

Sgt. Joel A. Misirian, MACJ

joel.misirian@troyohio.gov

339-7525 x1423

DE-ESCALATION TECHNIQUES & CIT IN THE FIELD



Crisis Intervention Team
Academy
for Law Enforcement
Professionals



The Brain in Crisis

Crisis behavior is a temporary **breakdown** of coping skills, affecting:

- Perception
- Decision-making
- Problem-solving
- Following instructions



Crisis Intervention Team
Academy
for Law Enforcement
Professionals





Crisis

Situations:

- Barricaded subjects
- Domestic violence
- Substance abuse
- High risk suicide
- Mental Illness
- Violence in the workplace

Youth Specific:

- Parent's divorce or separation
- Break up of a relationship
- Suspension or expulsion from school
- Sickness, injury or death
- Loss of health
- Personal or school related difficulties
- Victim of bullying
- Getting caught in illegal activity
- Deterioration of mental health

Crisis Defined: Any situation in which a youth's perceived ability to cope is exceeded



Crisis Intervention Team
Academy
for Law Enforcement
Professionals

Tri-County Board of
Recovery and Mental Health Services
Miami | Darke | Shelby

Mental Illness & Violence

- **Extreme caution** should be exercised if the person you are encountering has **ALL** of the following factors:
 - Male under 40
 - Substance abuse
 - Untreated psychosis
 - Medication non-compliance or not in treatment

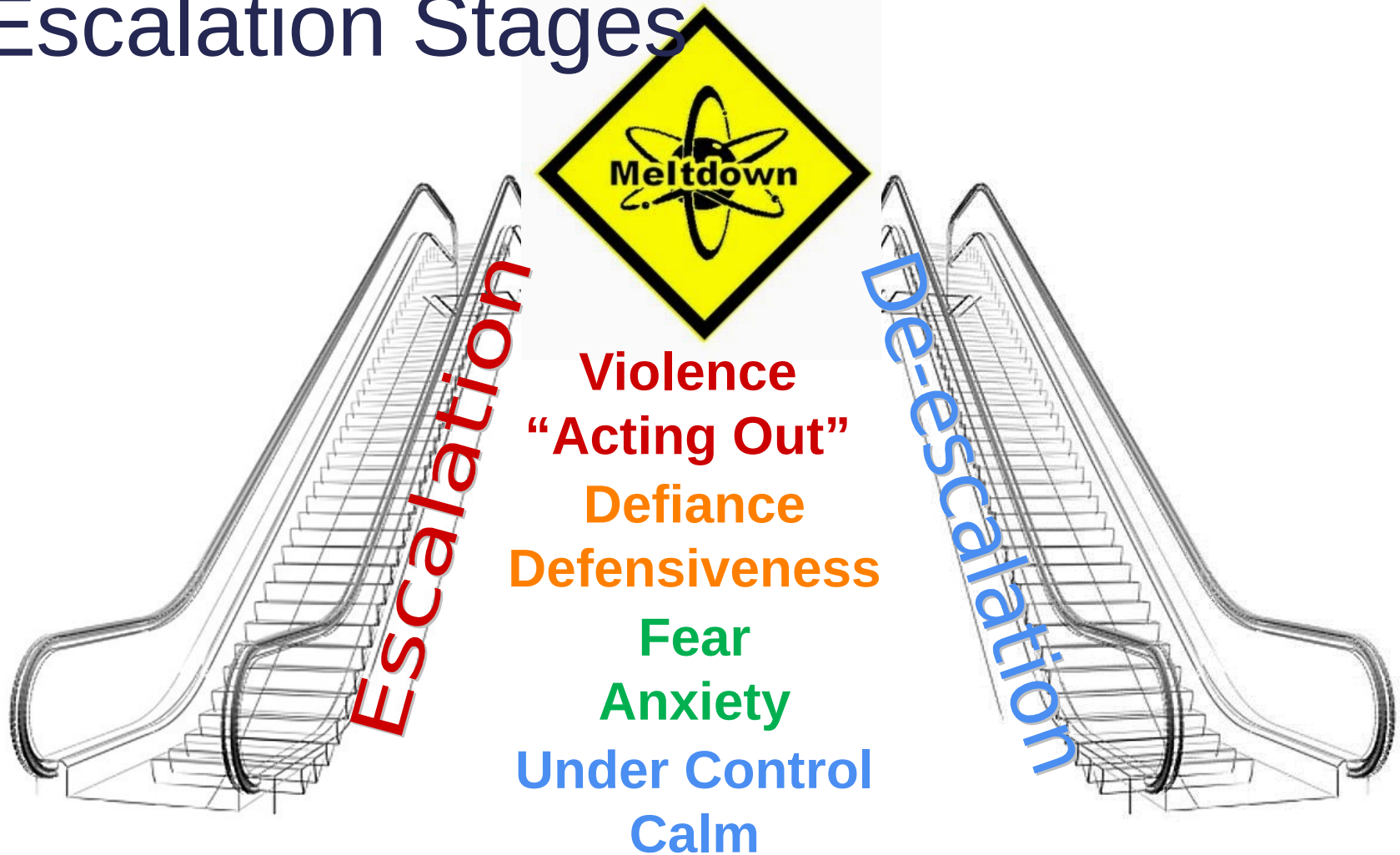


Loss Model – Types of Disorders

- Loss of **REALITY**
 - Thinking/psychotic disorders
- Loss of **HOPE**
 - Mood disorders
- Loss of **CONTROL**
 - Behavior/personality disorders
- Loss of **PERSPECTIVE**
 - Anxiety disorders



Escalation Stages



Crisis Intervention Team
 Academy
 for Law Enforcement
 Professionals

Four Outcomes for Officers Responding to Mental Health Crisis Calls





Crisis Intervention Team
Academy
for Law Enforcement
Professionals



E.A.R. MODEL



Crisis Intervention Team
Academy
for Law Enforcement
Professionals



E.A.R. Model

- **Engagement**
 - Goal: To build trust by validating the person and situation
- **Assessment**
 - Goal: To gather necessary information to make a safe resolution
- **Resolution**
 - Goal: To ensure safety by gaining control and returning situation to a pre-crisis state



E.A.R. Model – ENGAGE

- **Connect** with the person so you can calm him/her
- **The first 10 seconds** of a special populations encounter are critical in setting the tone for de-escalation
- **Introduce yourself** and ask for the person's name
- **Reassure** caller you are there to help and will stay on line until officers arrive



E.A.R. Model – ENGAGE

- If noisy or chaotic, encourage subject to remove themselves from the distractions
 - (people who are upsetting the person, loud noises)
- State you want to help the subject and not harm them
 - (You may have to repeat this)
- Ask subject who else is with them



E.A.R. Model – ENGAGE

- **Build Rapport**
- Be patient
- Empathize
- Be professional
- Show compassion
- Be authentic



Crisis Intervention Team
Academy
for Law Enforcement
Professionals

E.A.R. Model – ENGAGE

- *If safety is not compromised*, remember that special populations encounters are medical encounters
- Begin considering **Loss Model** profiles
- **Ask questions**
 - (“Are you alright?” or “Is something bothering you?”)
- Verbalize the subject’s **observable characteristics**
 - (“You sound angry” or “You sound stressed”)
- Ask “**What help do you need right now?**”
- **Model calmness** that you want the person to mirror



E.A.R. Model – ENGAGE

- **Connect** and **calm** the situation
- **Be empathetic** to the person's situation or state of mind
 - Individuals who feel they are understood are more inclined to calm down
- Speak softly, simply, briefly
- Be reassuring
- If there is more than one person, have someone take the lead in communicating and de-escalating the situation to avoid confusion



Establishing a Dialogue/Making a Connection

- Use open ended & closed ended probes
- Ask clarifying questions
- Use personalized statements
- Summarize what they tell you back to them
- Empathy vs. Sympathy
- Active listening skills
- Naming emotions



E.A.R. Model – ASSESS

- **Gather information** about the situation and the person's condition so that you can get to **resolution**
- **Continuous assessment** for suicidal ideation
- **Recognize** that the person may be *overwhelmed* by frightening beliefs, sounds, or the environment



E.A.R. Model – ASSESS

- **Be patient**
- **Gain control** of the situation
- De-escalate if necessary
- Ask about medical history
- Ask about and listen for signs of drug or alcohol use (jumbled or slurred speech, drowsiness, unusually rapid speech or breathing)



E.A.R. Model – ASSESS

- Ask if they have a case manager or therapist
- Do their words match the tone of their voice?
- Be honest – except in **extreme** situations where personal safety is at risk



E.A.R. Model – ASSESS

- When warranted, talk to other people about the person's medical history, current medications, and ongoing medical treatment
- Be non-threatening, yet remain vigilant
- Convey an empathetic and non threatening tone of voice
- If the person is or may be suicidal, **assess** using the **LAST model**



E.A.R. Model – ASSESS

- **ASSESS for Suicidal Intent – LAST Model**
- **Lethality** – how likely is the threat to cause death, if acted on?
- **Availability** – does the person have access to the means?
- **Specificity** – is the plan specific or vague?
- **Time** – when does the person intend to attempt?



E.A.R. Model – **ASSESS**

- **Is there a gun present?**
- Two-thirds of gun deaths are suicides
- Keeping a firearm in the home increases suicide risk **3X**
- **82%** of teens who die by gun suicide use a family member's firearm
- Of those who attempt suicide by gun, **90% die**
- 90% of those who survive suicide attempt by any means **will not** go on to die by suicide

*Brady Center to
Prevent Gun Violence*



Crisis Intervention Team
Academy
for Law Enforcement
Professionals



E.A.R. Model – RESOLVE

RESOLVE

- Bring the encounter to a safe resolution and get the person to obtain help



Crisis Intervention Team
Academy
for Law Enforcement
Professionals



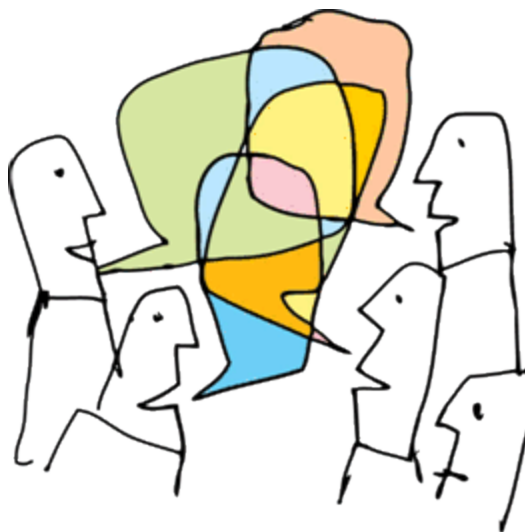
E.A.R. Model – RESOLVE

- **Decide** on a course of action
- Tell the person what you are about to do or **what will happen next**
- **Limit** the number of instructions you give at one time



SMALL GROUP DISCUSSION

- *What are some tactics or behaviors to be avoided when engaged in de-escalation? Why?*



Behaviors to **Avoid** During De-escalation

- **DO NOT** give rapid orders
- **DO NOT** shout
- **DO NOT** force a discussion
- **DO NOT** express anger, impatience, or irritation
- **DO NOT** assume that a person who does not respond is ignoring you
- **DO NOT** use sarcasm or inflammatory language (e.g., “crazy,” “psycho,” “mental”)



Behaviors to **Avoid** During De-escalation

- **DO NOT** lie or mislead the person to calm them down, unless **extreme** circumstances exist
- **DO NOT** display a bad attitude—the mentally ill person will remember your attitude long after your words
- **DO NOT** challenge delusional or hallucinatory statements
- **DO NOT** validate delusional or hallucinatory statements
- **DO NOT** mislead the person into believing that the officer thinks or feels the way the mentally ill person does



QUESTIONS?



Crisis Intervention Team
Academy
for Law Enforcement
Professionals

