



CRISIS RESPONSE TRAINING FOR TRIBAL SECURITY


A Tribal Security Crisis Response Toolkit — National Native Justice Institute | www.nativejustice.us


■ CRISIS RESPONSE IN TRIBAL SECURITY SETTINGS

Tribal security officers regularly encounter individuals in acute crisis — mental health emergencies, substance use episodes, domestic violence situations, and grief-related distress. Unlike sworn law enforcement, security officers have limited authority, rarely carry weapons, and often lack formal crisis training. Yet they are frequently the first responder to these situations. Effective crisis response training for tribal security builds the knowledge, skills, and confidence officers need to stabilize situations, connect people with help, and protect themselves and others without escalating to force.

 Mental health crises, overdoses, and domestic disturbances are among the most common and most dangerous calls tribal security officers encounter — and the least often trained for.

 Security officers who respond to crisis with empathy, patience, and skill prevent harm, build community trust, and create pathways to care that enforcement alone cannot.

 Untrained crisis responses by security officers — shouting, physical intervention, calling police prematurely — can escalate a manageable situation into a dangerous one.

 The most important crisis response skill for security officers is knowing when the situation exceeds their training and calling for the right resource: behavioral health, tribal police, or EMS.

■ UNDERSTANDING CRISIS: TYPES AND INDICATORS

Mental Health Crisis

- Indicators: disorganized speech, paranoia, responding to stimuli others cannot perceive (hallucinations), extreme agitation, or catatonic withdrawal.
- Common presentations in tribal communities: trauma-induced dissociation, PTSD flashback episodes, and psychotic breaks related to substance use or untreated psychiatric conditions.
- Response priority: create safety, reduce stimulation, speak calmly and simply, and contact tribal behavioral health or a mental health co-responder. Do not physically restrain unless there is an imminent threat of harm.

Substance Use Crisis & Overdose

- Indicators of overdose: unconsciousness or unresponsiveness, slow or stopped breathing, blue or pale lips or fingertips, pinpoint pupils, gurgling breathing sounds.
- Respond immediately: call 911, administer naloxone for suspected opioid overdose, begin rescue breathing if trained, and place the individual in the recovery position if breathing.
- Fentanyl is now present in most drug supplies. Any suspected overdose should be treated as a potential opioid overdose and naloxone administered without delay.

Suicidal Crisis

- Indicators: statements about wanting to die or not wanting to be here, giving away possessions, sudden calmness after a period of distress, expressed hopelessness about the future.
- Take every expression of suicidal ideation seriously. Do not argue, minimize, or challenge the person. Listen, stay present, and keep the person talking.
- Remove or create distance from any means of self-harm in the immediate environment. Call for tribal behavioral health, a crisis line, or tribal police as appropriate.

Domestic Violence & Interpersonal Crisis

- Indicators: visible injuries, crying or distress, one party attempting to control the movement or communication of another, fear-based compliance.
- Separate parties immediately. Do not conduct a joint interview. Assess immediate safety for any children in the environment.
- Call tribal police for any domestic violence situation involving physical assault, threats with a weapon, or an individual who refuses to leave. Do not attempt to mediate active domestic violence.

■ THE CRISIS RESPONSE FRAMEWORK FOR SECURITY OFFICERS

Step 1: Arrive Safely and Assess

- Before engaging, observe the situation from a safe distance. Identify the number of people involved, visible weapons or objects, indicators of intoxication or mental health crisis, and exit points.
- Do not rush into any crisis scene. Thirty seconds of calm observation prevents the majority of security officer injuries.

Step 2: Create Safety and Reduce Stimulation

- Reduce environmental stimulation: ask bystanders to move away, lower your voice, put away non-essential equipment, and position yourself at a non-threatening angle.
- Introduce yourself by name, explain your role, and state your concern clearly and simply. “My name is [name], I’m security here at [facility]. I want to make sure you’re safe.”

Step 3: Engage with Empathy and Active Listening

- Ask open-ended questions: “Can you tell me what’s going on?” and “How are you feeling right now?” Listen fully before responding.
- Validate the person’s emotional experience without agreeing with harmful intentions: “It sounds like you’re going through something really hard right now.”
- Do not argue, lecture, or issue ultimatums during an active crisis. Maintain patience, warmth, and presence.

Step 4: Connect with Resources

- Know the tribal behavioral health contact, crisis line, and mental health co-responder protocol for your community before a crisis occurs.
- Offer to help the person connect with appropriate support: “There’s someone I can call who can help. Would that be okay?”
- Call tribal police when: the person has a weapon, is actively harming themselves or others, or refuses all engagement and presents a continuing safety risk.

Step 5: Document Thoroughly

- Document every crisis contact: what you observed, what was said, what actions you took, who you notified, and what the outcome was.
- For mental health and overdose contacts, note any behavioral health referrals made and whether the person accepted or declined.

■ TIPS FOR CRISIS RESPONSE TRAINING PROGRAMS

- **Train Before the Crisis Occurs** – Crisis response skills cannot be learned in the moment. Structured training — including realistic role-play scenarios — must occur before officers encounter their first real crisis.
- **Include Cultural Context in Every Training** – Crisis response in tribal communities requires understanding of historical trauma, cultural communication styles, and community-specific resources. Generic crisis training is insufficient.
- **Teach Officers to Recognize Their Own Limits** – The most important crisis competency is knowing when to call for help. Train security officers explicitly on their escalation thresholds and available resources.
- **Partner with Tribal Behavioral Health for Training** – Joint training between security and tribal behavioral health builds relationships, clarifies roles, and ensures that officers know exactly who to call and how.
- **Equip Every Security Officer with a Crisis Resource Card** – A laminated card listing tribal behavioral health contacts, crisis lines, co-responder protocols, and suicide hotline numbers is a simple, high-value tool for every security officer.
- **Debrief After Every Crisis Contact** – Regular post-incident debriefs build skill, address vicarious trauma, and identify training gaps before they result in avoidable harm.

RESOURCES, GRANTS & SUPPORT

Funding, Training, and Support Resources — Tribal Security Crisis Response Training Programs | www.nativejustice.us

■ FEDERAL GRANT RESOURCES

Crisis Response & Behavioral Health Training

- **SAMHSA Tribal Behavioral Health Grants** – Funds tribal behavioral health programs including co-responder models for security and law enforcement. samhsa.gov/tribal-ttac
- **SAMHSA Crisis Now – 988 Lifeline & Mobile Crisis** – Resources for tribal crisis response infrastructure including mobile behavioral health units. samhsa.gov
- **IHS Behavioral Health Programs** – Tribal behavioral health services and co-responder support for security and law enforcement. ihs.gov/behavioralhealth

Security & Emergency Response

- **FEMA Tribal Homeland Security Grant Program (THSGP)** – Funds tribal security training including crisis and emergency response. fema.gov/tribal
- **COPS Tribal Resources Grant (TRG)** – Supports tribal public safety training programs including crisis response. cops.usdoj.gov/tribalresources
- **CTAS – Coordinated Tribal Assistance Solicitation** – DOJ tribal funding for public safety training and behavioral health-law enforcement collaboration. justice.gov/tribal
- **BJA Justice and Mental Health Collaboration Program (JMHCP)** – Funds cross-system collaboration including security-behavioral health crisis partnerships. bja.ojp.gov/program/jmhcp

■ PARTNER WITH NNJI — WE ARE READY TO SUPPORT YOUR COMMUNITY

TAKE ACTION TODAY — Contact NNJI at www.nativejustice.us to schedule training, consultation, or access resources.

Strengthening Tribal Justice — One Community at a Time