when it happened?"

- 3. **Avoid Leading Questions:** Ensure your questions are neutral and do not suggest a particular answer. Instead of asking, "Why didn't you call for help immediately?" ask, "What was your immediate reaction to the situation?"
- 4. **Ask Questions Sequentially:** Pose one question at a time and wait for a complete answer before moving on. This helps the interviewee focus and provides you with clearer information.
- 5. **Note Follow-Up Questions:** If additional questions arise while the interviewee is speaking, jot them down and address them later to ensure a smooth and uninterrupted conversation.

By following these techniques, you can conduct thorough and effective interviews, gather accurate information, and maintain a respectful and professional demeanor throughout the process.

Telephone and Radio Communication Guidelines

Telephone Communication

(a) Answering the Phone:

- Be Courteous: Answer the telephone politely, providing essential information such as the name of your employer, the department you are working in, and your name. For example, "Good evening, ABC Company, Security Office, Smith speaking."
- Structure:
 - Greeting: Start with a courteous greeting.
 - Company and Department: State the name of the company and the specific department.
 - Your Name: Finish by introducing yourself.

(b) Be Brief but Polite:

- **Conciseness:** Keep your conversation short and to the point, ensuring that you convey the necessary information without being abrupt.
- Politeness: Maintain a polite and friendly tone throughout the conversation.

(c) Use Courteous Endings:

- Thank You: Always remember to thank the caller before ending the conversation.
- Goodbye: Conclude with a courteous goodbye, ensuring a pleasant end to the call.

Radio Communication

(a) General Rules:

- **Observe Communication Rules:** Follow all general communication rules, including being brief, explicit, concise, and ensuring understanding.
- Proper Form: Use the correct operational procedures as directed by the client.

(b) Specific Guidelines:

• **Form of Operation:** Adhere to the specific radio operation protocols provided by the client. These will be covered in detail in the Tactical Communications lesson.

Practical Examples

Telephone Communication Example

When answering a call, you might say: "Good evening, ABC Company, Security Office, Smith speaking. How may I assist you today?"

If the caller requests information, respond briefly but politely: "Thank you for your question. I will look into that for you right away. Please hold for a moment."

Concluding the call: "Thank you for calling. Have a great day! Goodbye."

Radio Communication Example

When using a radio, you might say: "Security Base, this is Patrol 1, over."

If receiving instructions, respond clearly: "Copy that, Security Base. Proceeding to the main gate, over."

Summary

By following these guidelines, you ensure that your telephone and radio communications are professional, clear, and effective. Polite and efficient communication helps maintain a positive image for your company and ensures smooth operations within your security team.

Guidelines for Communicating with the Media

Communicating with the media requires careful handling due to the need to protect specific and confidential company information and avoid potential liability issues. Typically, the Public Relations Officer (PRO) is the only individual authorized to provide interviews or press releases. Security guards, while not usually authorized to make statements, may interact with media representatives. Here are essential guidelines for security guards when dealing with the media:

Key Guidelines

(a) Refer Media Representatives Appropriately:

- Direct to PRO: Always refer media representatives to the designated Public Relations
 Officer as specified in the Post Orders. If unsure, refer them to the security company
 management.
- **Example:** "I'm not authorized to make any statements. Please contact our Public Relations Officer at [contact information]."

(b) Avoid Making Statements:

- **No Personal Views:** Do not share your personal views or opinions about the situation. Maintain a neutral stance.
- **Example:** "I cannot comment on this matter. Please speak with our Public Relations Officer."

(c) No Off-Hand or "Off the Record" Remarks:

- Maintain Professionalism: Avoid making any casual or off-the-record comments within earshot of media personnel. Such remarks can be misconstrued and used inappropriately.
- **Example:** Ensure any casual conversation does not occur within the vicinity of media representatives to prevent misinterpretation.

Practical Scenarios

Scenario 1: Immediate Media Presence

- **Media Approach:** Media representatives approach you for a statement regarding an ongoing incident.
- **Response:** "I'm not the authorized spokesperson for our company. Please contact our Public Relations Officer at [contact information]."

Scenario 2: Casual Interaction

- **Media Eavesdropping:** You're speaking with a colleague and notice media representatives nearby.
- **Response:** Immediately ensure your conversation is professional and does not include any sensitive or personal opinions about the incident.

Scenario 3: Persistent Media Requests

- Media Repeatedly Asking Questions: Media representatives persist in asking for your views or information.
- **Response:** Politely but firmly repeat, "I'm not authorized to provide any statements. Please contact our Public Relations Officer for any information."

Summary

By adhering to these guidelines, you help ensure that all communication with the media is handled professionally and appropriately, protecting both the company's interests and the confidentiality of information. Only the designated Public Relations Officer should make public statements, and security guards should always defer to this protocol to maintain the integrity and accuracy of information shared with the public.

Assisting Special Needs Members of the Public

As a security guard, you may encounter individuals with special needs, including those who are blind or visually impaired, have hearing difficulties, or possess other physical, mental, or emotional challenges. Handling these situations requires sensitivity, patience, and a commonsense approach tailored to each individual's unique needs. Here are some general guidelines to help you effectively assist individuals with special needs:

Communicating with the Hard of Hearing

1. Getting Attention:

- Use Names: Start by using the person's name to ensure you have their attention.
- Tap on the Shoulder: If necessary, gently tap on their shoulder to make eye contact.

2. Facing the Person:

- **Positioning:** Ensure you are in the same room and close enough for them to hear and lip-read.
- **Visibility:** Make sure your face is well-lit, without shadows, and keep your hands away from your face. Avoid chewing gum or having anything in your mouth while speaking.

3. Speaking Clearly:

- Normal Volume: Speak at a normal volume or slightly louder, but do not shout.
- Enunciate: Clearly enunciate each word without exaggerating lip movements.
- Pace: Speak slowly to help the person follow your words.
- Body Language: Use gestures and body language to aid understanding.

4. Rephrasing:

- **Simplify:** If not understood, rephrase your sentence using simple and familiar words.
- **Avoid Repetition:** Do not repeat the same words over and over; instead, use different words to convey the same message.
- Short Sentences: Use short sentences for easier comprehension.

5. Managing Noise:

• **Quiet Environment:** Move to a quieter location if there is significant background noise to facilitate better hearing.

Communicating with the Blind and Visually Impaired

1. Legal Blindness:

• **Definition:** Legal blindness varies from total blindness to limited vision, such as distinguishing between light and dark or reading large print with magnification.

2. Making Contact:

- **Introduction:** Greet the person using a normal tone and their name if known. Identify yourself and ask if they need assistance.
- **Guidance:** If assistance is accepted, touch your hand to the back of theirs as a signal for them to take your arm. Identify others who join the conversation.

3. Crossing Streets:

- Offer Help: Offer assistance without pulling their hand or tugging at their sleeve. Let them guide you on how to assist.
- Alerting to Obstacles: Inform them of curbs, steps, or other obstacles and describe whether they are stepping up or down.

4. Describing Surroundings:

- **Details:** Describe the layout of rooms, including the shape, furniture arrangement, and any significant features.
- Clear Directions: Use specific descriptions rather than vague terms like "over there."

5. Doors and Stairways:

- **Doors:** Inform them when approaching a door and how it operates (e.g., opens to the left or right).
- **Stairs:** Alert them about stairs, indicating whether they go up or down. Allow them to find the handrail and the first step before proceeding.

6. Irregular Terrain and Danger Zones:

- **Terrain Changes:** Warn about changes like from concrete to grass or gravel, and slippery surfaces.
- **Obstructions:** Keep walkways clear and inform them of any obstacles.

7. Taking a Seat:

• **Guiding to a Seat:** Place your hand on the back of the chair and allow them to slide their hand down your arm to locate the chair.

8. Guide Dogs:

• **Handling Guide Dogs:** If the person has a guide dog, do not distract it. Only interact with the dog if you have the owner's permission.

9. Leaving:

• Inform Before Leaving: Let the person know when you are about to leave and, if possible, ensure they are in contact with a tangible object like a wall or chair for reference.

Assisting Someone in a Wheelchair

1. Offering Assistance:

- **Ask First:** Always ask before pushing someone's wheelchair. Offer assistance politely and respect their decision.
- Advise on Terrain: Inform them about difficult terrain or danger zones.

2. Communication Issues:

- Eye Level: When speaking for any length of time, sit down to communicate at eye level.
- Wheelchair Placement: Do not move the wheelchair out of reach unless requested.

Summary

By following these guidelines, you can ensure respectful and effective communication and assistance for individuals with special needs. Each person is unique and may require a different approach, so always be adaptable and sensitive to their specific needs and preferences.

Facts about Mental Illness

• **Prevalence in Canada:** Mental illness is a significant health issue in Canada, affecting an estimated 20% of the population. This means that one in five people may experience some form of mental health disorder during their lifetime.

Recognizing People Who Suffer from Mental Illness

Identifying mental illness can be challenging due to the wide range of behaviors and symptoms that may be displayed. However, certain signs can help indicate the presence of mental illness:

Behavioral Indicators

1. Inappropriate or Rapid Changes in Behavior:

 Example: A typically quiet person suddenly becomes excessively talkative without a clear reason.

2. Loss of Touch with Reality:

 Indicators: Inability to recall basic information like time, date, or personal identity; displaying confusion, talking nonsensically, acting suspiciously, or hiding.

3. Memory Loss:

 Characteristics: Unable to remember recent events but can vividly recall distant past events from childhood.

4. Delusional Beliefs:

 Examples: Beliefs that the government is spying on them, thinking they have unusual physical conditions (e.g., cement in the stomach), or believing they are a famous person (real or fictional).

5. Preoccupation with a Fixed Idea:

 Signs: Obsessive focus on a particular thought or idea, which takes up excessive time and conversation.

6. One-Sided Conversations:

 Behavior: Engaging in extensive, one-sided conversations, especially in public places.

7. Hallucinations:

 Symptoms: Experiencing sensations that are not present, such as hearing voices, seeing things, or feeling, smelling, or tasting things that are not there.

8. Fearful or Suspicious Behavior:

Indicators: Pacing, restlessness, or acting overly suspicious.

9. Social Withdrawal and Depression:

 Symptoms: Apathy, lack of motivation, lack of interest in activities, low energy, and crying.

Risk of Violence

 Paranoia and Aggression: Individuals who are paranoid may pose a higher risk of violence towards others. Their aggression is typically driven by a perceived need to protect themselves from imagined threats.

Practical Tips for Security Guards

When dealing with individuals who may have a mental illness, it is important for security guards to approach the situation with sensitivity and care. Here are some practical tips:

- Maintain Calmness: Stay calm and composed to help de-escalate the situation.
- **Be Patient:** Allow the person time to express themselves without rushing or interrupting.
- Use Simple Language: Communicate clearly and simply to avoid adding confusion.
- Respect Personal Space: Give the person adequate space to avoid making them feel threatened
- **Seek Assistance:** If needed, call for additional support from mental health professionals or law enforcement trained in handling such situations.
- Avoid Confrontation: Do not argue or confront the person about their beliefs or perceptions.

By understanding these behaviors and symptoms, security guards can better recognize and respond to individuals with mental illness, ensuring a safer and more supportive environment for everyone.

Understanding Serious Mental Illness vs. Emotional Issues

Distinguishing Between Mental Illness and Emotional Problems

Mental illness symptoms can vary widely in both type and severity, making it challenging to distinguish between different disorders. However, mental illnesses are generally categorized into two main groups: serious mental illnesses (chronic or long-term) and emotional problems (neurotic disorders).

Serious Mental Illnesses

Serious mental illnesses include:

- Schizophrenia
- Manic Depressive Illness (Bipolar Disorder)
- Depression

These illnesses are primarily caused by chemical imbalances in the brain. For example, schizophrenia is now understood as a genetic, biological brain disorder. Similarly, depression and bipolar disorder involve specific chemical imbalances, and individuals may be genetically predisposed to these conditions. Psychotropic drugs, alongside psychotherapy, are commonly used to restore chemical balance in the brain for these disorders.

An analogy can be drawn to diabetes, where a person might be born with a predisposition to the disease. Healthy lifestyles, proper diet, and stress management can prevent or delay its

onset. Once diagnosed, regular medication, such as insulin, helps maintain chemical balance and keeps symptoms at bay. Similarly, serious mental illnesses require lifelong management and regular medication to control symptoms.

Emotional Problems

Emotional problems arise from situational stressors that temporarily disrupt a person's emotional balance. Reactions to stress vary widely among individuals. For instance, while one person may become depressed and withdrawn, another may become anxious and worried. Common situational stressors include:

- Divorce or relationship problems
- Past abuse
- Loss of a loved one or job
- Life transitions (e.g., moving from school to work, or from work to retirement)

Emotional problems can manifest as:

- Situational Depression
- Anxiety
- Phobias
- Psychosomatic Illnesses
- Compulsions and Obsessions
- Eating Disorders
- Gambling Problems
- Alcohol or Drug Abuse

These conditions are ways individuals express or cope with stress. When stressors severely impact an individual's life, it may lead to what is colloquially known as a "nervous breakdown," although this term is not used by medical professionals. In such cases, individuals might need hospitalization for their mental health problems. Unfortunately, societal stigma often labels these individuals as "mentally ill," leading to fear and avoidance by others.

Addressing Mental Health Stigma and Misconceptions

It's important to understand that mental illness is not contagious, and most individuals with serious mental illness or emotional problems are not violent. They are more likely to be victims of harm or to harm themselves rather than others. Suicide is a significant risk for individuals with mental health issues, especially among young Aboriginal males, often referred to as "a permanent solution to a temporary problem."

Practical Tips for Security Guards

1. Recognizing Symptoms:

- Be aware of broad behavioral changes, such as rapid mood swings or loss of touch with reality.
- Look for signs of memory loss, delusional beliefs, hallucinations, and unusual fearfulness or suspiciousness.

2. Handling Interactions:

- Approach individuals with patience and sensitivity.
- Avoid confrontations and try to de-escalate situations calmly.
- Be prepared to seek additional support from mental health professionals when necessary.

3. Promoting Understanding:

- Educate yourself and others about the nature of mental illness and emotional problems.
- Advocate for a compassionate approach to individuals experiencing mental health issues.
- Encourage a supportive environment that reduces stigma and promotes mental health awareness.

By recognizing the differences between serious mental illnesses and emotional problems, and by handling interactions with sensitivity and respect, security guards can play a crucial role in supporting individuals with mental health challenges and promoting a safer, more understanding community.

Serious Mental Illnesses

Schizophrenia: Often misunderstood as a split or dual personality, schizophrenia is a biological brain disorder, usually genetic in nature. Symptoms typically manifest in late adolescence or early adulthood, often triggered by extreme mental stress. Schizophrenia is a lifelong condition, with acute episodes that come and go, often during times of emotional upheaval or personal loss. However, with symptoms under control, individuals can lead healthy and productive lives. While some may develop schizophrenia later in life, this is uncommon. Schizophrenia affects individuals across all races, cultures, and genders.

The symptoms of schizophrenia are categorized into positive and negative symptoms. Positive symptoms include hallucinations, delusions, paranoia, and irrational thinking. Negative symptoms, which make daily living challenging, include social withdrawal, fatigue, apathy, lack of motivation, difficulty experiencing emotions, and slowed thoughts and movements. These negative symptoms are often misinterpreted as laziness but are intrinsic to the illness and are hard to address with medication. Although many psychotropic medications effectively manage positive symptoms, few impact the debilitating negative symptoms. Despite these challenges, most individuals with schizophrenia adapt and live productive lives. Nonetheless, improving services and increasing public awareness remain critical.

Manic-Depression (Bipolar Disorder): Unlike the moderate mood changes everyone experiences, bipolar disorder involves extreme mood swings that are unrelated to external events. These mood swings are cyclical, with phases of elation and over-activity (mania) alternating with profound depression. Periods of normalcy between these extremes can vary in duration. Treatment primarily involves mood-stabilizing medication, which is lifelong. Complications arise when individuals, feeling "normal," stop their medication, leading to relapses.

Depression: While occasional feelings of depression are normal, serious depression occurs when these feelings persist, deepen, and interfere with daily functioning. Around 15 percent of people will experience a major depressive episode requiring medical intervention. Some forms of depression are hereditary and can affect individuals at any age, including children and the elderly. In children, depression may manifest as conduct disorders or aggression, while in the elderly, it might be mistaken for dementia. Severe or persistent depression should always be treated, regardless of age.

Key Points to Remember:

- Strange behavior is part of mental disorders; it's not personal, and no one is to blame.
- Individuals with mental illnesses are more likely to harm themselves or be harmed by others than to harm anyone else.
- Always take suicide threats seriously and ask if someone is thinking of self-harm.
- Avoid using flashing lights and horns unless absolutely necessary when approaching someone with a mental illness.
- Ensure your safety, trust your instincts, and avoid unnecessary risks.

Physical Conditions Affecting Behavior

Certain physical illnesses can mimic drunkenness or mental illness. Examples include:

- Diabetes: Diabetic shock can cause staggering or unconsciousness.
- Infections (e.g., severe flu or pneumonia): These can lead to dizziness, confusion, and forgetfulness.
- **Concussion or Brain Injury:** These conditions can result in confusion, memory loss, and aggression.

Responding to Individuals with Physical Conditions

- Never assume the nature of someone's problem based on appearance alone.
- Introduce yourself and inquire how you can assist.
- Gather more information through calm questioning of the individual or witnesses.
- Look for a Medical Alert bracelet or necklace, which contains vital information about various medical conditions.

- If the person is conscious, always ask for permission before touching them and explain your actions.
- If the person is not breathing, begin CPR if you are trained and comfortable doing so, ensuring an ambulance is on the way.

By following these guidelines, you can effectively assist individuals experiencing serious mental illnesses or physical conditions that affect their behavior.

Risks of Untreated Serious Depression

One of the significant risks of untreated severe depression is suicide. When life becomes unbearable, some individuals may view suicide as the only escape. Although exceedingly rare, there are instances where a severely depressed person may feel compelled to kill others as well as themselves, believing they are sparing their loved ones from life's agony.

Common Myths and Facts about Suicide:

- Myth: People who talk about suicide won't actually commit it. Fact: About 80% of those who die by suicide have given some warning. It is crucial to take all threats seriously.
- **Myth:** Suicide happens without any warning. **Fact:** Many individuals contemplating suicide provide warnings and clues beforehand.
- Myth: Suicidal people are fully intent on dying. Fact: Most people who attempt suicide are ambivalent about living or dying. Their actions often reflect a cry for help rather than a definitive desire to end their life.
- Myth: All suicidal individuals are insane. Fact: Studies of hundreds of suicide notes reveal that, in most cases, suicidal individuals are extremely upset, not insane. They are often in intense emotional pain and see no other way to escape their suffering.

Understanding these myths and facts is essential for recognizing the signs of severe depression and providing the necessary support to those in need. Taking any talk or sign of suicide seriously can make a significant difference and potentially save lives.

Other Emotional Problems That May Require Treatment

Anxiety: While anxiety is a natural response to stress for most people, it becomes problematic when it persists and disrupts daily life. Anxiety can stem from severe stress, but for those prone to anxiety, even minimal or no stress can trigger symptoms. Individuals with "free-floating" anxiety live in a constant state of seemingly causeless anxiety.

Phobias: A phobia is an irrational fear of a specific object or situation. For example, some individuals may fear spiders (arachnophobia) or heights (acrophobia). These fears typically do not hinder a person's ability to lead a normal life, as they can avoid the feared objects or

situations. However, some phobias, like claustrophobia (fear of confined spaces), can be more challenging, making it difficult to use cars, trains, or elevators. Despite this, many claustrophobic individuals manage to cope with their fears.

Some phobias, however, can severely impact normal life. A common example is agoraphobia, generally defined as the fear of open spaces. For individuals with agoraphobia, an open space may not only include parks or fields but also any place outside their home. This phobia can also involve extreme shyness and a fear of social interactions, closely linked with the withdrawal symptoms of depression. Facing the source of their fear can trigger anxiety symptoms, including anxiety attacks.

Psychosomatic Illness: Many physical disorders have a connection to emotional factors. A psychosomatic disease, also known as a psychogenic disease, is characterized by emotional factors being not just present but dominant. Our state of mind significantly affects our body; for example, the heart beats faster when excited or frightened, a stomachache can follow an emotional event, and fear can induce sweating. These are simple examples of the body's interaction with the mind under stress. Psychosomatic interactions are observed in various conditions such as skin disorders, migraines, certain types of asthma, and gastrointestinal issues.

The term "psychosomatic" should not carry a negative connotation, implying that these illnesses are imaginary—they are not. Psychosomatic illnesses are real physical conditions, and the symptoms or pain experienced are genuine. Emotional stress may act as a final trigger in precipitating health problems in people who have a genetic predisposition to certain diseases. There is evidence suggesting that a tendency to develop disorders like asthma, eczema, irritable bowel syndrome, or migraines under stress may run in families.

Compulsions and Obsessions: A compulsion is an unreasonable need to behave in a specific way, while an obsession is a persistent idea or thought that dominates the mind and cannot be forgotten. Obsessive mental activity often leads to compulsive behavior. Most people experience minor obsessions and compulsions at some point. For example, you might find yourself unable to get a popular tune out of your head (an obsession) or feel an irrational need to walk to work on the same side of the street every day (a compulsion). These behaviors become disorders only when they are so intense and persistent that they interfere with normal life.

Understanding these conditions and recognizing their impact on individuals can help in providing appropriate support and treatment. Both psychosomatic illnesses and obsessive-compulsive behaviors can significantly affect a person's quality of life, and addressing them with compassion and proper care is crucial.

Psychopathy: A psychopathic person is inherently incapable of accepting the restraints typically imposed by society. Psychopaths often exhibit irresponsible behavior, struggle to maintain employment, and have difficulty forming satisfactory relationships. Psychopathy can be seen as

a long-term mental illness that may or may not cause problems for the individual and/or society. While some psychopaths achieve material or creative success despite their disorder, most lead inadequate lives, drifting through various aspects of life and often feeling unhappy. A significant number of psychopaths become violent when frustrated or frequently break social rules, resulting in them spending much of their lives in prison or under care.

Currently, there is no known method to alter the psychopathic personality. While it is possible to treat co-occurring disorders such as extreme depression, alcoholism, and drug addiction, the underlying personality remains unchanged. Psychopaths possess a unique mental disorder and, due to their frequent encounters with unlawfulness, you are likely to encounter many of them. They can be cunning, expert liars, and may engage in cheating, stealing, or even murder, largely due to their disregard for social norms.

Experts in psychology do not fully understand what causes psychopathy, though it is believed to stem from early life experiences. Some individuals who exhibit extreme antisocial behavior in youth may become more emotionally mature in middle age. However, neither the courts nor hospitals have found effective ways to manage this perplexing disorder. Punishment tends to exacerbate the condition rather than improve it. Consequently, the primary recommendation for dealing with psychopathy remains to "Seek Medical Aid."

Understanding psychopathy is crucial for recognizing the challenges it presents and the limitations in current treatment options. Acknowledging the complexity of this disorder can guide better responses and support systems for affected individuals and society.

Cases of Physical Illness with Behavioral Symptoms

Some individuals you encounter may be physically ill but exhibit behaviors that suggest they are drunk or mentally ill. Your response can be crucial to their well-being.

Conditions Often Mistaken for Mental Illness or Intoxication

- **Diabetes:** A person with diabetes may pass out in a coma or, if less severely affected, wander around in a confused and deranged state.
- **Severe Infections (e.g., flu, pneumonia):** These can cause dizziness, confusion, irritability, and periods of forgetfulness.
- **Brain Injury (including concussions):** Symptoms may include confusion, irrational behavior, memory loss or amnesia, and agitation or violence.

Medical Identification

The Canadian Medic Alert Foundation provides bracelets, medallions, and cards for over 200 different ailments, ranging from allergies to heart disease. These items are typically worn on the left wrist and contain crucial information on the reverse side, such as:

- Medic Alert Foundation telephone number (collect call): #209-634-4917 (for doctors or hospitals to obtain medical information)
- Individual's ailment/allergy
- Blood group
- Individual's home phone number

Communication Tips

When interacting with someone who may be experiencing a physical illness that affects their behavior, consider the following:

- Show Patience and Respect: Approach the individual with a calm and respectful demeanor.
- Think Before Speaking: Formulate your thoughts clearly before communicating.
- Speak Clearly: Ensure you speak loudly enough to be heard, but avoid yelling.
- Speak Slowly: You may need to ask the individual to speak more slowly as well.
- Use Simple Language: Utilize short sentences and avoid complex words or slang.
- Ask One Question at a Time: This helps prevent overwhelming the individual.
- Respect Personal Space: Maintain a comfortable distance to avoid causing distress.
- Use Non-Verbal Communication: Gestures, writing, and drawing can supplement your words.
- **Check for Understanding:** Ask the individual to repeat what you've said to confirm they understand. Don't pretend to understand if you don't; ask questions for clarification.
- **Smile:** A friendly smile can help put the individual at ease.
- Use Friendly Body Language: Ensure your body language conveys empathy and openness.

By following these guidelines, you can provide effective support and potentially save the lives of those experiencing physical illnesses with behavioral symptoms.