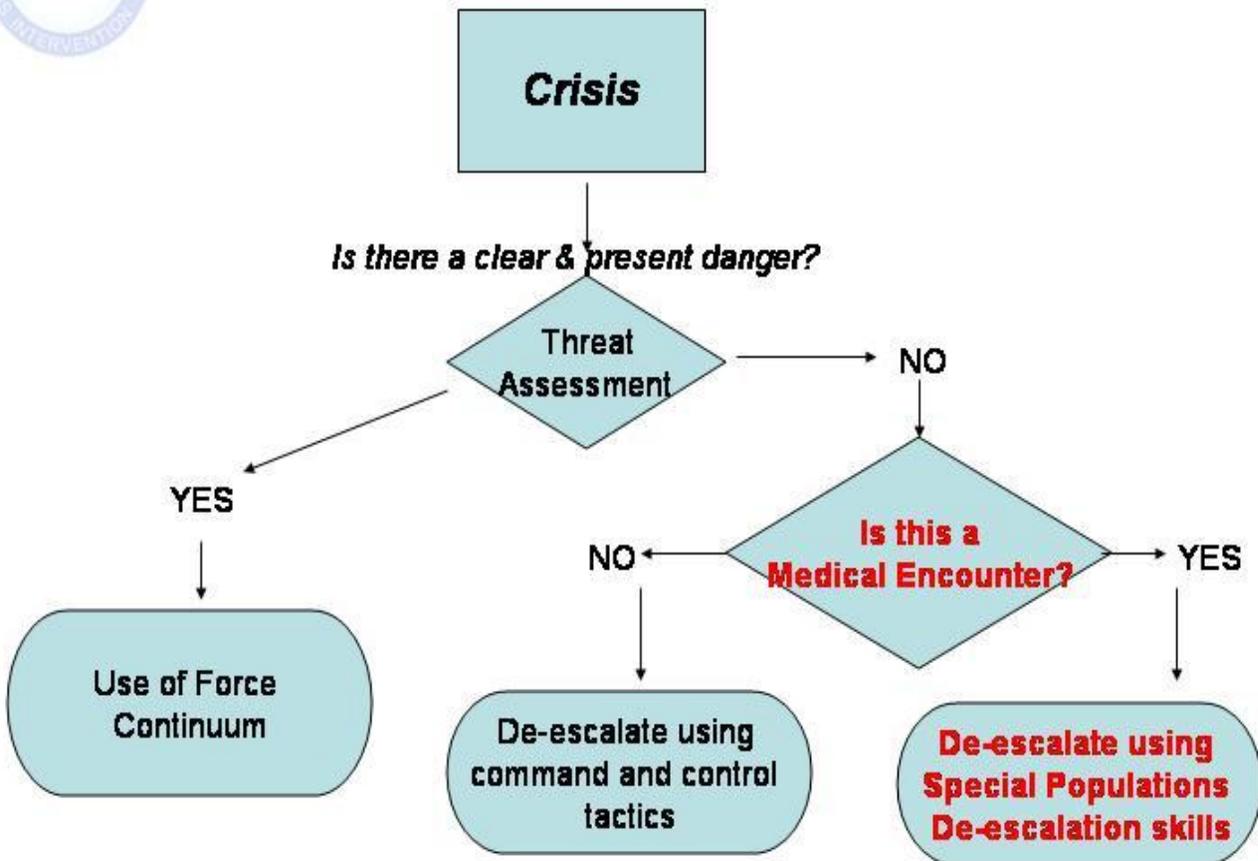


# Blue Resiliency: What's killing cops and what you can do about it



## De-escalation Decision Tree



*Diminished capacity = Person whose ability to think clearly or behave in a socially acceptable, law abiding manner is compromised by a medical disorder, handicap, illness or extreme situational stress.*



## Overview of Selected Special Populations

Special Population	Definition	Observable Characteristics	LE Encounters*
<p>Mental Illnesses</p> <p>EXAMPLES: Major depression, schizophrenia, bipolar disorder, post traumatic stress disorder, panic disorder.</p>	<p>Mental Illnesses are not present at birth and are medical conditions that range in severity and can disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning.</p>	<p>A person may vacillate between normal and irrational behavior which can be displayed as depression, moodiness, suspicion, mistrust, or in some cases psychosis (hearing or seeing things).</p>	<p>Maintain a reactionary distance. If psychotic, don't buy-into or try to talk someone out of their false beliefs (delusions).</p>
<p>Developmental Disability/ Intellectual Disabilities</p> <p>EXAMPLES: Down Syndrome, pervasive developmental disorders like autism and, Asperger's syndrome.</p>	<p>Developmental disabilities are present at birth or occur during the period of development. People may learn at a slower rate and as a result have a lower IQ and may experience difficulty in such areas as self-care, language, mobility, learning, self-direction, and self-sufficiency.</p>	<p>A person can be expected to behave rationally at his/her functional level. Children with autism have trouble communicating and may have repeated body movements such as rocking or hand flapping.</p>	<p>May exhibit a desire to please authority figures. Use simple language, speak slowly and ask one question at a time. Avoid questions that tell the person what you think.</p>
<p><b>Autism and Autism Spectrum Disorders</b></p>	<p>Autism is a neurologically based developmental disability that seriously affects a person's ability to communicate, socialize, and make judgments. It is typically observed by age three, and is more common in males than females. About 50% of this population is non-verbal.</p>	<p>People with autism may have difficulty expressing themselves either with words or through gestures, facial expressions, and touch. They may have unusual responses to people, attachments to objects, resistance to change in their routines, and/or aggressive or self-injurious behavior. They may also avoid eye contact, lack fear of real danger, and spin or twirl objects and exhibit finger, arm, or wrist flicking.</p>	<p>A person with autism may inappropriately approach or run towards officers. Speak in direct, short phrases, avoid figurative expressions, such as: "What's up your sleeve", allow for delayed responses to your questions or commands. Avoid stopping repetitive behaviors unless there is risk of injury to yourself or others.</p>

**\* Remember to use the LOSS model to identify the type of encounter you are in and de-escalate according to the LOSS profiles on page 4.**



## Factors Related To Potential Violence

- Gender (Male/ Age <40)
- Hx of Violence
- Hx of Incarceration
- Substance Abuse
- Tx non-compliance
- Antisocial Personality Disorder (Hx of trauma)
- Paranoid Symptoms
- Parental Criminal Hx
- Recent loss (divorce, separation, unemployment)

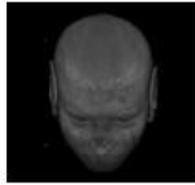
Sources: *The Insanity Offense*, E Fuller Torrey (2008) pages 180 & 181

*The Intricate Link Between Violence and Mental Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions* ; Archives of General Psychiatry, Feb 2009

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# LOSS MODEL: The 4 Encounter Profiles

## Loss of Reality



- Withdrawn
- False beliefs
- Neglected self care
- Disorganized thinking
- Hearing/Seeing things
- Suspicious/Paranoia/Fearful
- Odd behavior or mannerisms
- Highly distractible/Disoriented

## Loss Of Control



- Manipulation
- Impulsiveness
- Oppositional
- Destructiveness
- Irritability/Hostility
- Anger/Argumentative
- Anti-social/ Confrontational

## Loss of Hope



- Sad/Anguish
- Desperation
- Overwhelmed
- Emotional pain
- Fatigue/Helpless
- Crying/Deep despair
- Suicidal talk/gestures

## Loss of Perspective



- Euphoric/Energetic
- Physical discomfort
- Restlessness/Pacing
- Verbal/ Rapid speech
- Apprehension/Dread
- Grandiose/ Ambitious
- Anxiety/Nervous/Panic

## Three Phases of Every Encounter:

### ENGAGE

*Gain trust/Rapport*

- ☒ What you say
- ☒ How you say it
- ☒ Patience
- ☒ Empathy absorbs tension
- ☒ Model calmness

### ASSESS

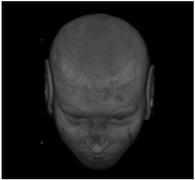
*Gather needed info*

- Rule in/out**
- ☒ Crime
  - ☒ Mental illness
  - ☒ Drug Use
  - ☒ Medical issues
  - ☒ Suicide lethality

### RESOLVE

*Voluntary Compliance*

- ☒ Psychiatric hospital
- ☒ Emergency room
- ☒ Mental health
- ☒ Arrest / Jail
- ☒ Resolve informally



**Loss of Reality**- Delusions (false beliefs), Hallucination (hearing or seeing things). **The goal of this negotiation is to cut through the fear and confusion caused by the psychosis and get the person to voluntarily calm and comply with your requests.**



*The person may present as frightened and confused, their story may be hard to follow, and they may be having difficulty concentrating if they are seeing or hearing things at that moment. Remember that the delusions and hallucinations they may be experiencing is very real to them. If an individual is seeing or hearing things, you must indicate that you understand that those experiences are real and frightening for them. Sometimes the person also has a sense that something is wrong (you may think I'm nuts, I know this sounds crazy but...). Use this to your advantage during the engagement phase to assure the person that you can start the process of getting help. Individuals may also present as pre-occupied or withdrawn exhibiting shuffling, uncoordinated gait; a vacant, "thousand-yard stare"; incoherent mumbling; and other bizarre behavior.*

### Engagement

- Your presence- You must be acutely aware of any indications that the person is feeling threatened by you. If you detect this, become as nonthreatening as possible and continually ASSURE the person that you are in a position to help them.
- Stay a safe distance from the person and don't touch them. If for reasons of safety you must touch them, tell them first what you will be doing.
- Be genuine and patient but direct with your conversation.
- Build empathy- it absorbs tensions. Model the calm demeanor that you want from the person in crisis.
- Don't do a lot of paraphrasing with this type of encounter, rather listen to them with the goal of validating their feelings ("that sounds frightening, I can see why you are afraid" etc.).
- Don't buy into or deny their hallucination or delusion, rather ask basic questions about what they are experiencing to get more information about weapons and safety.
- You can validate their experience without buying into their delusions ("I can see you are worried or afraid about someone harming you. I don't know of anyone who wants to hurt you, but I can help you feel safer).
- After listening and validating them- don't spend too much time letting them talk about their hallucination or delusions if it is escalating their fear. If they are very delusional, try using their first name to interrupt their speech and thoughts if they are perseverating. You want to keep them in the "here and now".
- It's ok to ask if they are frightened for their own safety and remind them that you are there for their safety.
- You may have to repeat assuring messages many times before the individual can respond to it.

### Assessment

- Assess issues of safety right away.
- Ask the person if they are seeing/hearing things right now. The more demonic or paranoid the theme, the more potential for unpredictable behavior.
- Ask about current treatment and medications they may be on and if they are current.
- Check and see if there are others in the room that you could talk to if the situation is safe and use them as a second source of information.
- Ask if the person has recently taken any drugs or alcohol to rule out drug induced psychosis.

### Resolution

- Call for law enforcement back-up if the situation gets out of control.
- Forecast (announce your actions before initiating them) what you will be doing/need to resolve the crisis ("I'm going to call for help", or "I'm going to have to pat you down").
- Call mental health back-up if treatment or hospitalization is warranted and communicate what you have learned about the person's psychosis, medications, and drug use.



**Loss of Hope**- Deep depression, extreme sadness and feelings of being helpless and hopeless. The person will have experienced a recent loss (or losses) that are devastating to them. **The goal of this negotiation is first to instill some hope so that the person can be persuaded to talk to someone or seek help.**



*This person will either be emotional or very withdrawn. Their critical thinking and logic skills will be muted and they will be feeling deeply weighted down by despair. They may not be very talkative. While they may think and talk about suicide, they are feeling extremely ambivalent about that and you can use that to your advantage by reassuring them that you can start the process to get them help. If they are under the influence of any drugs or alcohol, be careful as this makes the negotiation much more unpredictable. After your assessment phase – you must take control of these encounters (here's what I am going to do, for me to help you I need to...). You should not feel as if you have to solve their problems.*

### Engagement

- Tone of voice is especially critical for these encounters, be empathetic and patient.
- Use your name and their name early and often while you are talking with them.
- ALWAYS ASSURE the person that you are in a position to help them.
- Never assume that because a person is not responding to your statement, they are not hearing you. In these situations, there is the temptation to begin acting and talking as if the person were not present. This is a mistake.
- Try and make a personal connection with their story by identifying with something in their story (pets, children, profession, hobbies/interest).
- You can make a personal connection by how much you choose to reveal about similar situations you may have faced (though don't make up a story).
- Don't spend too much time on listening to them live through their anguish as this can make them sadder. Once you have heard their story and you think they will be compliant- take control of the conversation by LEADING them (see below).

### Assessment

- You must assess seriousness of intent by asking questions related to the persons method and means of dying (Do they have a well thought out plan? Do they have access to the means? Do they have a history of attempts?)
- People with no hope can often be LED- this is how you take control of the conversation. State what you need (I need you to put the knife down and go in the next room, or, this is what I'd like you to do).
- Ask if they have attempted suicide in the past and if so, how recently?
- Ask about current treatment and medications they may be on.
- Ask if the person has recently taken any drugs or alcohol. Be careful as this can make the negotiation much more unpredictable.
- Ask if there are others that the person would like you to call.

### Resolution

- Call for law enforcement back-up if the situation gets out of control. Convey to the officer what you have learned about through your Assessment about their suicidal history and current seriousness of intent.
- Forecast (announce your actions before initiating them) what you will be doing/need to resolve the crisis ("I'm going to call for help", or "I'm going to have to pat you down").
- Call mental health back-up if treatment or hospitalization is warranted and communicate what you have learned about the person's suicidal intent, past attempts, medications, and drug use.



**Loss of Control**- Anger, hostility, rising tensions. *The goal of this negotiation is to calm the person by letting them vent and using active listening skills.*

*This person is pissed and wants you to know about it. They often present themselves as a victim (life is unfair, people have screwed with you) and in all their frustrations- **THEY DO NOT FEEL LISTENED TOO**. Some of these encounters, the person may have learned to use anger and manipulation as a survival skill. You also must allow that even if you do everything correctly, people may still maintain their anger because it is what has worked best for them in the past. Remember that empathy absorbs tension. You must remain professional while seemingly taking their verbal abuse and it will **FEEL** to you as if it is personal- **IT'S NOT**. Be aware of escalating physical excitement that may indicate violence (clenched fists, pacing flushed cheeks).*

### Engagement

- Model the calmness that you want them to mirror. Tone of voice is critical in this circumstance. You don't want to use an excitable tone, as it could further incite the angry behavior.
- Do a lot of listening initially. While they are venting, let them know you are listening by providing "minimal encouragement" ("Uh huh," "Go on," or "Yes"). However, do not let them be repetitive over the same grievances as this can escalate them.
- Let them know that if you can understand their anger, you might be in a position to help them.
- Acknowledge their situation- which is NOT AGREEMENT with their anger: "Wow, I can see how something like that would make you angry!" or "If that happened to me, I might be angry, too."
- Apologize for their predicament without taking blame. This is simply a statement acknowledging that something occurred that wasn't right. You are not taking responsibility for something that wasn't your fault. For example, if you can't find anything for which to apologize, you can always say, "I'm sorry you're having such an awful day" or "I'm sorry the situation has you so frustrated."
- Pick your battles BUT set boundaries if safety is an issue- "Look, I want to help you but you have to stop waving that knife around."

### Assessment

- Paraphrasing is a good technique ("Let me see if I understand why you are angry" or "You are saying you are upset because...").
- Deflection is where you interrupt the person IF they are escalating and allows you to take control of the conversation: "I hear ya, but... I can't help you if you are yelling at me; I got that, but... I need you to calm down so I can listen to you).
- Be explicit with your negotiations if the person is not calming down ("I want to believe I can help you- what would it take to calm you down so we can work on what's making you angry?").
- You will need to ask about medications and drug use to see if the rage is being fueled by other things.
- Be aware of scene management to make sure the persons anger isn't "for show" or being further ignited by the presence of others.

### Resolution

- Summarize to try and take control of the conversation and state what you need (So you are angry because...But I need to make sure you are calm before we can proceed).
- Give the person reasonable options that will bring the encounter to a successful resolution. Don't be afraid to make it into a negotiation with questions like, "What can I do to help resolve this?"
- Call for law enforcement back-up if the situation gets out of control.
- Forecast (announce your actions before initiating them) what you will be doing/need to resolve the crisis ("I'm going to call for help", or "I'm going to have to pat you down").
- Call mental health back-up if treatment or hospitalization is warranted and communicate what you have learned about the person's issues, medications, and drug use.



**Loss of Perspective-** Feelings of anxiety, worry, or nervousness possibly escalating to feeling panicked. **The goal of this negotiation is to calm the person through empathy using active listening skills.**

*This person may have exaggerated or irrational fears and have difficulty concentrating. However, they remain in reality, unlike someone who is psychotic. They may be speaking very rapidly and fearfully and may be difficult to understand. They may also be exhibiting physical symptoms of trembling or shaking and even chest pain or discomfort. A panic attack is a sudden surge of overwhelming fear that comes without warning. It is far more intense than the feeling of being 'stressed out' that most people experience. A panic attack is terrifying, largely because it feels 'crazy' and 'out of control' and in such cases, people will avoid certain objects or situations because they fear that these things will trigger another attack.*



## Engagement

- Tone of voice is critical in this circumstance. You don't want to use an excitable tone, as it could further incite their anxiety--rather use a calming and in control tone of voice.
- Provide your name and use theirs often.
- ALWAYS ASSURE the person that you are in a position to help. Reassure them that they are safe right now.
- Paraphrasing is a good technique (Let me see if I understand why you are anxious).
- Use active listening skills, however, do not let them be repetitive of their story as this can escalate them.
- If your requests to have the person calm or slow down their speech are not effective, you can interrupt the compulsive speech pattern by using their name and asking specific concrete questions relevant to your assessment. Your goal is to interrupt the speech to break its pattern and bring it somewhat under control.
- Deflection is where you interrupt the person if they are escalating and take control of the conversation (“Listen, I am sorry to interrupt you but I am trying really hard to understand what’s going on, can you please slow down for me?” or “I need you to calm down so I can listen to you”).
- If they are having trouble calming down, ask if there is anyone else you can call whose presence would calm them.

## Assessment

- Ask about other similar incidents (“has this happened to you before?”).
- Ask about current treatment and medications they may be on.
- Ask if there are others in the room that you could talk to if the situation is safe and use them as a second source of information.
- Ask if the person has recently taken any drugs or alcohol.
- Be explicit with your negotiations if the person is not calming down (“I want to believe I can help you- what would it take to calm you down so we can work on what’s making you angry”).
- Summarize to try and take back control of the conversation and state what you need (“so you are anxious because...but I need to make sure you are calm before an officer can help you”).
- Be aware of scene management to make sure the persons anxiety isn't being further ignited by the presence of others.

## Resolution

- Summarize to try and take control of the encounter (“I know you are upset but...I need to make sure you are calm before we can proceed”).
- Call for law enforcement back-up if the situation gets out of control.
- Forecast (announce your actions before initiating them) what you will be doing/need to resolve the crisis (“I’m going to call for help”, or I’m going to have to pat you down”).
- Call mental health back-up if treatment or hospitalization is warranted and communicate what you have learned about the person’s anxiety (esp. physical manifestations), medications, and drug use.

*Blue Resilience: 2011 AG’s conference*

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## Blue Resiliency Check List

Respect the Speed of Attack- The average suspect can present a gun and fire in any direction in a quarter of a second. Monitor and control a suspects hands from the outset.

Read a suspect's pre-attack behavior- Overt threats, removing clothing, non-compliance, tactical maneuvering, clenched fists, and flushed cheeks, blading into a boxer's stance, quickened breathing and flared nostrils, Dilation of pupils from an adrenalin dump, Excessive animation, like the flinging of arms and "Target glancing"- brief, repeated shifting of the offender's eyes to your chin, your nose, or your weapon. Repeated target glances to your chin or nose means he is gauging the distance for a punch. Target glances at your weapon indicate a gun snatch may be imminent (compiled from FBI studies of violent offenders and officers they have assaulted).

Don't get caught in a verbal loop- Officers who repeatedly yell commands (Drop the gun!) at a non-compliant and threatening subject are tactically frozen. Make sure you are ALSO practicing safety skills (moving to take cover, withdrawing to gain a tactical advantage, or using lethal force).

Wear your seatbelt- 40% of officers killed in vehicle collisions were not wearing their belts.

Watch your speed- Four in ten fatal crashes of LE vehicles involve a single vehicle striking a fixed object off the roadway, usually an indication of driving too fast for conditions and losing control.

Wear your vest- More than 3,500 officers lives have been saved by soft body armor.

Complacency Kills- Reflect on the way you are doing your job. Would you know what complacency looks like with respect to your training, implementing officer safety skills, street encounters?

*Sources: Dr. Bill Lewinski, Executive Director of the Force Science Institute; Brian Willis, President of Winning Mind Training*

Take care of yourself physically- Eat well, get enough sleep, and move. A total fitness program incorporates the development of good lifestyle habits, including regular exercise, good nutrition, weight management, stress management, and substance abuse prevention. (Source: *Sergeant Adrienne Quigley, Arlington County, Virginia, Police Department and IACP Fellow; From The Police Chief, vol. LXXV, no. 6, June 2008*).

Take care of yourself mentally- The number of officers who die at their own hands is far greater than the number of officers who die in the line of duty. Manage the stress inherent in your career and balance the effects of hyper-vigilance. If you need help, get it. Here are other tips to help keep you resilient.

*Keep work separate from home life*

*Keep you family first over your job*

*Have non-cop friends*

*Enjoy your hobbies*

*Dan Pasquale, March 2006, Keeping Yourself Code 4, POLICE Magazine*

De-escalation mindset – We teach the virtues of patience, empathy, and vigilance when in special population encounters. While research has little to say about the skill set an officer needs for de-escalation, one study asserts: *These officers are assertive and precise; considered team players who have exceptional listening skills and demonstrate empathy. These officers are able to utilize effective problem solving skills and are characterized by the capacity to stay calm and remain in control.* (2010 Journal of Police Crisis Negotiations, page 19; A Practical Overview of de-escalation skills in Law Enforcement: Helping Individuals in Crisis While Reducing Police Liability and Injury)