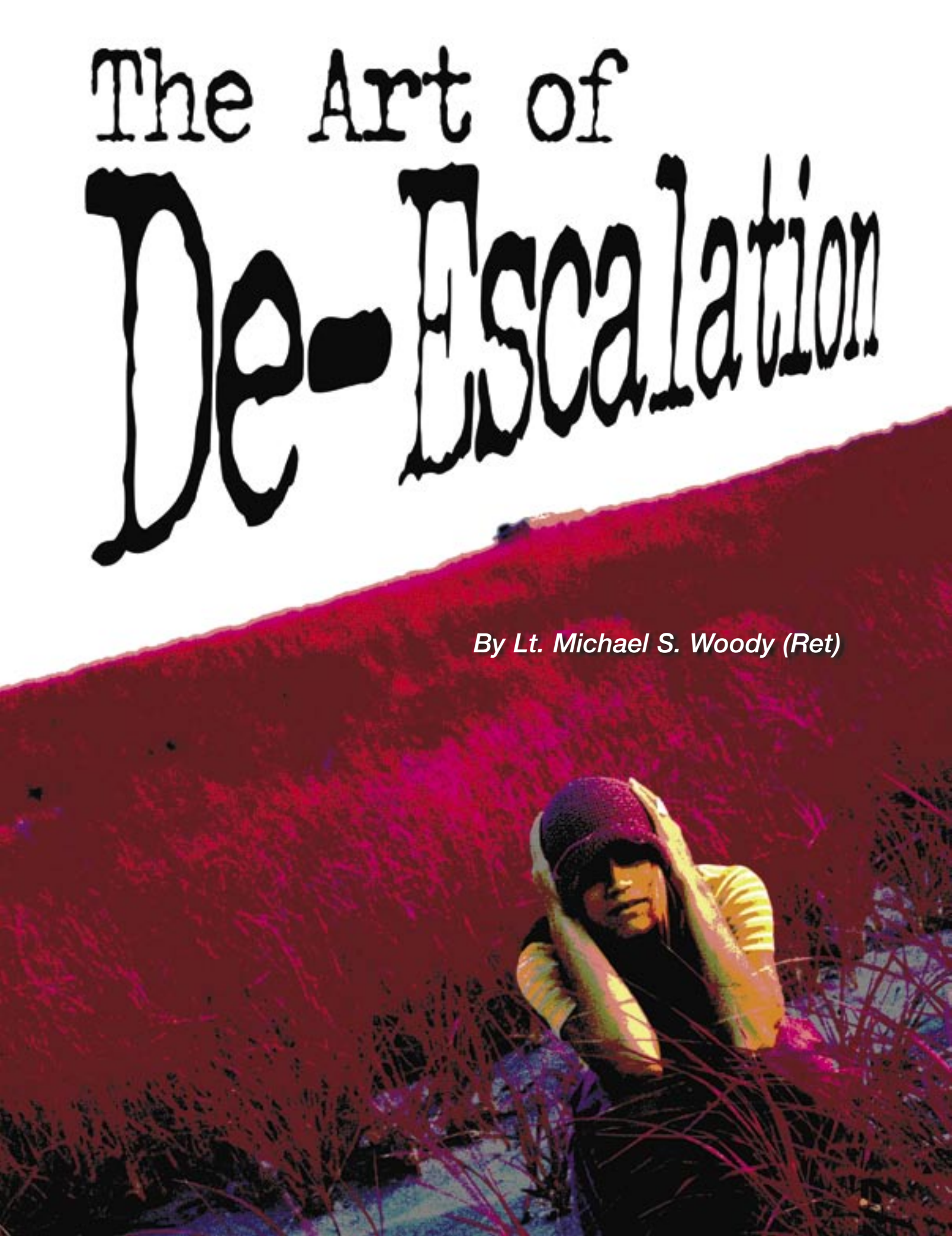
The Art of De-Escalation

By Lt. Michael S. Woody (Ret)



How NOT to De-escalate Persons with a Mental Illness

"Drop the knife, drop the knife, drop the knife!" There are those that would say that this is de-escalation. After all, the mentally ill woman who was walking down the sidewalk in Long Beach, California after shoplifting a food item in a grocery store, needed to do just that. Then why did she ignore the commands of several Long Beach city police officers pointing semi-automatic pistols at her? And why did she not heed the commands of a police sergeant called to the scene with his less-lethal shotgun type apparatus pointed at her?

The sergeant fired a bean-bag round at her, striking her in the lower leg. Why didn't this de-escalation technique work? She kept on walking down the sidewalk with the knife at her side. The second bean-bag round got her in the thigh. This must have hurt because she raised the knife in a threatening manner according to the witnesses. The officers opened fire!

Another mentally ill person died in a confrontation with law enforcement. I believe this is an epidemic in our country. The officers were quickly absolved of any wrong-doing. After all they feared for their sergeant's life, as he was the closest person to her when the knife was raised. End of story! Not so fast – next the civil suit and ultimately the wrongful death trial.

The jury found the officers 80% responsible for the mentally ill woman's death! I was astounded by that. What was even more astounding was the fact that when questioned after the verdict, jurors said that the overwhelming evidence against the officers was the fact that not once did anyone on scene TRY TO DE-ESCALATE HER! *(Byrd V. City of Long Beach 2004)*

Barriers to Fixing the Problem

There are well established programs based upon teaching officers how to de-escalate persons in mental crises. They are becoming so well known that apparently even jurors know about them! Had only one officer said something to the effect: "Now listen miss, it's not as bad as you think. Just put down that knife and we can talk about it" things may have turned out differently.

I know what its like to live with the fact that a person who was sick is dead because of my actions. You are not a hero in society's eyes. The burning question is usually "Wasn't there something else the officer could have done? You see it is widely believed in our nation that law enforcement officers are highly trained individuals. Nothing could be further from the truth. I retired from the Akron Police Department, in Ohio as the Director of Training in 2002. Getting training for officers is like pulling teeth as far as the administration is concerned. When I would ask for certain types of training I would get questions from above such as "Well does the state require this?" My usual reply was; "No, but the courts do".

I even had my immediate supervisor, who had been the Director of Training before me tell me on several occasions that I should not feel obligated to have In-Service training every year. This was coming from a person that I respect. My staff and I had so many ideas for training that we would have to work very hard to pick and choose which classes we could fit into the 40-hours we had been allotted and still keep our officers up-to-date and safe for another year. I believe the driving force behind police administrators decisions are two-fold: time and money!

Excuses

As I travel around the country meeting with police executives and others the two above mentioned issues always come up. Guess what, unless you work for a company like Microsoft you have never nor will you ever have a big enough budget or enough personnel to get the job done as you would comfortably prefer! These are just the two excuses used to not do something. The difference between a leader and a manager is that the leader does just that. Nothing stands in their way of doing the right thing and making sure the job gets done. The military learned a long time ago that training and discipline is the key to a well performing organization. Just do it!

Society, and more importantly attorneys have found yet another chink in our armor. The word is out! Police do not have enough training to de-escalate people in crisis. This translates into money. The United States Supreme Court coined term comes to mind: ***Deliberate Indifference***. If the City of Canton, Ohio was deliberately indifferent to the rights of its citizens in 1988 for not giving their police officers updated training in first aid (a diminishable skill) then attorneys have hit the jackpot with the lack of training officers get to deal with an estimated 10 – 15% of their calls for service.

And, what is making it worse is the fact that there are evidence-based training programs out there to correct the problem that police administrators are not taking advantage of. Example: Ohio has more Crisis Intervention Team (CIT) trained police agencies than any other state in the nation, and therefore leads the entire world in this regard. This training, which started in Memphis, Tenn., is a proven method of de-escalating mentally ill persons. What is a city and/or police department going to say when confronted with a suit in Ohio for deliberate indifference?

If the agency says they did not have enough money to provide the training the attorney will say "It is worth $10,000 (estimated cost for materials, instructors, etc.) but is provided free to law enforcement." If the agency uses excuse number two; "We did not have the personnel to spare for a week-long course" the litigator is going to respond with "Well, what do you do in the summer (your busiest time) to give officers their vacation time?" The answer is that police departments plan for this. They block-out the time-off book to make sure there is enough coverage on the streets. This works for training too!

Besides, in a court of law time, money and personnel issues are not acceptable excuses for violating the rights of people.

The Federal Government Movement

Recently (May 11th & 12th, 2005) the very first CIT National Conference was held in, you guessed it, Columbus, Ohio. This two-day event had two tracks; one for those police agencies looking to start a CIT type program and the other for those looking to improve on their up-and-running program. Over 700 people attended, representing 40 states, the District of Columbia, and Canada. In addition, The United States Justice Department and Council of State Governments were there. By the way, if you are one of the ever increasing police departments in our country under a Descent Decree (such as Cincinnati, Los Angeles, Pittsburg, etc.) CIT is in your future as a requirement.

The Justice Department would like to organize regional training sites throughout the U.S. where police agencies could send staff to learn how to de-escalate persons in crisis and form a "team" that would better handle these types of calls. The reason for this effort is that some police agencies try very hard to short-cut the process of 40-hour training. We are very resistant to this. You see, my father died when I was a young teen but, he left me with an endearing quality. "A job worth doing is worth doing well"! Let me explain what this means when it comes to training officers how to de-escalate people.

We Are In Control

We are in control! If there is any one phrase that officers come out of the academy ingrained in them it is this. This is what society demands and expects of us. This attitude works very well under normal circumstances. It backfires under abnormal situations. Because so many uninformed officers come to me and say that I am "going to get officers hurt" with this de-escalation *%&# (After all, FBI statistics show that it is officer friendly that is most likely to let down their guard and get hurt or killed in a confrontation) I have had to coin my own phrase. **"*It is the wise officer who can, at times, conceal their combat-ready status*".** This is what some officers have a hard time doing. They come on strong and show absolutely no glimmer of compassion and understanding. They either do not want to, or do not know how to. What a shame.

By the way, wherever CIT is in place in the world officer injuries go down. Also, the call for SWAT teams and hostage negotiators goes down an average of 60%. Needless to say the injuries to persons with a mental illness goes down drastically.

The Training

So what goes on in this 40-hour, state-of-the-art, evidence-based training? All paths during the week lead to de-escalation of persons with mental illness. Officers are taught about the different mental illnesses by mental health professionals. They learn the difference between signs of Schzophrenia, Bipolar illness, Borderline personality, Obsessive-Compulsive, Dementia, Alzheimer's, Depression, etc. They are given a course on medications for these illnesses and the side-effects attributed to them. Of course a history of mental illness in our country goes a long way in establishing where we are today and why.

We bring in mentally ill persons and their families to put a face on the illness and those that it affects. Officers are given the good with the bad when stories are told about confrontations with the police. We go on field-trips to facilities that provide services to the mentally ill and even go on home-visits with case-workers. Officers travel with homeless shelter workers to various camp sites to interact with the mentally ill homeless in the community, etc.

Janssen Pharmaceuticals provides virtual hallucination machines so that the officers can experience what it is like to be mentally ill. All this is to de-stigmatize the officers to the sense of fear that can sometimes come from dealing with the unknown.

At the 2005 CIT conference in Ohio, Major Sam Cochran of the Memphis Police Department received the first National CIT coordinators award for his pioneering work in training de-escalation techniques.

We shed a light upon the unfortunate circumstances that has befallen families (one out of four) with this devastating illness.

The Meat and Potatoes – De-escalation

Now they are ready to accept the principles of de-escalation. This is what they think they have been waiting for. They are now looking at the mentally ill in a whole new common-sense way. Let's go through the training step by step. CIT uses the principles from Dr. B. Gilliland and Dr. R. James, University of Memphis *Listening and Responding in Crisis Intervention.*

Law Enforcement Specific: Communication Factors

Effective communication skills are the key to any successful interaction, but are especially important when dealing with a mentally ill person in crisis. The law enforcement officer is working under a set of parameters that is unlike that of any other professional, such as;

A) safety and protection of the general public
B) the public's perception of law enforcement officers – microscope
C) political ramifications
D) potential restrictions of duration of interaction

The parameters stated above, as well as many others make it imperative for the officer to be highly skilled in the therapeutic communications that are necessary to de -escalate a mentally ill person in crisis situations.

With these factors in mind here is the **Principles of Therapeutic Communication**

1. EMPATHY

Empathy means to accurately and sensitively understand the other person's experience, feelings, and concerns. The empathetic officer will accurately sense the person's feelings as if they were his or her own without becoming lost in the other person's concerns. If the officer can effectively show empathetic understanding, then he or she will be setting up the conditions whereby the crisis situation may be defused, calmed, and contained. The person in crisis is more likely to feel understood, to feel a sense of safety and self control, and to begin to trust the officer. The major components of communicating empathetic understanding are:

A. Attending – To the person's words, voice, and body language

B. Accurate Restatement – Of the person's essential message content

C. Accurate Reflection – Of the person's moment to moment feelings

Empathy is different from Sympathy. When we are sympathetic we become sad, angry, etc. over the other person's dilemma. In crisis intervention, sympathy is not helpful because we lose objectivity and the ability to act in a logical and linear manner.

Conversely, by responding in an empathetic manner; we are attempting to approximate and anticipate as closely as possible the thinking, feeling, and behaving of the recipient of our services. When we are able to perceive the world as the other person does, we are able to establish trust, convey understanding, and open the door to less traumatic or violent intervention.

Officers who practice and use practice and use, (over and over again) the techniques of empathetic understanding will become more proficient and more successful as time goes on. Empathetic responding is a skill that will make officers more successful not only in police work but also in one's daily living.

2. GENUINESS

Means to interact with the other person without any pretensions. The officer who is genuine will be perceived by the other person as;

Being Role Free – The interventionist assumes no facades. "I do not pretend to be something I'm not, that is Superman, Rambo, Wonder Woman, or Sigmund Freud. What you see is what you get!" Being role-free conveys to the other person that: I'm real, I'm vulnerable too, I can be afraid, glad, happy, aggravated, caring, supportive, and can experience all the other emotional states anyone else can."

Being Spontaneous – By communicating the interventionist thoughts and feelings in an open and honest manner, the officer is able to adapt to changing conditions without operating out of a "rule book' that may exacerbate the crisis.

Being Consistent – Saying one thing and doing another is not helpful in gaining confidence and credibility. "When I am consistent, my mouth is not saying one thing "I want to be helpful" and my body language is saying another, such as vigorously tapping my flashlight in my hand."

Self Disclosure – This does not mean sharing my innermost secrets or telling my war stories." It means owning my own feelings about what is going on at the present time.

Using "I" Statements – This means taking responsibility for what is happening. "We," "They," "The Captain," "God," are all ways of distancing oneself from the person and not taking responsibility for one's own feelings, thinking, and acting.

Staying in the "Here and Now" – This means just that. We sometimes call it "immediacy". It is extremely easy and of little help to talk about other people, places and past or future time. Staying in the present is critical in keeping persons in touch with reality and moving toward problem resolution.

3. ACCEPTANCE

Acceptance means recognizing that the other person has a right to his or her own thoughts, feelings, or behaviors and deserves to be respected as a human being of intrinsic worth, regardless of that person's station in life, race, religion, ethnic origin, sex, sexual orientation, economic condition, or personal looks. The officer who shows acceptance or unconditional positive regard toward the person in crisis will have an immediate advantage in gaining trust and beginning to stabilize or calm the crisis situation.

At times, acceptance may be extremely difficult when persons act in bizarre, angry, or hostile ways. Most people's actions are motivated by fear, anxiety, and insecurity. No person that we know of decided as a child to use schizophrenia, drug addiction, acute depression, or any other mental illness or affliction as an emotional or vocational choice when they grew up. If we are able to accept a heart patient and take this disability into consideration, then surely we can do the same for a mental patient.

The officer who can truly accept all persons encountered in crisis as people of intrinsic worth, without judging, blaming, or other negative responses will be immediately modeling this quality to the person in distress. The person may then begin to sense and take on the quality of acceptance also. That is of enormous value in the crisis intervention process.

4. "I" OWNING STATEMENTS

The officer may use "I" owning statements to indicate to the other person, "These are my wants, thoughts, and/or feelings, and I take responsibility for them".

The purpose of "I" owning statements is NOT to resolve the problem of crisis, but rather to communicate to the person that the officer is aware of his/her wants, thoughts, desires, and/or feelings. The person is also aware that the officer is being honest about his/her own motivations at the present moment. Appropriate use of "I" owning statements does not put the person on the defensive and should not embarrass, diminish, or discount the other person.

Objectives of Assertion - The purpose is to simply and concretely communicate what the officer wants, needs, desires. A clue – K.I.S.S. (Keep it short and simple).

Example of Assertion – "What I'm trying to do is to make sure that nobody gets hurt and that you are safe. What I want you to do right now is to sit down here so we can talk calmly about what is going on with you today, and how I can help." Or, "What I want you to do now is to come with me so we can get you safe and back on your medication."

For many people in crisis, because of their agitated state, they will not hear an initial request. Thus, the officer will need to use the "broken record" technique. In a calm, clear voice, the request for compliance needs to be repeated without the officer showing the least bit of disturbance over the person's not hearing the first time.

5. FACILITATING LISTENING

Focusing Total Mental Power into the Other Person's World: The officer must focus to the exclusion of background noise or any other distractions. Much like the excellent athlete, the interventionist excludes all other distractions and concentrates on the goal of stabilizing the crisis situation.

Fully Attending to all the Verbal and Nonverbal Messages: Attending to what the person is doing is as important as what the person is saying. When the two are put together, they tell us a great deal about how congruent the person is. Congruency means that what the person is doing, saying, and feeling fits together and makes sense in the given moment in the given situation.

Sensing the Other's Readiness to Enter into Emotional and Positive Physical Contact with Others, Especially the Officer: By asking open-ended questions such as "How?" and "What?" we allow the person to tell his or her tale which gives us information, allows us to make an assessment as to the person's lethality (danger to self, the police officers, and to others), makes the person contact with reality, and facilitates communications.

You will be better off if you stay away from "Why" questions. "Why" questions are likely to put individuals on the defensive. Frankly, most of the time they won't know or have a legitimate reason for "Why" they did what they did.

Hold "Do," "Are," and "Have" questions to a minimum early on. You close the deal with these, i.e. "Do you want me to call your doctor so we can go there?" Early on you'll do better with "How" and "What" which allows the person to ventilate and elaborate.

Modeling Attending Behavior by Both Verbal and Non-Verbal Cues: Modeling this behavior strengthens the relationship bond and pre-disposes the person to begin to trust the officer. By restating and encapsulating the person's statements, we affirm what we have heard is correct. By reflecting emotional content, we affirm feelings as real and legitimate. By our own body language, we show our openness to communication and to helping the person to regain control and calmness and to begin to stabilize the crisis situation.

6. ASSUMPTIONS

Set Limits: Provide routine and negative sanctions against behavior that is pre-disposing toward violence or noncompliance.

Assume that the Person is Frustrated: In the person's mind's eye, he/she perceives there is a reason to be frustrated.

Assume Negative Emotions: Respond positively and confidently by reinforcing and modeling pro-social behavior.

Assume Tension and Arousal: Provide a calm, relaxed atmosphere – and, at the same time, be aware that people can be both powerful and explosive when arousal and adrenaline is high.

Assume a threat to the Person's Self-Esteem and Self-Control: Provide choices; provide a way for the person to save face.

Assume Confusion: Provide a careful explanation of all procedures; be prepared to repeat explanations using the "broken record" technique.

Assume Responsibility by One Person and Act as the Person's Advocate: Be perceived by the person as the one in charge at the moment.

Assume that the Person is Unique: Don't assume that the person or the story he or she is telling is like some other story you have heard. Deal with each new crisis person as a new, emergent situation and say to yourself, "Let me try to understand what this particular person is feeling, thinking,

and wanting." Thus, turning over a new leaf with each new crisis person, the officer will avoid the trap of stereotyping and assuming that he or she already knows what the person is feeling, thinking, and wanting even before the person's unique story unfolds. Take the time to let the story unfold or emerge without prejudging the situation.

7. COMMUNICATION PRECAUTIONS

Don't deny the possibility of violence when early signs of agitation are first noticed.

- Don't underestimate information given by others regarding behavioral clues.
- Don't engage in behaviors that can be interpreted as aggressive,
- Don't allow others to interact simultaneously while you are attempting to talk.
- Don't make promises you cannot keep.
- Don't allow feelings of fear, anger, or hostility to interfere with self-control and professional demeanor.
- Don't argue, give orders, or disagree unless absolutely necessary.
- Don't be placating by giving in and agreeing to all the real and imagined ills of the person,
- Don't become condescending by using cynical, sarcastic, or satirical remarks.
- Don't let your own importance be acted out in a know-it-all manner.
- Don't raise your voice, put a sharp edge, or use threats to gain compliance.
- Don't mumble, speak hesitantly, or use a tone so low that you can't be understood.
- Don't argue over small points.
- Don't attempt to reason with anyone under the influence of a mind altering substance.
- Don't attempt to gain compliance based on the assumption that the person is as reasonable about things as you are.
- Don't allow a crowd to congregate.
- Don't corner, or be cornered: (give the person expanded space).
- Don't ask "Why?"
- Don't deny the opportunity to save face.
- Don't rush, be rushed, or lose your own cool!

Here are some quick assessment techniques: Is the individual alone or operating with others? Is the individual pacing? Are they talking to themselves? Does this person back away and/or look around? Is the individual loud and/or animated?

When beginning initial verbal intervention with the mentally ill individual in crisis, continue your quick assessment techniques, and take the first few minutes to gather further assessment information.

Does the individual make eye contact? Are their emotions rapidly changing? Are they alert, confused, or lethargic (possible OD)? Is the individual in touch with reality? Assess their mood – are they angry, crying, overly quiet, or confrontational? Are they disheveled or inappropriately dressed? Does the individual exhibit rapid speech, slurred speech, or sexual preoccupation?

1. **Remain Calm**; Remember, the verbally escalating person is beginning to lose control. If the person you are intervening with senses you are losing control, the situation will escalate. Try to keep your cool, even when challenged, insulted or threatened.
2. **Isolate the Individual**: Onlookers, especially those who are the peers of the verbally escalating person, tend to fuel the fire. They often become cheerleaders, encouraging the individual. Isolate the person you are verbally intervening with. You will be more effective one-on-one.
3. **Keep it Simple**: Be clear and direct in your message. Avoid jargon and complex options.
4. **Watch Your Body Language**: Be aware of your space, posture and gestures. Make sure your nonverbal behavior is consistent with your verbal message.
5. **Use Silence**: Ironically, silence is one of the most effective verbal intervention techniques. Silence on your part allows the individual to clarify and restate. This often leads to a clearer understanding of the true source of the individual's conflict.
6. **Use Reflective Questioning**: Paraphrase and restate comments. By repeating or reflecting the person's statement in the form of a question, you'll help the individual gain valuable insight.
7. **Watch Your Paraverbals**: Any two identical statements can have completely opposite meanings, depending on how the tone, volume and cadence of your voice are altered. Make sure the words you use are consistent with voice inflection to avoid a double message.

We then break these and other techniques down into smaller steps such as:

Approaching and Agitated Person: Maintain your poise and self control; maintain personal space; keep your voice low and calm; keep your hands out in view; be matter-of-fact; avoid giving "sharp" commands; use simple statements when giving commands; do not challenge-verbally or physically; avoid arguing; and do not be critical.

Setting Limits: Explain to the individual exactly which behavior is inappropriate; explain why the behavior is inappropriate; give reasonable choices or consequences; allow time; enforce consequences.

We then break the interaction down into phases:

Principles of Crisis Interaction

1. Approach the individual in a non-threatening manner
2. Give the individual time to vent, explain, or complain, and you time to assess
3. Using calm tones, give supportive, confident, and empathic statements
4. Establish trust and rapport, don't push initial interaction

5. Be aware of the individuals and your posture (non-verbal) at all times
6. Refocus person to the problem at hand
7. Ask about medications and Doctor's name
8. Take a few minutes to reestablish rapport
9. Ask about last appointment and med compliance
10. Begin to give options and bring interaction to a conclusion

If phase10 is unsuccessful the first time, realize that is OK. This is a process. Move back to phase 8 and then begin amore assertive phase 9 and 10.

Here are some guidelines for dealing with a person with a mental illness:

- Be respectful – talk to adults as adults
- Be calm, clear, and direct in communication
- Be as consistent and predictable as you can
- Set clear limits, rules and expectations
- Keep a professional distance
- Accept the person as ill
- Attribute the symptoms to the illness
- Don't take symptoms of the illness personally
- Maintain a positive attitude, even during failures
- Allow the person to be unable to do things yet retain dignity
- Notice and praise any positive steps or behavior
- Offer frequent praise, and separately specific criticism
- Translate long-term goals into a series of short-term goals
- Help the person attain realistic short-term goals
- Take an "I don't know" attitude in response to long-term questions

Helpful hints:

Carry a notebook with important contact numbers: such as psychiatrists, psychologists, area mental health agencies, case managers, mental health housing apartments, etc.

Keep a running list of person's names, dates of each intervention, reason for intervention, and result of intervention. This will help you build rapport with people as you remind them of past helpful interventions.

Always remember: You are called or have contact when the person is at their worst and usually off their meds. When they are med compliant, they will be more lucid (clear thinking) and will remember what you said, and how you treated them. This will impact greatly on future interventions.

My Ten Commandments' of De-Escalation:

1) Your safety comes first
2) Keep therapeutic spacing
3) Speak in tones that fit the situation
4) When appropriate use non-threatening posture
5) Personalize the conversation (i.e. use first names)
6) Ask how you can help
7) Don't be afraid to set firm yet calm limits
8) Never validate hallucinations
9) Don't internalize people's negative comments
10) Never forget schizophrenia, bipolar disorder, and major depression are organic and genetic disorders. The person did nothing to inherit them. *So, there by the grace of God, go I.*

The very best way to hone these skills is through role-plays. Using well-trained actors officers should demonstrate what they have learned in the classroom in nearly, real-to-life scenarios. Better to make mistakes in a controlled setting than out there on the streets. Officers usually are very apprehensive about this since their peers are watching, but when it is over it is always given high ratings on evaluation forms. It truly gives the officer the confidence he/she needs to use these techniques out in the field.

To Jail or Not to Jail

Taking individuals with a mental illness to jail is not the best answer to the problem oftentimes. Getting them the medical help they need is a much better idea. Elliot Spector, president of the Connecticut Criminal Law Foundation and a specialist in liability law cites the recent rash of lawsuits in his state as examples of this. Person's who are severely depressed and wind up in jail sometimes find ways of committing suicide. Those incidents often result in costly lawsuits against police departments. "Sometimes it's better not to arrest someone," Spector said, "even if you have probable cause." (Grant to Help Train Police to Deal with Mentally Ill Suspects; by Zach Lowe, Staff Writer, June 10, 2005; Southern Connecticut Newspapers Inc.)

In conclusion, I believe that teaching officers to de-escalate those persons in mental or emotional crisis just makes common sense. It makes the officer wiser, more knowledgeable and more confident. It eases the fear of the unknown and destroys the stereotyping of the mentally ill. It keeps officers and the community safer. Safer from injuries and safer from litigation.

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