

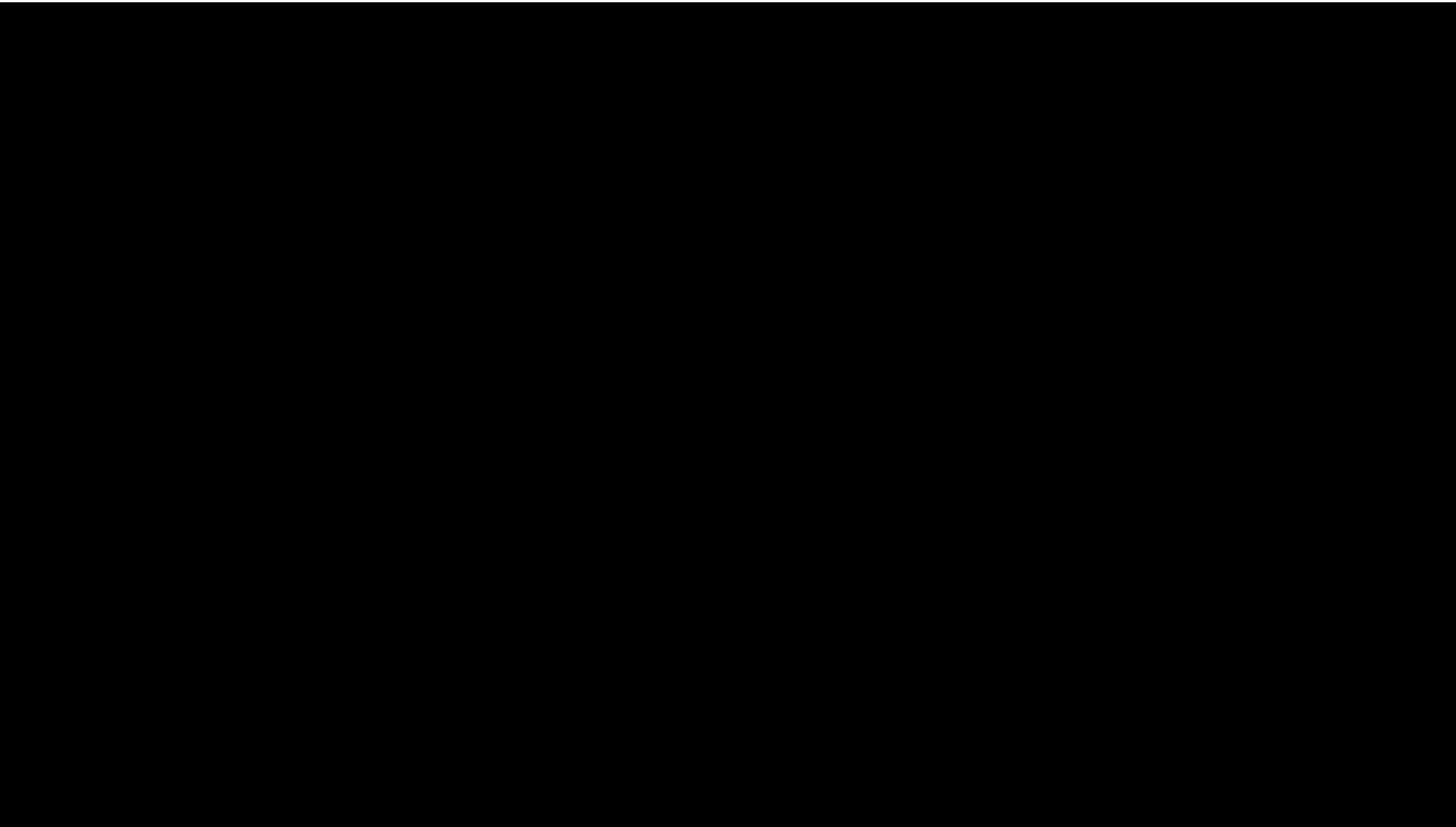
*By*

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# *De-escalation and Excited Delirium*



# I Like This Quote

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- The body cannot go where the mind has not been

# Course Objectives

- Basic understanding of de-escalation
- How to de-escalate different situations
- Overview of excited delirium and best practices for handling these situations

# Why De-escalate?

- Safer for everyone
- Public is watching and helps with perception
- Courts are expecting us to do this
- Liability issues---civil and department
- Can save you paperwork
- It really is the right way to do it

# Do you have a policy?

## Defensive and Arrest Tactics (DAAT): A system of verbalization skills coupled with physical alternatives.

<b>DAAT Concepts:</b> <ul style="list-style-type: none"> <li>Control is a perception based on an officer's training, experience and the fact situation.</li> <li>Control is not a 50/50 proposition.</li> <li>Prepare police action balances safety and efficiency.</li> </ul>	<b>DAAT Rules:</b> <ul style="list-style-type: none"> <li>No officers are injured.</li> <li>No suspects are injured needlessly.</li> <li>No one is accepted/detained or released improperly.</li> </ul>	<b>Safety Priorities:</b> <ul style="list-style-type: none"> <li>You.</li> <li>Fellow Officers.</li> <li>Civilians.</li> <li>Criminals.</li> </ul>
<b>When Can Officers Use Force?</b> <ul style="list-style-type: none"> <li>To achieve and maintain control of resistive subjects.</li> <li>To detain persons reasonably suspected of criminal behavior.</li> <li>To make lawful arrests.</li> <li>In release of self or others.</li> <li>To protect life or limbs.</li> </ul>	<b>Key Rules for Use of Force:</b> <ul style="list-style-type: none"> <li>The purpose is control.</li> <li>You can always deescalate and/or escalate.</li> <li>Escalation does not need to follow step by step through options.</li> <li>Once control is achieved, you must reduce the level of force to that needed to maintain control.</li> <li>Use non-lethal alternatives a priority at all times.</li> </ul>	<b>Categories of Force:</b> <ul style="list-style-type: none"> <li>A trained technique.</li> <li>A dynamic application of a trained technique.</li> <li>Not framed by justified under the circumstances.</li> </ul>

### INCIDENT RESPONSE (RESPOND)

**REPORT**

- Become aware
- Plan response
- Arrive/Assess
- Alarm/Inform

**EVALUATE**

- Look for Dangers
- Determine back up needs
- Enter when appropriate/tactically sound

**STABILIZE**

- Subjects
- Scene

**PRESERVE**

- Life
  - Conduct an initial medical assessment
  - Treat to level of training
  - Continue to monitor subject
- Evidence.

**ORGANIZE**

- Coordinate additional responding units (if necessary)
- Communicate with dispatch and others
- Organize the collection of evidence (if appropriate)

**NORMALIZE**

- Prepare for long term monitoring (as appropriate)
- Restroom access to normal
- Return road to normal conditions to normal

**DOCUMENT/DEBRIEF**

- Debrief all officers involved
- Essential incident documentation

### DISTURBANCE RESOLUTION

**I. APPROACH CONSIDERATIONS**

**A. Decision Making**

- Justification
- Escalability

**B. Tactical Deployment**

- Location of Officers
- Relative Positioning
- Relative Positioning with Multiple Subjects
- Team Tactics

**C. Tactical Evaluation**

- Threat Assessment Opportunities

**Officer/Subject Factors**

- Age
- Size
- Relative Strength
- Skill Level

**SPECIAL CIRCUMSTANCES**

Factors or situation that may justify rapid escalation of force or selection of higher force options

- Reasonable perception of threat
- Special knowledge of subject
- Sudden assault
- Subject's ability to escalate force rapidly
- Your physical positioning
- Injury or exhaustion
- Equipment or training
- Availability of backup
- Other special circumstances

**LEVEL/STAGE/DEGREE OF STABILIZATION**

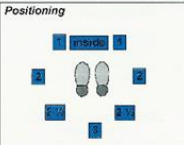
- Presence stabilization
- Verbal stabilization
- Standing stabilization
- Wall stabilization
- Ground stabilization
- Special restraints

**2. INTERVENTION OPTIONS**

**3. FOLLOW THROUGH CONSIDERATIONS**

### CONTROL OF DISTANCE

- Public >12 ft
- Social 4-12 ft
- Personal 1.5-4 ft
- Intimate 0-1.5 ft



### THREAT ASSESSMENT OPPORTUNITIES

- Resistive Tension (Level of agitation in a person's body)
- Early Warning Signs
- Pre-attack Postures
- Indications of mental illness, emotional disturbance, or medically significant behavior
- Weapon Control Factors

### EARLY WARNING SIGNS

Signals or certain behaviors provided by the subject that are often associated with a high level of danger to officers

- Conspicuously ignoring attention
- Exaggerated movement
- Ceases all movement
- Known violent behavior

### PRE-ATTACK POSTURES

Behaviors that may indicate imminent danger of physical assault

- Boxer Stance
- Shoulder Shift
- Hand set
- Target Glance
- Thousand Yard Stare

### INTERVENTION OPTIONS

MODE	PURPOSE
<b>A. Presence</b> <ol style="list-style-type: none"> <li>Open Stance</li> <li>Ready Stance</li> <li>Defensive Stance</li> </ol>	To present a visible display of authority
<b>B. Dialogue</b> <ol style="list-style-type: none"> <li>Search Talk</li> <li>Persuasion</li> <li>Light Control Talk</li> <li>Heavy Control Talk</li> </ol>	To verbally persuade
<b>C. Control Alternatives</b> <ol style="list-style-type: none"> <li>Escort Holds                             <ul style="list-style-type: none"> <li>Blanket the Arm</li> <li>Escort Position</li> </ul> </li> <li>Compliance Holds                             <ul style="list-style-type: none"> <li>Come Along</li> <li>Pressure Points</li> <li>Mandibular Angle</li> <li>Hypoglossal</li> </ul> </li> <li>Control Devices(OCECD)                             <ul style="list-style-type: none"> <li>Oleoresin Capsicum</li> <li>Electronic Control Devices</li> </ul> </li> <li>Passive Countermeasures                             <ul style="list-style-type: none"> <li>Secure the Head</li> <li>Hug Yourself</li> <li>Lower Your Center</li> <li>Pull in-Push Down</li> </ul> </li> </ol>	To safely initiate physical contact To overcome passive resistance To overcome active resistance or their threats To decentralize
<b>D. Protective Alternatives</b> <ol style="list-style-type: none"> <li>Active Countermeasures                             <ul style="list-style-type: none"> <li>Vertical Stuns</li> <li>Focused Strikes                                     <ul style="list-style-type: none"> <li>Reaction Hand Strike</li> <li>Reaction Forearm Strike</li> <li>Strong Hand Strike</li> <li>Strong Forearm Strike</li> <li>Reaction Front Kick</li> <li>Reaction Knee Strike</li> <li>Strong Angle Knee Strike</li> <li>Strong Angle Kick</li> </ul> </li> </ul> </li> <li>Incapacitating Technique                             <ul style="list-style-type: none"> <li>Diffused Strike from the Front</li> <li>Diffused Strike from the rear</li> </ul> </li> <li>Intermediate Weapons                             <ul style="list-style-type: none"> <li>Baton                                     <ul style="list-style-type: none"> <li>Baton Jab</li> <li>Baton Jab-Multiple Strikes</li> <li>Angled Strike</li> <li>Angled Sweep Strike</li> <li>Multiple Overhead Strikes</li> <li>Overhead Impact: Monitor</li> </ul> </li> </ul> </li> </ol>	To overcome continued resistance, assaultive behavior, or their threats To create dysfunction To cause immediate temporary cessation of violent behavior To injure
<b>E. Deadly Force</b>	To stop the threat

### FOLLOW-THROUGH CONSIDERATIONS

Option	Application of restraints, if necessary
A. Stabilize	Application of restraints, if necessary
B. Monitor/Debrief	
C. Search	If appropriate
D. Escort	If necessary
E. Transport	If necessary
F. Turn-Over/Release	Removal of restraints, if necessary



### NCJIS

- Request Cooperation
- Explain Reason
- Allow Choice
- Check Decision (Is there anything I can say to...?)
- Take Action

### WONE

- Denial
- Overriding Denial
- No Progress
- Escape

**Passive Resistance:** Non-threatening and non-compliant behavior

**Active Resistance:** Behavior which physically counteracts an officers control efforts and which creates risk of bodily harm to the officer, subject and/or other person.

**Continued Resistance:** Maintaining a level of counteractive behavior that is not controlled by an officers current efforts

**Fighting Rules:**

- Be effective from the beginning
- Never spar with anyone.
- Hit as hard as you can.
- Attempt to create a dysfunction
- Get the confrontation over quickly.

**Assaultive Behavior:** Direct actions or conduct that generate bodily harm

**Deadly Force Definition:** The intentional use of a firearm or other instrument, the use of which would result in a high probability of death.

**Deadly Force Justification:** Behavior which has caused or imminently threatens to cause death or great bodily harm to you or another person or persons.

**Great Bodily Harm:** Bodily injury that creates a substantial risk of death or which causes serious permanent disfigurement or an injury which causes a permanent or protracted loss or impairment of the function of any bodily member or organ or other serious bodily injury.

### Target Requirements:

- Acquisition:** The process of locating your adversary
- Identification:** The process of recognizing the subject as the adversary among you, officers or "Threatened Danger"
- Isolation:** The process of separating the subject from innocent persons.

### Imminent Threat Criteria/Attack Theory:

- Imminent means "About to happen" Success of delays
- Weapon
- Intent
- Delivery System

### Greater Danger Exception:

Escalation, Justified Rule

**Preclusion:** The elimination of all other viable alternatives

### STABILIZE

- Presence stabilization
- Verbal stabilization
- Standing stabilization
- Wall stabilization
- Ground stabilization
- Special restraints

### Monitor/Debrief

- Calm self and partner
- Calm subject
- Provide initial medical assessment
- Reassure the subject
- Rebuild subjects self-esteem

# Something to Think About

- What is the easiest and quickest way to end a disagreement with friend or spouse?
- You got it ----AGREE
  
- We also learn “never argue with a drunk”

# Is there always time?

- No
- We are still police officers and have to react at times





# Safety is #1 priority

- Be sure you are safe-that will help with everyone's safety
- By using de-escalation techniques you will reduce the chance of injuries to anyone involved in the situation
- You have to be comfortable or you will not be effective

# Response Prep

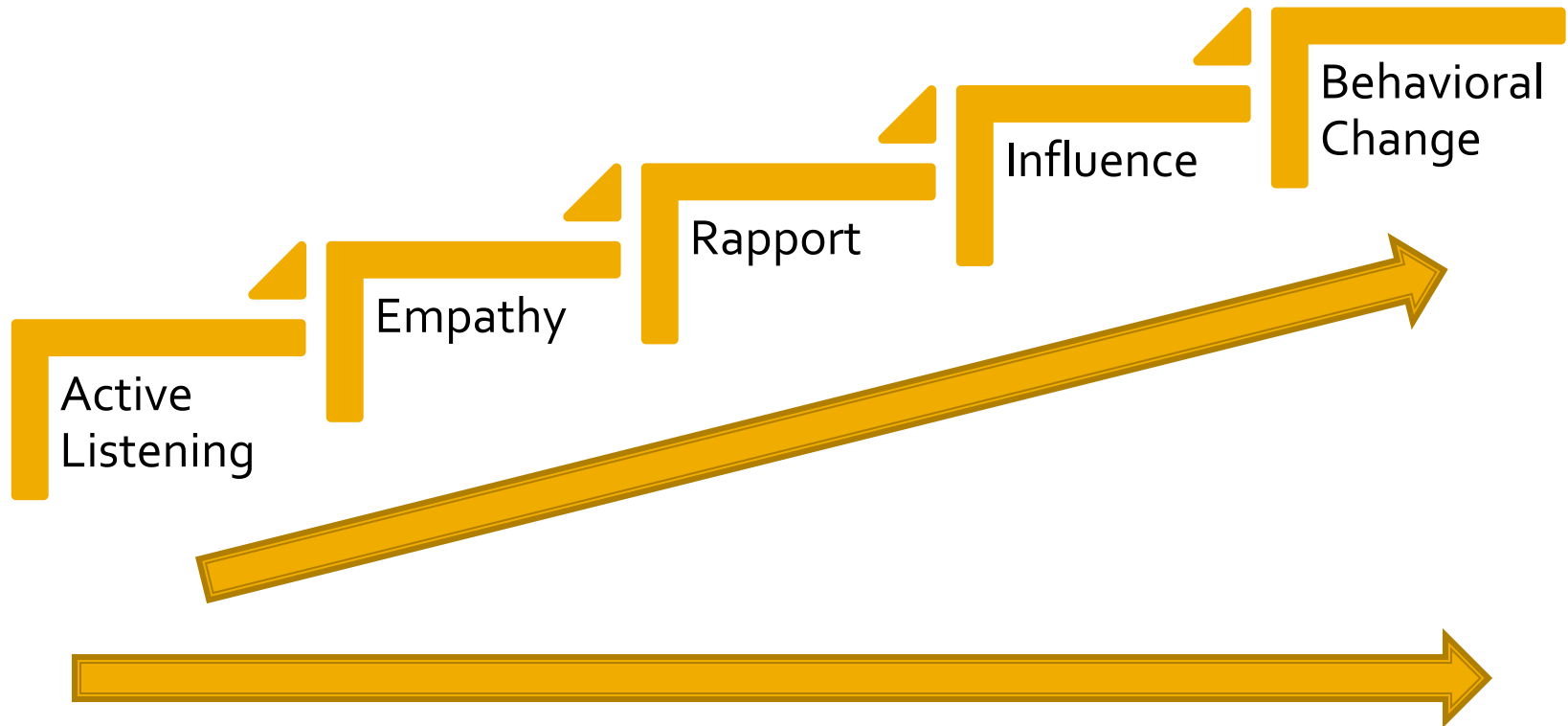
- Is there a crisis plan on file
- Who is at the scene
- Any prior history
- How many officers should respond
- Do you have time to call someone for previous history before responding?

# Be Aware

- Nothing works 100% of the time
- What worked with this subject last time, may not work this time
- Do not get comfortable with someone because you have had multiple contacts with them

# What does it look like?

## Behavioral Change Stairway



# Know your co-workers

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- Know their strengths/weaknesses
- Beware “The Instigator!!”

# The Sympathetic Nervous System Will Involuntarily

- 🚗 Increase your heart rate. This increases your blood pressure and diverts blood to the larger muscle groups
- 🚗 Increase your motor control and physical strength
- 🚗 Decrease your fine & complex motor skills

# What Else Does the SNS Do?

- 🚗 The brain constricts our perception to the most dominant and most reliable of our sense, our sight
- 🚗 As we perceive an increased threat, our stress level increases, causing our performance to decline

# The SNS can create FEAR

## What can FEAR be?

**F**

False

**E**

Evidence

**A**

Appearing

**R**

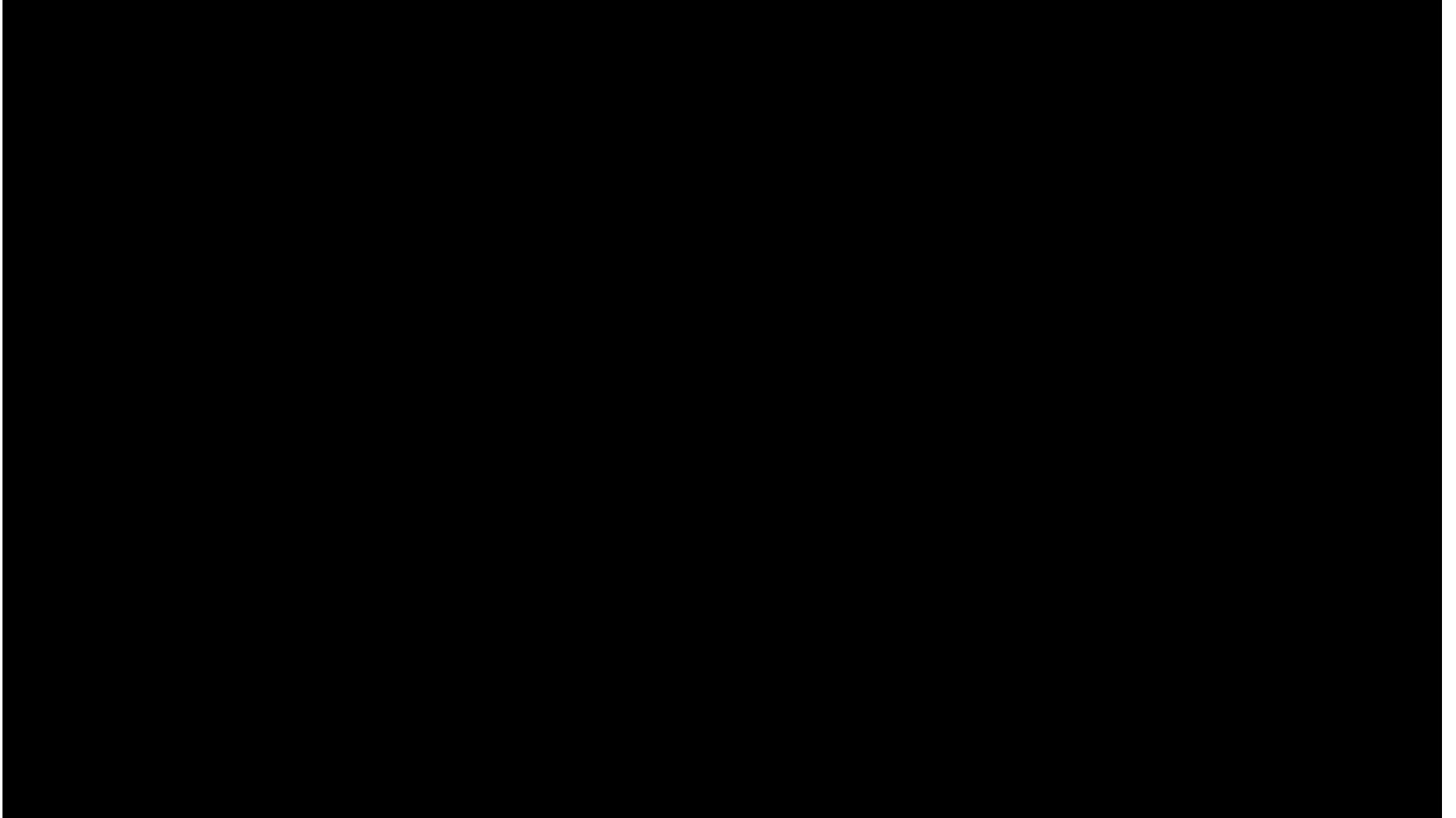
Real



# So what does this often mean?

- We rely on what we have seen in the past. Through brain associations, we make decisions based on this stored sensory information (Kandel & Schwartz, 1982)

# How did we used to do things?



# Arrival

- Make sure to slow things down
- Safety is priority
- How many officers?
- Look and listen while approaching

# Initial Contact

- Introduce yourself and use your first name
- Use their name/ask it
- Tell them why you are there
- Be honest
- You are starting your assessment

# What are we assessing?

- Is there a medical condition we should be concerned about
- Is this crisis a behavior vs mental health issue
- Are there others around
- Are there dangerous objects within reach

# Location

- Is the location conducive for an interview
- Move to a quiet, less public location if possible
- Remember kitchens have lots of weapons
- If there are outside interferences—ask before turning them off or down

# Positioning

- Be aware of exits
- Don't corner the person
- Don't allow yourself to get cornered
- Proximity/spacing is different when dealing with someone in crisis

# What are we trying to get to?





# What are we trying to get to? (cont.)

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- Eye level
- Most likely seated
- Open, inviting position

# What we don't want to get to!

- Standing directly over person
- Arms folded
- Checking our watches
- Radio blaring
- Argumentative

# Be aware of yourself

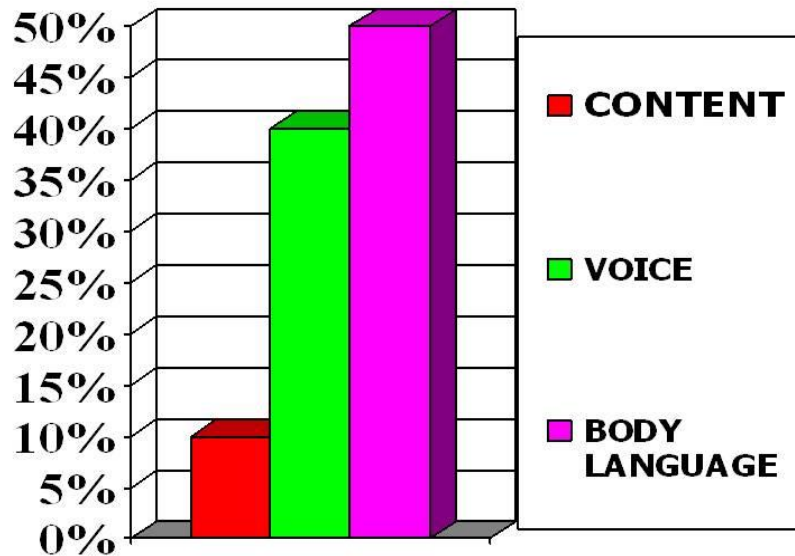
- Make sure you have a calm tone
- Body language should match tone
- Make sure hands are not on guns, tasers or handcuffs

# Jack Benny

Non-threatening, but combat ready

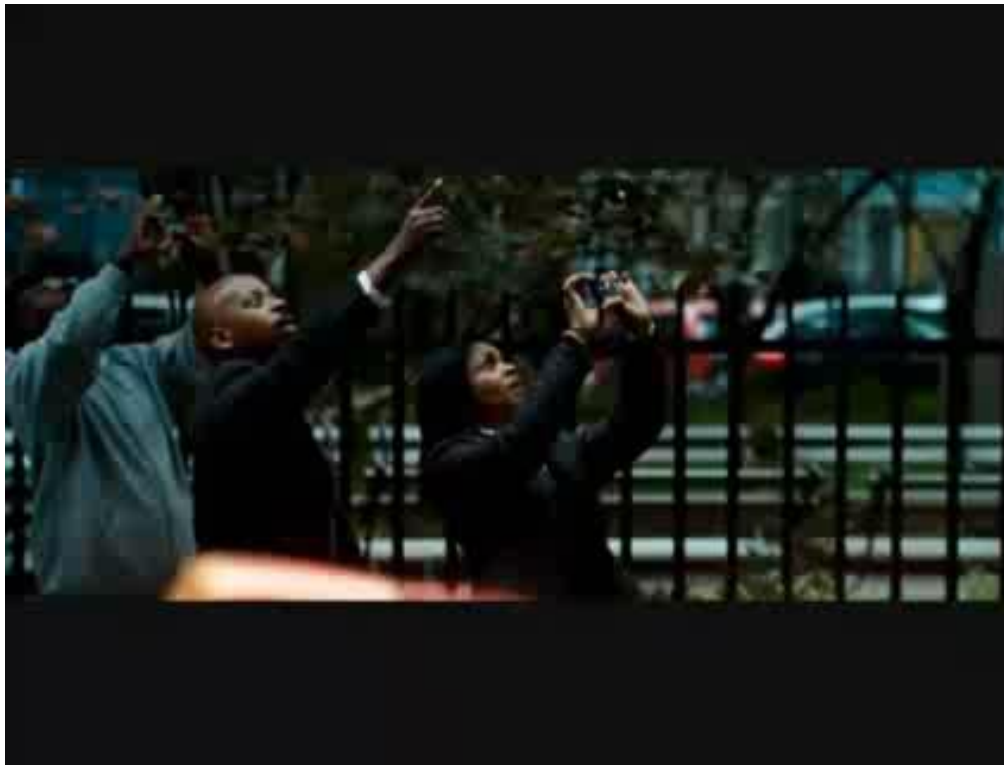


# Verbals vs Non-verbals



The average person learns 80% of what they learn in their lifetime through what they see

# How did this de-escalation work out?



# Tone

- Again, calm and reassuring
- Don't talk down or patronize the person
- Use terminology that is on their level

# Initial questioning

- Leave your notepad in your pocket
- Open-ended questions
- “How have you been doing lately”
- “Are you able to tell me.....”
- Ask about recent sleep and eating habits



# Allow time

- Do not ask rapid fire questions or repeat questions
- Give them several seconds to answer
- Only one officer should question at this point
- Don't interrupt answers

# Things to avoid

- Direct eye contact
- Sudden movement that could be misunderstood
- Being upset by inappropriate laughing and other emotions(Pseudobulbar)
- Don't be frustrated with inconsistent statements—may be locked away in the brain

# Use your judgement

- Do you allow the person to vent or not
- This could save time in the future
- Pacing is a common thing for person to do when in a crisis
- Maybe do some breathing with the person

# Use Active Listening

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- Shows genuineness
- And shows you are really listening

# Make sure we understand

- Don't assume we know the main problem
- Sometimes it may be an underlying issue
- Be ready for what might come next

# Avoid “why”

- If they knew they would tell you
- Think trauma informed
- “What happened” vs “What’s wrong”

# Also Avoid

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- “Relax”
- “Calm down”
- “I know how you feel”

# Make it personal

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- Use "I" and "We"
- Try to avoid "You"



# Hopefully by this point

- Rapport has been built
- Ask about medications, doctors/therapists, caseworkers

# Ask what has worked in past

- Have you ever felt like this before
- Can you tell me what helped the other time(s)

# Use others

- Family members
- Friends
- Doctors, therapists, caseworkers
- Crisis—sooner than later is best

# Game Plan

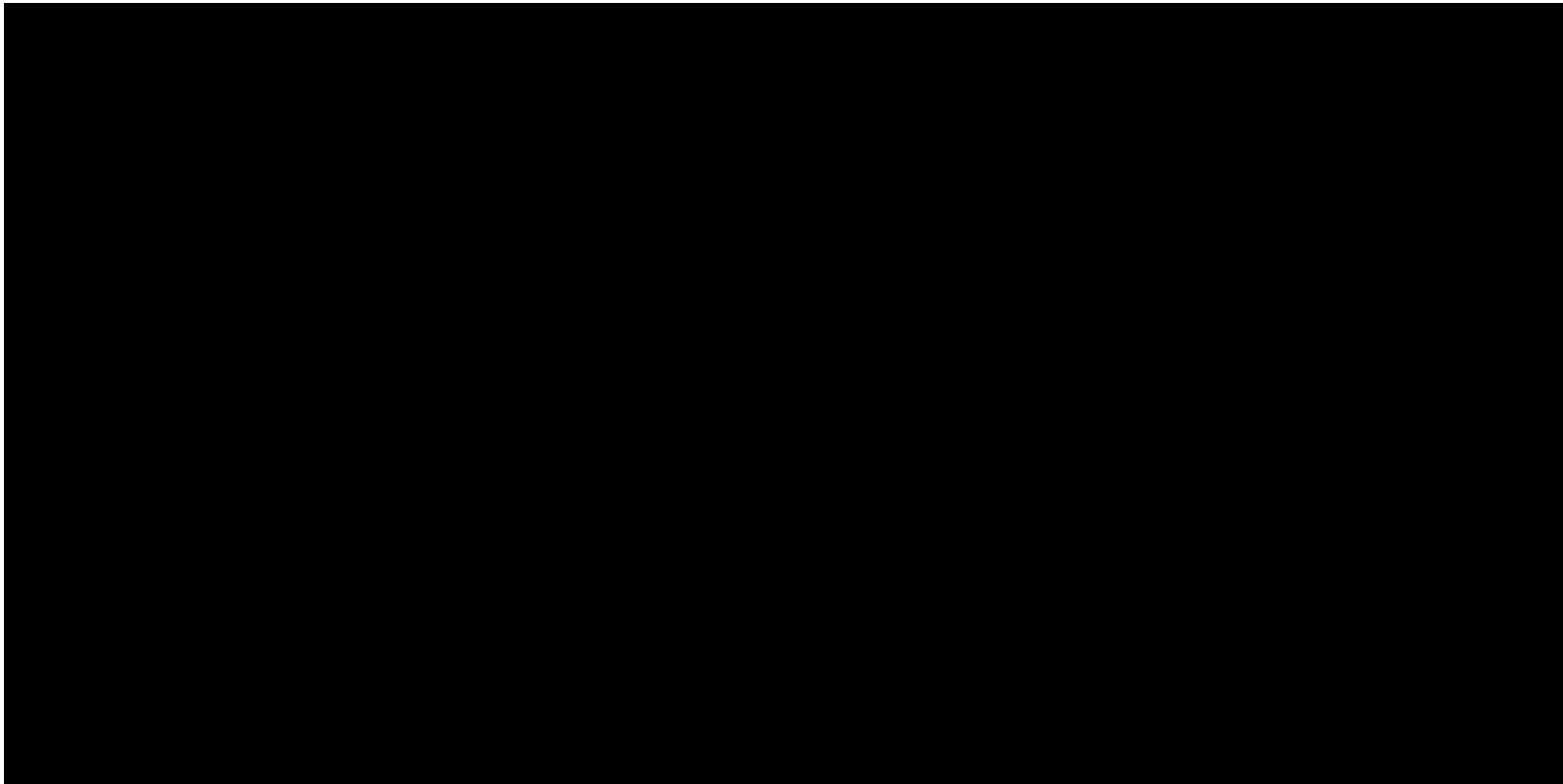
- Always assessing the situation
- Try to get person involved with decision making
- “What do you think about.....”
- Give some options
- Don't be afraid to use the “I have to...”

# Game Plan (cont.)

- Don't ever lie
- If possible tell them you'll stay with them
- Explain the final decision
- Assure not in any trouble

# What if still no buy-in

- It could be a perception problem



# CIT Follow UP

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- Is there a need for a search warrant
- Touch base sometime in the future

# Goal of CIT

- We want to prevent the SWAT call-outs
- An ounce of prevention.....
- Learn our resources/services and be proactive



# What are some outcomes?

- De-escalate and leave at home
- Hospital for medical treatment
- Safety planning
- Detention-voluntary/involuntary

# Danger Cues

- 1000 yard stare
- Suddenly stop movement
- Sudden angry verbal outburst or stops talking
- Target glances
- Clenched fists or facial muscles

# Be Aware of Implicit Biases

- Also known as implicit social cognition
- Attitudes and stereotypes
- They affect our understanding, actions and decisions
- This is done in an unconscious manner

# Culture

- Be aware of cultural differences
- Try not to let this affect our interaction
- Maybe we can even use it to our advantage

# Schizophrenic

- Many times not cognizant of reality
- May be hearing voices
- Ask about the voices
- Don't play into delusions/hallucinations
- Let them know you would feel like they do

# Dementia

- Calm, reassuring tone
- Approach from the front
- Announce their and your name
- Hand shake into comfort hold
- Can play into delusions/hallucinations
- Many times is a physical condition

# Paranoid

- Have to be very calm and reassuring
- Don't make sudden movements
- Radio and earpiece may be distraction
- Body language must match verbal
- Very difficult cases
- Can take a very long time

# Traumatic Brain Injury(TBI)

- As always, remain calm
- Try to have them explain their frustration
- Don't minimize
- Try to help problem-solve the issue
- Distraction or re-direction to something else can be helpful



# Youth

- Can be difficult to determine behavioral vs mental health
- Avoid authoritative voice/demeanor
- Sometimes best to let them vent
- Assure them you want to try and help and hear their side
- Respect
- Divert their attention away from situation
- More than likely there are underlying issues
- Talk about their plan

# Vets

- If in crisis, they are probably in the “fight” stage
- Many carry weapons
- Avoid startle response
- Normally respect the badge
- They are not in the “here and now”
- Need to be grounded back to reality

# Vets (cont.)

- Get someone who served involved
- Mention if you have ties to military
- Tell them appreciate their service
- Give space if start speaking “combat” language
- Why are pre-2008 vets hard to convince
- Contact VA and inform them of situation
- Madison VA 888-478-8321/608-280-7012
- Local crisis 715-848-4366

# Finale

- Always be adding tools to your toolbox
- Experience is helpful
- Thanks for listening
- Now take a break and we'll do excited delirium