CRISIS INTERVENTION & DE-ESCALATION – WORKING WITH PERSONS IN CRISIS

Sgt. John Wallschlaeger (retired)
Appleton Police Department CIT Officer

Adapted from Listening and Responding in Crisis Intervention by Dr. B Gilliland & Dr. R James, University of Memphis. Summary courtesy of Lt. Michael S Woody (ret). Akron PD
DE-ESCALATION AND NON-VIOLENT POSTURES ARE PERHAPS THE MOST IMPORTANT ELEMENT OF CIT. CRISIS BEHAVIOR CAN OFTEN BE MISTAKEN FOR THINGS WE HAVE SEEN BEFORE. THESE TOOLS ARE NOT DESIGNED TO COMPROMISE YOUR SAFETY OR YOUR AGENCIES POLICIES.
OVER THE YEARS, OUR BUSINESS HAS CHANGED
LAW ENFORCEMENTS
UNIQUE SITUATION

• Safety concerns for the general public
• The public’s perception of the police
• The “political” ramifications of an officer’s actions
• The potential for “time restrictions” on the interaction
• Department policy & procedures
• Liability issues, both civil and department
NEW AND LATEST PRESSURES
HOW DOES THE SYMPATHETIC NERVOUS SYSTEM EFFECT OUR DECISIONS?

- In the book entitled *Train to Win*, Wes Doss explains how under stress, our brain will revert to past experiences to guide our decisions & actions.
THE SYMPATHETIC NERVOUS SYSTEM UNDER STRESS 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
WATCH OUR SNS AT WORK?
WHAT DOES IT LOOK LIKE ON A CHART?

<table>
<thead>
<tr>
<th>Subject</th>
<th>Comprehension</th>
<th>Officer</th>
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<tbody>
<tr>
<td>Violent</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>Hostile</td>
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<tr>
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</tr>
<tr>
<td>Calm</td>
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</tbody>
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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)
OFTEN TIMES THE MEDIA PLAYS A PART IN FORMULATING A RESPONSE

- Television
- Movies
- News
OR MAYBE THIS ONE HAS CREATED A PSYCHOLOGICAL IMPRINT….MAYBE NOT IN YOUR MIND BUT HOW ABOUT THE PERSON YOU’RE TRYING TO ASSIST?
RECOGNIZING MENTAL ILLNESS AND KNOWING WHEN TO DE-ESCALATE

• How does a person in a mental crisis physically look compared to someone who is “upset” with a circumstance?
  • Non-verbals
  • Comments
  • Rational or irrational

• Are we driven by what our SNS thinks it sees?

• If able, what about slowing down the interaction?
  • Give time for the person to vent
  • Give space / create professional distance—avoid cornering
  • Look for conversational bridges and identify with the emotions
THE SNS RESPONSE CAN ACCELERATE THE USE OF FORCE.... OFTEN IT’S NEITHER SIMPLE OR BLACK & WHITE.

SOMETIMES THERE IS NO OPPORTUNITY TO DE-ESCALATE

LISTEN FOR ATTEMPTS AT DE-ESCALATING THE MOMENT. WATCH THE NON-VERBAL CUES.
WATCH THIS VIDEO LOOKING FOR CHANGES IN THE WOMAN’S MOODS BASED ON RESPONSES TO HOW SHE IS TALKED TO OR TREATED
THE SNS RESPONSE CAN ACCELERATE THE USE OF FORCE....
OFTEN IT’S NEITHER SIMPLE OR BLACK & WHITE.

SOMETIMES THERE IS NO OPPORTUNITY TO DE-ESCALATE.....

LISTEN FOR ATTEMPTS AT DE-ESCALATING THE MOMENT.
WATCH THE NON-VERBAL CUES. WHAT OPTIONS EXIST FOR
THE OFFICER(S)
IT IS A WISE OFFICER THAT CAN AT TIMES CONCEAL THEIR “COMBAT READY” STATUS

MICHAEL S WOODY
POLICE LIEUTENANT (RETIRED)
AKRON POLICE DEPARTMENT
KEY COMPONENTS TO SUCCESSFUL DE-ESCALATION

 Control your breathing
 Control your SNS
 Be aware of your surroundings
 Work towards being at their level
 Start slowing down the interaction
CONTROLLING YOUR SNS THROUGH AUTOGENIC (TACTICAL) BREATHING

• This method was developed by Calibre Press & Gary Klugiewicz
  • In through the nose for a four count
  • Hold for a four count
  • Out through the mouth on a four count
  • Hold for a four count
• Do this three times for best results. Works both in person and on the phone
Not everyone is destined to be an effective CIT officer
SUGGESTED SEQUENCE OF CRISIS CONTACT

NON-VIOLENT APPROACH

SLOWLY BUILD RAPPORT

COLLECT PERTINENT DETAILS

DIRECT TO RESOURCES
WE BEGIN WITH.....

• Empathy & acceptance
  • Attending to the person’s words, voice and body language
  • Accurately restate the person’s message
  • Accurately reflect the person’s moment to moment feelings
  • These will slow down the interaction when done properly and sincerely
• We start by accepting our role in the community. Like it or not our role includes many hours working with people in crisis some of which are very ill and do some nasty things. We need to live in the moment and accept our role for what it is

• It means recognizing that the person has the right to his or her own thoughts, feelings or behaviors and deserves to be respected as a human being especially while they are in crisis.
THERE CAN BE CHALLENGES BETWEEN YOU AND YOUR DESIRED RESULTS. THEY COULD INCLUDE CULTURAL CHALLENGES. SOME MAY CALL THEM BIASES

- There are many who fit into this category
  - Asian
  - Black
  - Foreign born Americans
  - Hispanic
  - Language or hearing barriers
  - Native American
  - Others including age, disability, religion and social status
WE ALL HAVE BIASES?

• We have all been exposed to Biases
  • The question is, how do they effect us on a call?

• Some cultures avoid eye contact with authority
  • Asian, Native, Mexican and others
• Some cultures feel it is appropriate to speak to the man of the home first. Can you say hello in their language?
• Some cultures have specific religious cultures
  • Prayer rugs and times and directions, Shaman & Medicine men
• Language barriers
  • How does your department deal with them? Does it help with de-escalation or hinder it?

• We must recognize and acknowledge
• our own biases in order to be effective
• The purpose is to simply and concretely communicate what we want, need, or desire. Keep it short & simple:

  • “What I am trying to do is to make sure that you are safe and that you get the help you need”

• Because of a consumer’s agitated state, you may need to, in a calm and clear voice, repeat the request without showing any irritation over the person’s not hearing the request the first time
GENUINENESS

• Be role free
  • Do not to pretend to be something you are not

• Be spontaneous
  • Communicate in an open and honest manner. An officer or deputy must be able to adapt to changing conditions

• Be Consistent
  • Keep your mouth and your non-verbals in sync. Be aware of your body language

• Have Self Disclosure
  • Own your feelings about what is going on at the time
GENUINENESS

• Use “I” owning statements
  • “I” means taking responsibility for what is happening

• Stay in the “here & now”
  • Staying in the present is critical in keeping the consumer in touch with the problem and moving towards its resolution

• Continue to work at slowing down the interaction

• Have your subject do the breathing exercises to maintain their SNS

• Keep your verbals & non-verbals in agreement
KEEPING YOUR VERBALS & NON-VERBALS IN AGREEMENT – A CRITICAL ELEMENT OF DE-ESCALATION
HOW DO MOST PEOPLE LISTEN?

The average person learns 80% of what they learn in their lifetime through what they see.
BEING PROACTIVE – NOT REACTIVE.
DE-ESCALATION SKILLS ARE TAUGHT IN MANY WAYS.
The common goal of course is to be “LEFT OF BANG” – THE MARINE CORPS COMBAT HUNTER PROGRAM

Kinesics – was coined by anthropologist Ray Birdwhistell in the 1950′s. It is the study of body language and accounts for a significant part of all interpersonal communication.

“Everything a person does is created twice – once in their mind and once in its execution - ideas and impulses are pre-incident for action”

Gavin de Becker

Combat profiling relies on observing “clusters” which are groups of reinforcing gestures and other non-verbal indicators that communicate the same message.
DEVELOPED BY THE MARINE CORPS IN 2008

• 200 hour training course designed to better prepare Marines for deployment to areas where the combatants and non-combatants are difficult to tell apart
• Allows for observation from afar
• Deals in normal vs. abnormal appearances relative to the baseline established through routine observations
SOME OF THE ELEMENTS

• Human Universals
  • Humans are creatures of habit
  • Humans are lazy
  • Humans are lousy liars
  • Humans will run, fight or freeze
  • Humans telegraph their intentions
  • Humans are predictable
  • Humans are not good at multitasking
  • Humans are generally clueless
  • Humans generally cant do many different things

UW Madison CIT 1
• There are universal behaviors and clusters
  • Dominant vs. submissive behavior clusters
  • Uncomfortable vs. comfortable behavior clusters
  • Interested vs. uninterested behavior clusters

• And it’s not just in the eyes
  • The learning cues are mostly below the neck

Start by establishing a baseline and look for anomalies
  • Things that should be there and aren’t
  • Things that shouldn’t be there and are
DOMINANT VS SUBMISSIVE EXAMPLES

- Seated
- Feet firmly planted on the ground, slightly apart – taking up space
- Feet and legs crossed at the ankle and tucked underneath the chair
- Torso
- Seated, leaning back into the chair, hands clasped behind their head
- Seated, leaning forward, shoulders tucked in narrowing their space
- Hands and arms
- Arms spread out taking up space or hands behind back as if judging
- Arms pulled in to the body, wrists and hands exposed
NON-VERBALS IN NEUTRAL, YET COMBAT READY. THE OLE JACK BENNY
FACILITATING LISTENING

• We, the crisis officer, must focus on the other person’s world and exclude the background noise or any other distractions. Use an ear piece or turn your radio down and let your partner monitor the channel.

• You will need to attend to not only what they are saying but to what they are doing as well. Are they being congruent? Does what they are saying, doing and feeling fit together and make sense in the given moment and situation?

• Are they ready to engage in contact?

• Be at their level and have them sit down if safe and or possible
FACILITATING INTERACTION

• By asking open-ended questions we allow the consumer to tell his / her tale, further allowing the you to assess the lethality of the encounter and to further de-escalate the crisis

• We are better off staying away from “why” as that is likely to put the individual on the defensive

• Hold “Do”, “Are”, and “Have” questions to a minimum. The ‘How” and “What” questions allow the person to ventilate.
FACILITATE THE INTERACTION

- **Restating** the consumers' statements affirms that we are listening and that we have heard them correctly. When we reflect emotional content, we also affirm feelings as real and legitimate.

- By our own **body language**, we show our openness to communicate and to help the person regain control of themselves (palms up or SPEAR postures). Keep your verbals & non-verbals in agreement.
COMMUNICATION PRECAUTIONS

• Be aware of the possibility of violence – keep therapeutic spacing
• Don’t underestimate information given by others
• Avoid engaging in behaviors that can be interpreted as aggressive (non-verbals)
• Avoid allowing others to interact simultaneously while you are talking
I am God clip
PRECAUTIONS (CONTINUED)

• Avoid making promises you cannot keep

• Keep feelings of fear, anger or hostility from interfering with your self-control or professional demeanor (breath)

• Don’t argue, give orders or disagree unless absolutely necessary. Does it matter?
PRECAUTIONS (CONTINUED)

• You can’t expect to gain compliance based on the assumption that the person is as reasonable about things as you are.

• Prevent a crowd from congregating.

• Don’t corner or be cornered – give the person expanded space.

• Don’t let others interfere with your dialogue.
FURTHER INFORMATION GATHERING

- Is the person making eye contact?
- Are the person’s emotions changing rapidly?
- Is the person alert, confused or lethargic (possible OD)?
- Is the person in touch with reality?
MORE INFORMATION GATHERING

• Assess their mood – are they angry? crying? overly quiet? or confrontational?

• Is the person disheveled or inappropriately dressed?

• Does the person exhibit rapid speech, slurred speech or sexual preoccupations?
SIGNS & SYMPTOMS of a Mental Illness

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Confusion and / or disorientation
Diminished, inappropriate or numb feelings /emotions
Abnormal or bizarre behavior such as inappropriate dress,
unusual social behavior
Unable to sleep (insomnia)
Sleep too much (hypersonnia)
Significant weight loss or weight gain – without intent
Agitated or slowed psychomotor functions
Inappropriate feelings of guilt or worthlessness
Difficulty with concentration and focus
Recurring thoughts of death without a specific suicide plan or attempt
Concrete thinking – interpreting things literally and having a difficult time with
abstract thoughts or ideas (i.e., “cool it”, “knock it off”, “chill out”, “what’s up”)
Anxiety – panic, phobias (irrational fear of something that poses little danger);
generalized or excessive worry or paranoia

Manic / mania – great happiness; inflated self-importance; rapid
thoughts or ideas - both verbally and in actions; increased physical activity
for long periods of time with little or no sleep.
Obsessive/compulsive behavior – persistent thoughts and or actions
that must be preformed; may involve rituals and have some safety concerns
Post Traumatic Stress – an anxiety disorder characterized by recurrent
memories about a traumatic event; can be stimulated by sounds, sights,
smells or experiences
Psychosis – disruption of thinking, feelings, moods, and ability to relate to
others; being out of touch with reality
Delusions – fixed false ideas believed by the individual but not based
on reality; cannot be corrected by reason; paranoid delusions may
lead to violence.
Hallucinations – sensory perceptions in absence of actual stimuli;
most often auditory, such as hearing sounds or noises, but may affect any
of the five senses

Crisis Intervention Team Initiative

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APPROACH CONSIDERATIONS FOR CRISIS INTERACTION

• Approach the person in a non-threatening manner. **Be on their level** and STAY CALM

• Give the person time & space to vent, explain or complain, and yourself the time to assess the situation. Ask if you’re not sure. **Slow things down – allow them to breathe**

• Use calm tones, give supportive, confident and empathetic statements. Keep it simple
APPROACH CONSIDERATIONS

• Establish trust and rapport slowly. Don’t rush the interaction

• Be aware of the person’s and your posture (non-verbals) at all times

• Refocus the consumer to the problem at hand. If they get off topic they are likely feeling rushed or pressured. Ask them
APPROACH CONSIDERATIONS

• Ask about medications and doctors – not if, but what or who

• Ask about the last appointment and medication compliance – think side effects

• Begin to give options and bring the interaction to a conclusion – you may have to start over
Cell phone video
Interacting With Someone In a Psychiatric Crisis

**Gold Stripe Consulting, LLC**

**PROCEED TO INTERACT AS YOU:**

- Ensure that safety comes first
- Approach in a nonthreatening manner
- Take your time. Listen. Be calming, slow down.
- Ask how you can help: Use “I” statements
- Establish trust and rapport slowly
- Maintain supportive and appropriate tones
- Offer simple requests with clear instructions
- Detail choices and/or consequences
- Define inappropriate behavior: Ask for permission before touching
- Keep the focus on the “here and now”

**AVOID:**

- Crowding personal space (perception of being cornered)
- Staring, arguing, whispering, ridiculing or deceiving
- Validating hallucinations: Offering too many choices
- Asking “why?” Ask “how come?”: Taking things personally

**BE AWARE OF:**

- The surroundings: Ongoing safety considerations
- Medication needs: Non-verbal communication (yours and theirs)
- Suicide risk (thought, attempts, family history)

### Someone with a mental illness might...

- Be afraid or fearful
- Be insecure
- Be hallucinating
- Have difficulty with reality
- Have difficulty concentrating
- Become easily agitated
- Be over-stimulated
- Be worried about the future
- Show poor judgment
- Be preoccupied
- Be withdrawn
- Have little respect for authority
- Be delusional
- Have low self-esteem and motivation

### So you need to...

- stay calm, be reassuring
- show acceptance
- validate their emotions
- keep it simple, truthful
- slow it down, repeat if needed
- stay calm, keep your distance
- limit outside stimulation
- focus on the “here and now”
- be empathetic to the impact of illness
- start by getting their attention
- start with relevant conversation
- Be firm but recognize this as a symptom
- don’t argue or affirm a delusion
- stay upbeat & accepting

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RECAP - WORKING WITH SOMEONE WHO IS MENTALLY ILL & IN CRISIS

• Be respectful. Talk to adults as adults

• Be calm, clear and direct in your communication

• Be as consistent and predictable as you can

• Set clear limits, rules and expectations

• Take an “I don’t know” attitude in a response to long-term questions
• Know that validating hallucinations can be a slippery slope. Instead, **validate the emotions**.
Subject calls 911 saying he is suicidal
He is outside his apartment in his detached garage
A loaded handgun lays on the ground within the “lunge area”
Subject, a Vet, is intoxicated, talking about suicide by cop – does NOT go for the gun when the officers approach using a shield
Subject is safely taken into custody and hospitalized
CIT FOLLOW-UP TO THE INCIDENT

• Research the subject
  • Prior EM1 in another jurisdiction that resulted in a committal and firearm restriction
  • Obtain search warrant for the subject’s apartment
  • Reported the results to the Court and Mental Health
  • Met with and explained to subject what our relationship with him will be in the future and potential charges
DISCOVERED ON SEARCH WARRANT
Let’s see the difference CIT can make on a call. What does your training tell you?
THANK YOU FOR YOUR ATTENTION
STAY SAFE – PRACTICE IT DAILY