

CRISIS INTERVENTION

DE-ESCALATION

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So Why Do I need to learn about De-Escalation



Learning Objective

- Demonstrate communication skills that can be used to calm anxious or agitated individuals
- Understand common signs of escalating anxiety
- Identify effective methods of de-escalating anxious or agitated behavior

CLASS OUTLINE

SECTION I

- De-escalation Intro/Definition
- Four Types of Violence
- Emotional Characteristics/Traits

SECTION II

- Active Listening Skills
- E.A.R. Model
- Conclusion

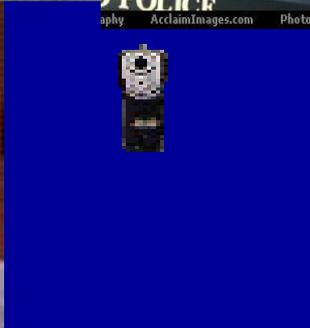
DE-ESCALATION

- To decrease the extent, volume or scope of a crisis situation
- To make a situation manageable



**Maybe not the most effective
verbal de-escalation tactic!!!!**







- The main objective of De-escalation is>



■ **OFFICER SAFETY**

■ **GO HOME**

Safety! Safety! Safety!

- As with everything we do, we never jeopardize our personal safety.
- You escalate and de-escalate depending on the situation as dictated by your departmental policy and procedures.

SECTION I

- De-escalation Intro/Definition
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De-Escalation

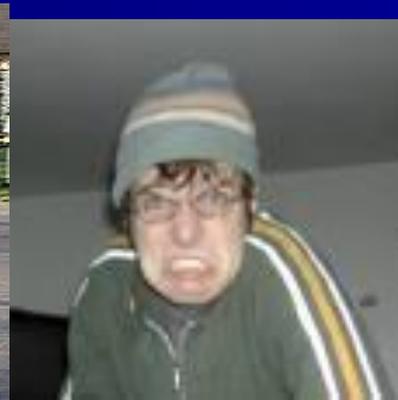
- Is a combination of what we hear, what we think, how we act and how we respond to someone in crisis.
- The CIT officer uses de-escalation to calm the consumer and their loved ones to the point where you can help them address the crisis. Remember the loved ones are in crisis also.

What is Verbal De-escalation?

- Negotiation
- Communication
- Calming the Person
- De-escalation is convincing the person that he cannot get what he wants through violence
- The most effective non-lethal law enforcement tactic
- Tool of the job
- Must verbally communicate with everyone

Elements of Escalation

- Challenging authority or questioning
- Refusal to follow directions
- Loss of **control**, becoming verbally agitated
- Becoming threatening



Escalated Emotions Bring ON Anxiety

- A state of intense apprehension, uncertainty and fear
- Results from anticipating a threatening event
- Intense anxiety="flight or fight"



Constraints Effecting LE

- Effective communication skills are the key to any successful interaction, but are especially important when dealing with a mentally ill person in crisis. The law enforcement officer is working under a set of parameters that is unlike that of any other professional:
 - The public's perception of law enforcement officers- being under the microscope, **Monday Morning Quarterback**
 - Political ramifications, **Law Suits, Special Interest Groups**
 - Potential restrictions of duration of interaction, **Blackout time**
 - Safety and protection of the general public
 - Media Induced, **KCTV 5 Top Story**

From The Art of De-escalation. By Lt. Michael S. Woody (Ret)



CASE LAW

- Police misconduct complaints reveal deficiencies in the abilities of officers to recognize and respond appropriately to persons who suffer from mental illness. The complaints demonstrate two distinct concerns:
 - (1) officers who escalate an encounter into an altercation that leads to use of force or arrest either because they do not recognize symptoms of mental illness or lack the skills to de-escalate the situation without confrontation and arrest; or
 - (2) officers who recognize or suspect that a person is suffering from a mental illness but do not assist the individual.



- On June 13, 2001 the San Francisco Police Department was called to the Metreon Move Theater on Market Street to assist a mentally ill man who needed their assistance. When the police arrived at the theater the man was alone in the theater armed with a knife. Numerous police officers responded and several shots were fired killing Idriss Stelley. Mesha Irizzary, the mother of Idriss Stelley, filed suit against the San Francisco Police Department and the involved officers. A \$500,000 settlement was obtained on behalf of our client.



- Case Law has identified that officers have been found negligent in wrongful death cases when they do not properly try to de-escalate a volatile situation before utilizing deadly force.



Why do people become violent?



- Angry, afraid, jealous. Are these core reasons or underlying motivators?
- Understanding the fundamental nature of violence is critical for effective de-escalation.
- When an officer recognizes the type of violence he is facing, he can customize his tactics for de-escalating it on the spot. In doing this he greatly increases the odds of the situation being resolved without violence.

The four types of violence a person may display

- Situations that are developing towards violence tend to take 4-basic patterns.
- It is important that you recognize the type of violence you are facing and by extension know the most effective strategy to de-escalate.
- Each of these types of violence has a specific counter that is most likely to work to prevent that type from exploding.

Four traits exhibited by someone in crisis:

1. **FEAR**
2. **FRENZY**
3. **TANTRUM**
4. **EXTORTION**



FEAR

- **Fear type violence** is what occurs when someone is afraid of being hurt or losing something important. It is also what motivates people to try and get away. It is their fear of being hurt that prompts violence. He is fixating on the internal fear, more than the external circumstances. So it isn't the actual circumstances he is reacting to, but rather his imagination.

How to counter "FEAR"

- The way to talk someone down from a fear type situation is that you have to keep pace with them and then begin to slowly bring them down.
- Your body posture and speech pattern should reflect back to them their excitement.
- Once you have their attention, you can lead them back into being calm. You get compliance by getting him to listen to you.

FEAR-What not to do

- Do **not** attempt to intimidate or threaten a person in a fear state. Nor should you yell at them or display that you are going to use force. That will only convince them that they are correct about the danger you pose. In attempting to establish “forceful control” over this type of person, you will often increase their agitation.

FRENZY

- **Frenzy type of violence** occurs when someone loses their boundaries. They are mentally and emotionally lost. Frenzy violence is someone trying to put their world back together and to regain control. Frenzy type violence is also accompanied by anger. Yelling, shouting, flailing arms and a fixation on the source of anger are common behaviors. Usually frenzied violence is based on a perceived wrong done to the person (the guy's wife slept with someone else, something was taken from him, another guy insulted or cheated him).

FRENZY-Counter

- The most effective response to a frenzy type of violence is up-in-his-face-drill-instructor giving orders to comply. If you tell him to sit down, then sit him down—then you start to talk. You must take control of situation to gain control.

Three conditions of using “Drill Instructor” approach:

- 1. Compliance must be a condition of being heard. When he complies you'll listen. If he wants his grievances heard he has to calm down. This gives him a chance to calm down and start self-regulating.**
- 2. If you tell him to sit down as a condition of being heard, and he doesn't, you sit him down. You don't throw him to the ground and cuff him for failure to comply. You do not need to dominate him, you only need to get him back to self-regulating.**
- 3. As you get compliance, ease off. If you continue coming on too strong, you will only cause him to continue being emotionally lost.**

FRENZY-What not to do

- Do not try to reason with a frenzy type until after the initial compliance is achieved. They need boundaries set now. Attempting to talk and reason with them as an opening gambit fails to get them on the path towards self-regulating. Nor should you go “cold” on a frenzy type as they need the emotional feedback.

TANTRUM

- **The tantrum type** is looking for a reason to go off. And any excuse will do. Tantrum types tend to be chronically angry. They use violence as a form of self-regulating. Tantrum types thrive on escalating, unrealistic demands from other people.

TANTRUM-What not to do

- Tantrum types feed on emotional responses. Normal responses and tactics do **not** work with the tantrum type because these responses only feed into the Tantrum types perception that they have control over you. Another complication for dealing with tantrum types is that they often are putting on a show for others.

TANTRUM-Counter

- An impassive, cold, simple response is an effective retort. Your flat toned, impassive responses do not give him anything to feed off of. Remove the audience. Either ordering everyone out or him into a secluded area if able.

EXTORTION

- Is basically the violent person giving someone a choice: Give me/do this or I will hurt you. This type of violence is usually directed at non-LE.
- It is the threat of violence for failing to comply that defines this violence type.
- Common types are robberies, fights and assaults. The person uses violence to change unacceptable behavior of another person.

EXTORTION-Counter

- The counter is to re-negotiate. When he says “Do this or I will hurt you” you reply “If you try you won’t like what happens”.
- This is an unspecified counter offer.
 - This is not a direct threat or insult
 - It leaves the door open to both individual and institutional repercussions.
 - When the threat of violence has been foiled, than you move the conversation towards a more reasonable form of negotiation.

Why these responses work

- People tend to be violent in predictable ways and expect certain responses
- What you are trying to do is interrupt the process
- When something isn't working right they need to slow down and figure out what is going on
- Alternative choices that while he picks and chooses, you control



- As the intent of violence is to get something, these responses—in effect—present the person with a “You can’t get there from here” response. This is important for two reasons:
 - 1. This causes a pattern interruption. (When the desired response is not given, the person must drop out of the emotionally driven state and back into a thinking state.
 - 2. Provide alternative choices. Giving him the ability to pick and choose an alternative chose is a critical component to preventing him from returning to violence.

How not to escalate a situation to violence

- What not to say:

- Do not challenge him
- Do not insult him
- Do not deny what is happening

*Your actions and words can provoke or prevent a violent encounter.

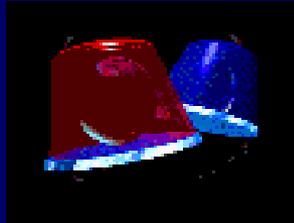




- People about to go off will be looking for certain responses. These responses will feed the pattern. This causes the situation to escalate instead of wind down. What you do not do is just as important as what you do. The response that will de-escalate a particular situation may cause another to explode so think ahead about what you are going to say and do.

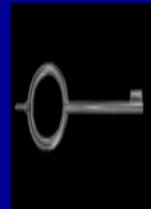
Effective Control System

- The connection between de-escalation and control tactics is critical.
- Do not compromise your safety.
- De-escalation is a strategy of control presence. It is a tool.
- Verbal de-escalation will often deter violence and is a preferred option over “hands-on” defensive tactics. It is easier to talk your way out
- However...it will not work in all situations and officer should be prepared to use other tactics.



Importance of de-escalation and effective defensive tactics:

- De-escalation is not just a stage in a use of force continuum. It is an integrated tactical component of a much larger strategy. A strategy that ensures your safety when using it.
- Your ability to respond tactically is not only a deterrent, but an assisting element in de-escalation.



Do not think you can verbally de-escalate all situations.



- You should be prepared to use your department approved tactics should the situation escalate, the subject become violent or de-escalation becomes ineffective.
- Do not get in the situation pleading with the guy hoping that he won't become violent.
- Command presence without the confidence or skills to back it up comes across as scared posturing.



- We've Identified the
Four Types of Violence
Let's Now Discuss
Emotional
Characteristics/ Traits

Four Emotional traits exhibited by a consumer in crisis or their family

- Denial
- Panic
- Depression
- Acceptance



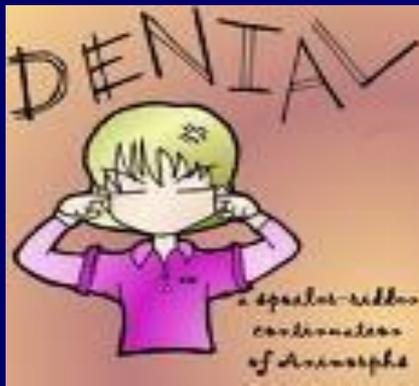
Emotional Traits



- As a CIT Officer, you will need to identify what emotional stage a consumer and/or family member is in.
- There are four stages that the consumer and their family/loved ones go through during the process of dealing with the mental illness.

DENIAL

- Consumer or family member in denial of illness
- Can last for several years
- Must be convinced there is a problem and they need to seek help



Signs of Denial

- Denial of problem
- Blame others
- Make excuses for the problem
- Anger when someone suggests there is a problem

PANIC

- Consumer or family member realize there is a problem and they want it fixed now.



Signs of panic

- Consumer and/or family very upset and emotional
- They want resolution now
- They are confused about what to do

DEPRESSION

- The consumer or family member has realized there are no quick fixes to the problem and have given up hope.



Signs of Depression

- Normal signs of depression
- Lack of interest
- Very depressed
- No appetite
- Hopelessness

ACCEPTANCE

- The consumer and/or family members have accepted the consumer has a mental illness and are willing to accept assistance in addressing the problems associated with that mental illness.



Signs of Acceptance

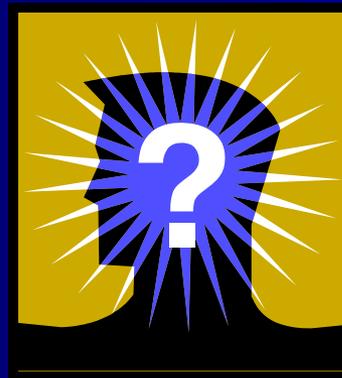
- Acceptance of help
- Cooperation



BREAK



**We Have Learned What To Look
For In A Persons Emotions,
Now What Should We Do**



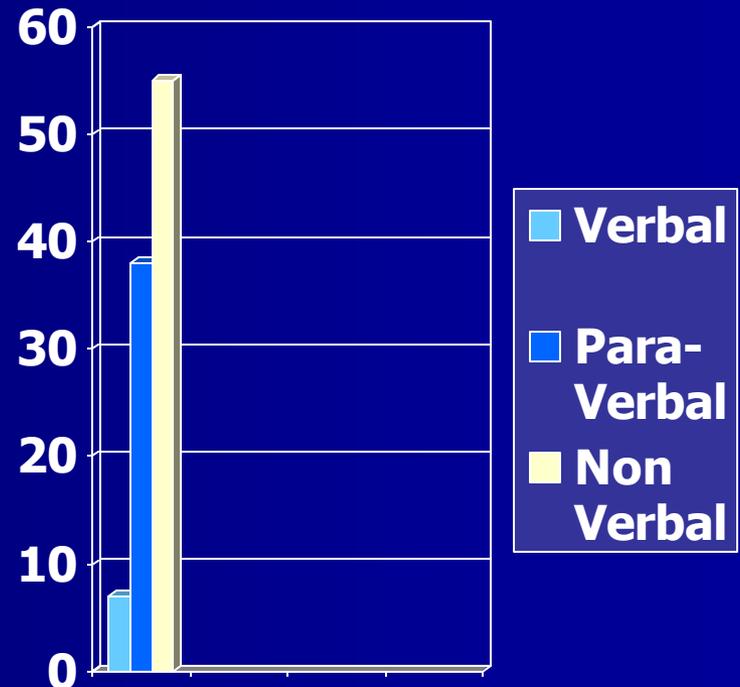
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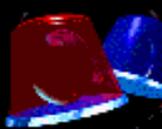
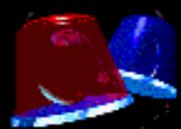


There Are Three Components of Communications

- Verbal: 7%
- Para-Verbal 38%
- Non Verbal 55%



**93% of How We Communicate
is Displayed Through How We
Say Something And How We
Act When We Say it**



Active Listening

- Emphasizes that we are attending
- Improves communication
- Shows empathy
- Reflects what the other person is saying
- Does **NOT** offer advise



Officer Introduction



- Introduce yourself
 - “Good Morning”/“Good Afternoon; I’m Officer _____, and I’m a CIT officer with _____ Police Department.”
 - “What’s your name?”
 - Introduction promotes communication
- Be prepared to explain the reason that you are there.

Active Listening Structure

- Attend to the speaker completely.
 - Focus on consumer and their needs.
- Repeat, in your own words (Paraphrase) what you heard the speaker say.
 - Does not mean you agree with what they said.
- Speaker then gives feedback to the listener as to what they heard was accurate.

Active Listening Tips

- Read the non-verbal as well as the verbal communication to measure feelings
- Check back with the person about their feelings as well as the content
- If you're not sure how the person feels, ask about it e.g. "How do you feel about that?"
"How did that effect you?"
- Don't ignore or deny the speaker's feelings
- Don't tell people how they should feel or think

Active Listening Tips— cont.

- Reflect back what you hear the person say so they can hear it themselves and know you understand
- If you get it wrong, ask an open-ended question and try again e.g. “How do you see the situation?”
- If appropriate, direct the conversation back to the point
- Allow silences in the conversation

Active Listening Tips— cont.

- Avoid phrases like, “Can you tell me...” or “Would you tell me...”
 - These types of phrases can be answered “no” and often make your job harder.
- Be careful with “Why” questions.
 - These questions can often sound judgmental
- Ask one question at a time and avoid double questions (e.g. “Were you feeling tired or were you just trying to get out of the situation?”).

Active Listening Tips— cont.

- Use “Do”, “Are” and “Have” questions to a minimum. They finalize the situation.
- Self-disclosure: Be open with your feelings to the consumer and don't be afraid to share your experiences.

Active Listening Tips— cont.

- Use “I” statements: Take responsibility
- Staying in the here and now: Keep the consumer talking about now, and don’t let them drift to past issues.
- Remember your resources: Learn and remember your resources available to both the consumer and family.

Paraphrase/Reflection

- Assures the person who is talking that you are listening and have accurately heard the central meaning of their message
- Clarifies the content of the topic
- Helps keep others on topic rather than going off on tangents

Paraphrase/Reflection of Content

- Simply rephrase, rewords and reflects what the other person just said. For example:
 - **Speaker:** “Yesterday, it was just so hard to get up and get going. I just sat around the house. I had errands to run, but couldn’t seem to make myself get up and do them”
 - **Listener using Simple Reflection:** “It sounds like you had a lot of trouble getting up and going”

Door Openers



- Then what happened?
- Then what did you do?
- That is really interesting...
- Wow, then what?
- I see...
- How did you handle that?
- What helped you in that situation?
- Tell me more (about that)...

Non-Verbal Communication

- Open Posture
- Eye Contact
- Lean Forward
- Open/welcoming gestures
- Head Nodding
- Focus on the speaker not the paperwork
- Avoid impersonal or "cold" stares
- Appropriate facial expressions/Soft tone
- Relax
- Allow the person you are talking with to dictate the spatial distance between you (This can vary according to cultural or personal differences)—keeping in mind officer safety



What Are Some Examples of Poor Non Verbal Communications That We Need to Avoid

- LOOK AT WATCH
- ROLL EYES
- TAPPING FINGERS
- CROSS ARMS
- OUTSIDE NOISE
- LAUGHING
- NOT PAY ATTENTION
- DEMENOR
- GLARE
- HAND ON GUN



Open ended Vs. Closed-ended Questions

- Open-ended questions
 - Allow people to talk more freely
 - Require an answer not just yes or no
 - Who, What, When, Where, Why, How
- Close-ended questions
 - May help “jump start” the individual who is having trouble talking at all
 - Helps focus the person who is very upset or talking too much
 - Are easier for an anxious person to mentally process

What Are Some Pertinent Questions to Ask



- What is your name
- Date of Birth, Social Security #
- Diagnosis
- Are you wanting to hurt yourself
- Are you wanting to hurt anyone else
- Have you tried to hurt yourself
- How are you planning to hurt yourself
- What is consumer wearing
- What are the voices saying
- Weapons
- Doctor
- Case Worker
- Where get treatment at
- Medications
- Have they been self medicating
- Family members info
- What can I do to help you
- Familiar with CIT program
- How are you feeling
- What type of feelings
- How can we overcome it

Para-verbal Communication

- Refers to:
 - Voice tone
 - Volume
 - Rate of speech



- Para-verbal communication is *how* we say something, not *what* we say

Para-verbal Communication--cont

- One sentence can convey entirely different meanings depending on the emphasis on words and the tone of voice.



Congruence

Para-Verbal + Body Actions

- **MATCHING WORDS AND ACTIONS**

- Denotes trustworthiness
- Shows others that we care
- Shows we are in control

- **INCONGRUENCE**

- Interpreted as being untrustworthy or inauthentic

Cultural Conflicts

- There are usually expectations about one's own and others' behavior
- Strong emotions are present, even when the reason for the disagreement is small



Resolving Cultural Conflicts

1. Be aware that cultural may be a factor
2. Be willing to work on cultural issues.
3. Be willing to talk about how the other person's culture would address this problem
4. Develop a solution together
5. If there is confusion or a misunderstanding...talk about it and learn from each other.

When trying to deescalate a situation involving an emotionally disturbed individual remember and utilize

The E.A.R. Model

■ **ENGAGE**

■ **ASSESS**

■ **RESOLVE**

Goal of the E.A.R. Model

■ **ENGAGEMENT:**

- Build trust by validating the person and their situation

■ **ASSESSMENT:**

- Gather necessary information to make a safe resolution

■ **RESOLUTION:**

- Gain control of the situation and return to pre-crisis state

Engagement

- **Awareness**-Be aware that a uniform, gun and handcuffs may frighten the person with mental illness so reassure the person that no harm is intended.



Engagement...

- **Calmness**-Provide a calm and relaxed atmosphere. If it helps, try and reduce background noise and distraction. Don't allow others to interact simultaneously while you are talking. Keep a safe distance. Don't corner the person or allow a crowd to congregate. Remain calm.

Engagement...

- **Empathy**-Ask how you can help them. Use their first name early and often. Find things in common. Attend to their words, restate their message, acknowledge their feelings/situation.



Engagement...

- **Genuineness**-Be yourself, be consistent. Keep verbal and non-verbal cues in sync and non-threatening. Own your feelings about the situation/person. You will likely have contact with the person again and how you treat them now will go a long way in establishing trust.

Engagement...

- **Acceptance**-Don't stereotype, remember, the person is sick and deserves to be respected regardless of their illness, gender, religion, looks, etc. Don't take the symptoms of their illness personally.

Engagement...

- *Don't maintain continuous eye contact, crowd the person or touch the person unless you ask first or it is essential for officer safety.*



Assessment

- **Patience**
- **Tone**
- **Question**
- **Focus**
- **Other sources of information**

Assessment...

- **Patience**-Speak in a calm and clear voice, and give the situation time. You may need to repeat requests. ***Don't** assume that a person who does not respond cannot hear you.*



Assessment...

- **Tone**-Don't be placating, condescending, or sarcastic. If they are hallucinating, don't lie deceive or trick them to get compliance. Rather, validate the person by stating you know what they are experiencing is very real TO THEM.

Assessment...

- **Question**- Ask open ended questions, allow the person to vent. Stay away from WHY questions as they can put the person on the defensive. *Don't* argue or debate unless necessary. *Don't* use threats to get information. Remain friendly but firm.

Assessment...

- **Focus**- Keep the person focused in the here-and-now. Get information about the person's illness, medications, treatment compliance, and treatment professionals.



Assessment...

- **Other Sources of Information-** Are there family members or others involved who can give you reliable information on the persons illness and past behavior?



Assessment...

- *Don't force discussion, express anger, or impatience. Don't use inflammatory language such as crazy, psycho, or mental subjects. Don't mislead the person to believe that officers on the scene think or feel the same way the person does.*

Resolution

- **Set Clear Limits**
- **Communicate Directly**
- **Create Options**
- **Take Action**



Resolution...

- **Set Clear Limits-** Use "I: statements, respond positively and confidentially. Explain what behaviors are appropriate and inappropriate. Explain why it is inappropriate. Refocus the person to the problem at hand.

Resolution...

- **Communicate Directly**- Be honest about your want, needs, and motivations and state them to the person. (I need to make sure no one gets hurt, I want to make sure everyone stays safe). Restate your expectations and link these to safety issues. Set short-term goals.

Resolution...

- **Create Options**- Provide options for the person regarding the desired outcome. Don't make promises you can not keep. Try and retain their dignity. Praise positive steps or behaviors. Take an "I don't know" approach to long-term questions.

Resolution...

- **Take Action**- Assume confusion. Once you decide on a course of action, tell the person what you are doing and what is expected. Be prepared to repeat these. Follow procedures indicated on medical alert bracelets or necklaces.

Resolution...

- Sometimes it's better not to arrest someone, even if you have probable cause!



Basic Steps of the E.A.R. Model

ENGAGEMENT

1. Establish a relationship

- Introduce yourself if they do not know you
- Ask the person what they would like to be called
- Don't shorten their name or use their first name without their permission
- With some cultures, it is important to always address them as "Mr." or "Mrs.", especially if they are older than you.



ASSESSMENT

2. Use concrete questions to help the person focus
 - Use closed ended questions
 - Use de-escalation skills
 - If the person is not too agitated, briefly explain why you are asking the question
 - For example:
 - *I'd like to get some basic information from you so that I can help you get better. Where do you live?*



RESOLUTION

3. Come to an agreement on something
 - Establish a point of agreement will help solidify your relationship and help gain their trust
 - Positive language has more influence than negative language
 - Active listening will assist you in finding a point of agreement



4. Speak to the person with respect

– This is communicated with:

- Words
- Para-verbal communication
- Non-verbal behavior
- Use of words like please and thank you



- ASSUME DANGER



Assumptions in dealing with crisis situations

- Set limits
- Assume the consumer and family are frustrated
- Assume negative emotions
- Assume tension
- Assume the consumer's self-esteem and self-control is threatened
- Assume confusion
- The consumer is unique

DE-ESCALATION PRECAUTIONS

- Don't underestimate the possibility of violence
- Don't underestimate the information given to you regarding the consumer
- Don't act aggressive
- Don't let others act simultaneously
- Don't make promises you can't keep
- Don't let personal feelings interfere
- Don't argue
- Don't give in
- Don't be condescending or sarcastic
- Don't ask "Why?"
- Don't be a know-it-all
- Don't raise your voice
- Don't mumble or whisper. Talk slow and in a normal tone of voice
- Don't try to reason with a person on mind altering drugs
- Don't attempt to gain compliance or assume the person can reason like you.
- Don't let a crowd gather
- Don't corner or be cornered by the consumer or family
- Don't deny the opportunity for the consumer or family to save face
- Don't rush or be rushed.

PRINCIPALS TO FOLLOW IN CRISIS INTERACTION

- Remain calm
- Try to isolate individual
- Be non-threatening but always remember officer safety
- Keep your message simple
- Watch your body language
- Think about what you say
- Don't move in and force their hand
- Give them time to vent
- Don't hurry the situation
- Remain positive and keep trying
- Establish their trust
- Be calm in your speech
- Keep the consumer focused
- Get personal information (i.e. name, doctors name, medication, diagnosis, etc)
- Give them options in resolving the crisis
- Your safety comes first
- Ask how you can help
- Remember they have an illness
- Let them retain their dignity

MINIMIZING CIVIL LIABILITY

- Be able to identify that you utilized all the resources you had
 - Less lethal options
 - De-Escalation skills
 - Other CIT resources
- Be able to identify that you didn't force the individuals actions
 - The individual took their actions on their own accord and chose the action taken on their own and not because you forced them to take unwise actions.
- Be able to justify your actions that were taken.



Conclusion

- We, as CIT Officers, must remember to utilize De-Escalation skills when dealing with a consumer in crisis or their family.
- In doing so, you will be able to assist the consumer and their loved ones in resolving the crisis and obtaining assistance
- By using a combination of your skills and resources, the chances of civil liability lawsuits are kept at a minimum if the situation is not resolved peacefully and to everyone's benefit and satisfaction.