



DE-ESCALATION



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DISCLAIMER

**I MAY USE SMALL CURSE WORDS AND I AM SORRY AND DON'T MEAN
TO OFFEND ANYONE**

I CURSE FOR EMPHASIS AND I AM PASSIONATE

I WILL SHARE WAR STORIES BECAUSE THEY ARE EASY TO EXPLAIN

- Corporal in the 54th
- CIT Task Force Member
- Use of Force Instructor
- De-Escalation Instructor
- SFST Instructor
- SWAT Operator
- BS in Kinesiology

COURSE OBJECTIVES

- Define Crisis
- Define De-Escalation
- Main Components of De-Escalation
- Reinforce or introduce tactics and skills for addressing the behavior of a person in a time of crisis

COURSE EMPHASIS AND REMINDER

As a law enforcement officer, my fundamental duty is to serve the community; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation and the peaceful against violence or disorder; and to respect the constitutional right of all to liberty, equality and justice.

Source: IACP Law Enforcement Code of Ethics

SOCIETYS PROCEPTION OF L.E.

- Cops don't know how to talk to people
- Cops are heavy handed
- Cops are too quick to use force
- Cops either use force **OR** use de-escalation



WHAT IS A CRISIS?

- An emotional stressful event or traumatic change in a person's life
- Crisis creates physiological arousal in the form of anxiety which disrupts a person's capacity to think clearly
- Defined by a person's reaction to a traumatic or unexpected situation as an intolerable difficulty that exceeds their resources and coping mechanisms
- Often recurring situations for an individual suffering mental illness or a substance use disorder.

DE-ESCALATION DEFINED

“Realistic De-Escalation refers to a range of integrated strategies and tactics used by officers to lower the intensity of potentially volatile situations with the aim to reduce the necessity or level of force required for successful resolution while ensuring officer and public safety is optimized”

‘Force Science Institute- De-Escalation Instructor’

GOALS OF DE-ESCALATION

To improve law enforcement officer's ability to manage people by enhancing tactics and skills to establish contact, build rapport and gain influence to achieve a police objective.

To teach officers how to address the **behavior of a person in a time of crisis.**

OFFICER SAFETY

De-Escalation is not always feasible given the call for service, time, location, civilians, etc.

De-Escalation does not mean force will not be appropriate when reasonable and necessary

De-Escalation is a tool to use when appropriate

DE-ESCALATION STARTS AS SOON AS THE CALL IS DISPATCHED

SCENARIO

DISPATCH: CHECK THE WELL BEING FOR A 40 YEAR OLD MALE WITH A HISTORY OF ALCOHOLISM AND MENTAL ILLNESS. KNOWN WEAPONS IN THE HOME. MAKING STATEMENTS OF SELF HARM TO HIS SISTER (COMPLAINANT) VIA PHONE.

WORST CASE SCENARIO

WHILE IN ROUTE TO A CALL LIKE THIS WE CAN START DE-ESCALATING

CALL THE COMPLAINANT

POLICE HISTORY OR RMS CHECK

DO ANY OFFICERS KNOW THE SUBJECT AND HAVE A RAPPORT?

WHO ELSE IS AT THE HOME?

WHATS HIS PHONE NUMBER?

WHAT KIND OF WEAPONS?

WHEN DID YOU LAST TALK TO HIM?

WHAT KIND OF CAR DOES HE DRIVE?

DOES HE WORK AND WHERE?

YOU ARRIVE ON SCENE, NOW WHAT?

**ARE WE KNOCKING ON THE DOOR OR ARE WE BRINGING HIM OUT
TO US?**

WHAT ARE WE THERE TO DO? HELP, RESCUE OR ARREST

IS THERE AN EXIGENCY THAT REQUIRES AN OFFICER TO GO ALONE?

NOW IT IS TIME TO TALK

CAN WE DE-ESCALATE A PERSON?

The answer is NO, we can not De-escalate an individual

BUT we can attempt to create an environment for them to De-escalate themselves

ELEMENTS OF DE-ESCALATION

ESTABLISH CONTACT

BUILD RAPPORT

ESTABLISH INFLUENCE

OBTAIN A POSITIVE OUTCOME

ACTIVE LISTENING

- **When working with persons in crisis, listening is often more effective than talking.**
- **Builds rapport, focuses consumer on the officer, helps officer refine assessment of the crisis, and provides information that lays the groundwork for an eventual resolution of the crisis.**

RAPPORT BUILDING

- Awareness:**

Be aware of how your presence may affect the person, reassure that no harm is intended.

- Calmness:**

Try and reduce background noise and distractions. Keep a safe distance.

Try to isolate, control, and contain without appearing to corner the person.

RAPPORT BUILDING

Genuineness:

- Keep verbal and non-verbal cues in sync and non-threatening.

Empathy:

- Ask how you can help them.
- Use their first name.
- Find things in common.
- Acknowledge their feelings/situation.

RAPPORT BUILDING

Acceptance:

- **Don't stereotype.**
- **Don't take the symptoms of their illness personally.**

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

ESTABLISH INFLUENCE

Patience:

- Speak in a calm and clear voice.
- Give the situation time.
- You may need to repeat requests.

Tone:

- Avoid placating, condescending, or sarcastic remarks.
- If they are hallucinating, don't trick them to get compliance.

ESTABLISH INFLUENCE

Question:

- **Ask open ended questions.**
- **Allow the person to vent.**
- **Stay away from the WHY question.**
- **Remain friendly but firm.**

Focus:

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

ESTABLISH INFLUENCE

- **Don't force discussion, express anger, or impatience.**
- **Don't use inflammatory language such as "crazy", "psycho", or "mental subject."**
- **Don't mislead the person to believe that officers on the scene think or feel the same way the person does.**
- **Save the smirks for another time. Remember your non-verbal cues are as important as your spoken word.**

OUTCOME

Set Clear Limits:

- **Use “I” statements, respond positively and confidently.**
- **Explain what behaviors are appropriate.**

Communicate Directly:

- **Be honest about your wants, needs, and motivations and state them to the person.**

OUTCOME

Create Options:

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

Take Action:

- **Avoid confusion. Once you decide on a course of action, tell the person what you are doing and what is expected.**
- **Be prepared to repeat directions.**

OUTCOME

USE CLOSED ENDED QUESTIONS

- **Helps the officer to obtain a commitment**
 - Begin with the question, "Are you . . .?" or "Do you . . .?" or "Will you . . .?"
- **Can also help the officer to request specific information**
 - "Are you thinking of hurting yourself?"
 - "Will you let me take you to get some help?"

APPROACHING THE INDIVIDUAL

- Do not violate personal space
- People with mental health problems often develop an altered sense of personal space
 - They require more space than others to feel comfortable
 - They may feel intensely threatened when other people close in on them with no warning
 - Move slowly and explain actions
- Use quick moves only for restraint purposes

APPROACHING THE INDIVIDUAL

- **Avoid one-on-one physical confrontations**
 - This may be seen as a challenge and escalate the violence
- **Divert from anxiety – ask for routine information**

DE-ESCALATION DEMANDS FLEXIBILITY

- **No two consumers or crises will ever be exactly alike.**
- **Use skills outlined here as guidelines and match them to meet the demands of the individual and the unique crisis.**
- **De-escalation training does not replace other knowledge gained through experience**

