V-VICTA®

VirTra - Virtual Interactive Coursework Training Academy®

CRISIS DE-ESCALATION

Training Manual

VirTra

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TRAINING COURSE CERTIFICATION

This "Crisis De-Escalation" training course has been certified by the IADLEST™ National Certification Program on 3/25/2023.
Certification Number: 23592-2303

TOPIC

Crisis De-Escalation

ESTIMATED TIME

2 hours

PERFORMANCE OBJECTIVE

(Slide 3) At the end of 2 hours of instruction in a video simulation, the student will successfully be able to:

A. Understand the role of contact professionals
B. Identify and explain crisis behaviors
C. Demonstrate skills for dealing with individuals who are in crisis or exhibit crisis-like behaviors

CLASS SIZE

Designed for pairs of officers with maximum class size of 8 (4 pairs). If class size is smaller than 8 (4 pairs) scenarios can be cycled through.

The following training plan and lesson plan is designed to be used with the VirTra simulator. Where as many of the techniques have been used over many years in LE, this training plan maximizes training time and leverages the strengths of the VirTra Training System.

The instructor shall first ensure that students are familiar with the presented material. The outline provides the overview of basic Contact and Cover Concepts and is provided to supplement and provide context to the use of the simulation scenarios.

The simulation scenarios are used as a tool to facilitate the understanding of the concepts. The first scenarios will be provided in a slower tempo with the use of the PLAY/PAUSE feature to elaborate on the training points. Once the first simulation is provided in this format the remaining scenarios will be provided to each pair of officers. The Socratic methodology should be used for event debriefing.

"What did you know?"
"What did you see or hear?"
"What did you do and the reason behind it?"
"What would you do differently in the future?"

All officers will be allowed to watch the other pairs participate in the exercise. This is done to maximize the benefit of modeling for adult learners.

SAMPLE STUDENT GROUP SET UP

Non-test scenarios should be used with the concept of social learning theory and observation. The non-participating students should be watching their peers and be ready to answer what other options may have been available after the initial Socratic debrief.

A. Officer Yackley and Officer Emerson
B. Officer Danninger and Officer Ashley
C. Officer Bacon and Officer Adams
D. Officer Stephens and Officer Marks

First Scenario - Executed in "PLAY/PAUSE" methodology for all students - key concepts are applied and discussed
Second Scenario - Group A participates while Groups B, C, and D watch
Third Scenario - Group B participates while Groups A, C, and D watch
Fourth Scenario - Group C participates while Groups A, B, and D watch
Fifth Scenario - Group D participates while Groups A, B, and C watch
Sixth Scenario - (Practical skills test) Class is sequestered with students brought one at a time (not pairs) to evaluate performance.

SCENARIO BANK TO BE USED

A. Capital Chaos
B. Self-Inflicted
C. Baby On Bridge

TACTICS, TRAINING & PROCEDURES (TTP)

CAPITAL CHAOS – Skip the first 4 segments, select comply with "guy with chain" after student provides commands.

You are responding to multiple disturbances at a municipal building. The focus of this section it to have student interact with subject threating to light themselves on fire. This event is used to provide very little stimulus from the scenario, it is done to have the student work on engaging verbally when little is offered.

- "Now you care?"
- "Why should I listen to you?"
- "You don't understand..."
- "Go ahead, shoot me..."
- Comply

SELF-INFLICTED – You are dropping off a prisoner/you are working the jail - *suggest skip intro*

- Escalating Dialogue
  - » “I got AIDS”
  - » “I aint going”
  - » “I’m count Dracula”
  - » “Those animals in there will eat me”
  - » Officers elect to back out
  - » Return to Menu
- De-escalating Dialogue
  - » “I’m scared”
  - » “I’d rather kill myself”
  - » “I don’t deserve any of this”
  - » “Can’t we work something out?”
  - » “You don’t know what they did”
  - » Officers elect to back out
  - » Return to Menu
- Officers elect to back out

BABY ON BRIDGE – You are responding to what may be a kidnapping, all parties are highly emotional.

- Escalate options
  - » “It’s my baby”
  - » “It too late”
  - » “She’s my girl”
  - » “You don’t care about me”
  - » “I gave my life for that whore”
  - » Return to menu
  - » Skip
- De-escalate options
  - » “You think you can help me”
  - » “Has this gone too far?”
  - » “I don’t want her to hate me”
  - » “You seem like you care”
  - » Return to menu
  - » Skip Segment
- Back up
  - » Cop Backs off
  - » Suicide w/Cop
  - » Skip Segment

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I. INSTRUCTOR INTRODUCTION

Instructor will introduce themselves to the class. This introduction should be no more than 2-3 minutes long and establish why they are qualified to teach the course and how long they have been with the organization. This not a moment to brag, but to build confidence and trust from the attending students. Pause for questions between each section.

II. INTRODUCTION TO CRISIS AND CRISIS INTERVENTION

A. WHAT IS A CRISIS? [1]

(Slide 6-7) A crisis is defined as any situation in which a person's perceived ability to cope is exceeded. It is a state where an individual's typical or normal level of functioning is disrupted by an event or series of events and previously used coping mechanisms do not resolve the event.

Mental illness is not synonymous with experiencing a crisis. Anyone can experience a loss of coping skills and emotional regulation during challenging times.

A precipitating event has usually occurred within the last 24-48 hours and normal coping mechanisms have failed to resolve the situation. Stressors can be social, physical, psychological or environmental in nature.

1. Death of a family member or pet
2. Divorce/break-up
3. Loss of employment or housing
4. Crisis of faith
5. Recent arrest
6. Onset of mental illness
7. Family conflict
8. Lack of sleep
9. Abuse/neglect

The seriousness of a crisis is related to two specific things: risk and degree of decline in daily functioning.

1. Risk issues: Is the person in crisis a risk to themselves or others?
2. Level of functioning: May decline slowly or rapidly plummet. Is the person using maladaptive coping skills (substance abuse, self-injurious behavior, etc.)?

B. THE CRISIS STATE

(Slide 8) The crisis state occurs when:

1. A person is in crisis or exhibits behaviors consistent with a crisis that warrant a response or intervention. Individuals behave on an intense emotional level rather than a rational/thinking level. Emotions, not reason, are controlling the individual's actions.
2. The situation is perceived to be a threat to the emotional, psychological and physical needs of the individual.
3. A crisis can lead to a severe decline in coping skills which can cause severe "affective, behavioral and cognitive malfunctioning" as well as infurious or lethal behavior to oneself or others.[2]

C. TYPES OF CRISIS

(Slide 9)

1. Behavioral/psychiatric: Extremes in behaviors due to mental illness or substance abuse
2. Medical: Extremes in behaviors due to an underlying medical condition: low blood sugar related to diabetes, hypoxia, TBI, reduced blood flow to the brain, respiratory acidosis or central nervous system infections such as meningitis. Severe pain can also cause a person to escalate into a crisis state.

III. CRISIS BEHAVIORS

(Slide 11-15)

A. Suicidal thoughts and behaviors
B. Homicidal thoughts and behaviors
C. Anxiety
D. Yelling
E. Lashing out
F. Irrational thoughts
G. Hostile/angry
H. Aggressive
I. Frustrated
J. Emotionally distraught
K. Despondent
L. Listless
M. Violence

Risk factors for violence[3] - Many things can contribute to a person's risk factors for violence. There are both static and dynamic factors involved. Risk factors represent associations, but they do not imply causation.

1. Static factors - Cannot be changed with (clinical) intervention
    - i. Prior history of violence
    - ii. Male
    - iii. Younger age adult
    - iv. Lower intelligence
    - v. History of head trauma or neurological impact
    - vi. Dissociative states
    - vii. History of military service
    - viii. Weapons training
    - ix. Diagnoses of mental illnesses
        - a. Although the majority of people who have a mental illness are not violent, there is a very real possibility for violent behavior
        - b. A small sub-group of individuals with schizophrenia have an increase with violent behavior.[4]
        - c. Substance use, command hallucinations, persecutory delusions and mania increase the possibility for violence.
2. Dynamic factors - Can potentially be improved with (clinical) intervention
    - i. Substance abuse or dependence
    - ii. Persecutory delusions
    - iii. Command hallucinations
    - iv. Non-adherence to treatment
    - v. Impulsivity
    - vi. Homicidal thoughts and behaviors
    - vii. Depression
    - viii. Hopelessness

ix. Suicidality
x. Access to weapons
xi. Untreated psychosis

Violence reduction strategies

1. Limit stimulation, people, traffic and access to the area.
2. Involve other team members with whom the person has a positive relationship.
3. Be mindful of personal space.
4. Allow the person to vent.
5. Energy needs to go somewhere.
6. Ignore personal attacks.

N. Signs of Distress

A person in crisis may exhibit many signs of distress and may require medical attention at some point during contact. Staging medical during a crisis situation is appropriate so there is not a delay in treatment for the person in crisis.

1. Shallow, rapid breathing
2. Grunting
3. Bluish tinge from a lack of oxygen
4. Nasal flaring
5. Confusion/disorientation
6 Seizures
7. Vomiting
8. Hyperventilating
9. Unconscious
10. Headache

IV. CRISIS INTERVENTION[1, 5]

(Slide 17) Crisis intervention is a short-term, time-limited intervention designed to re-establish a person's equilibrium and to solve an immediate problem by helping them regain control over emotional responses.

A. THE GOAL OF CRISIS INTERVENTION [1, 5]

(Slide 18)

1. To protect yourself, the person in crisis, and others in as safe a manner as possible for everyone involved.
2. Stabilize the person to prevent the crisis from escalating to an emergency.
3. Engage the person with services designed to address the issues that precipitated the crisis.

B. THE ROLE OF LAW ENFORCEMENT

(Slide 19) De-escalation tactics and effective communication techniques have been used in successfully in law enforcement for many years. Officers are great at talking to people. Over time, crisis negotiation and crisis intervention teams developed.

The Memphis Model of Crisis Intervention developed in conjunction with the National Alliance on Mental Illness (NAMI), provided training to police officers who could respond to the needs of a person in crisis or other behavioral health challenge, with the goal of diffusing incidents while ensuring the safety of everyone involved.[7]

One important consideration for crisis intervention is to put aside the "normal" law enforcement response to rush in and fix the problem as quickly as possible. This can unintentionally escalate the situation.

For law enforcement, use of force, crisis/behavioral intervention, and de-escalation are branches from the same tree. Tactical considerations are part of the de-escalation and intervention process.

The goal of crisis intervention is safety for everyone involved: contact personnel, individuals in crisis, the public, etc. One of the greatest challenges in crisis intervention and de-escalation is knowing your own triggers as well as what makes you afraid and drives your own decision-making process. Fear, ego, and taking things personally can unintentionally escalate the situation and make it unsafe.

C. SUICIDE BY COP [8, 9, 10]

(Slide 19-21) Suicide by cop (SBC) is when an individual is actively suicidal and engages in life threatening or criminal behavior directed at police to elicit use of lethal force. Response to SBC calls can be harrowing and difficult. There are two victims of a SBC incident: the suicidal subject and the officer.

Factors that influence SBC

1. Critical family issues
2. Suicidal ideation
3. Past suicide attempts
4. Acute crisis
5. History of mental illness
6. Substance abuse
7. IPV/domestic violence incident

Statistics about SBC

1. 95% were male
2. Mean age of 35 years
3. 41% were Caucasian, 26% Hispanic and 16% African American
4. 37% were single
5. 29% had children; 18% of these were experiencing issues related to the child(ren)
6. 54% were unemployed
7. 29% did not have housing
8. 62% had confirmed or probable mental health history
9. 80% were armed; 60% of these possessed a firearm (86% loaded, 7% unloaded, 4% inoperable). 48% of those with a loaded firearm fired the weapon. 26% possessed knives
10. 19% feigned or simulated weapon possession; 46% did so by reaching or placing their hand in their waistband
11. 87% of individuals made suicidal communications prior and/or during the incident
12. 36% were under the influence of alcohol
13. Of the 5% of SBC incidents involving females:
    i. Mean age of 40 years
    ii. 50% Caucasian, 25% Hispanic
    iii. 42% single
    iv. 50% had children
    v. 100% armed with dangerous weapons
    vi. 50% had a firearm (33% loaded) and 50% had a knife
    vii. 100% had confirmed or probable mental health history; 67% suffered from depression or other mood disorders

Typology of SBC

1. Direct confrontation: Individual plans attacks ahead of time
    i. Kamikaze attack: Use of deadly force on police with no immediate provocation.
    ii. Controlled attack: Confrontation where individual escalates situation to use of lethal force.
    iii. Manipulated confrontation: Orchestrated situation for police investigatory response.
    iv. Dangerous confrontation: Deliberately orchestrates a serious crime with a higher level of danger.
2. Disturbed intervention
    i. Suicide intervention: Suicide attempt that appears ambivalent but was not a tactic to elicit police response. However, attempts at prevention are rejected or the police provide an alternative route.
    ii. Disturbed domestic: Domestic incident where an individual chooses death over arrest.
    iii. Disturbed person: A person under the influence of alcohol or drugs or mentally ill is acting in a dangerous manner.
3. Criminal intervention
    i. Major crime: Unwillingness to go to jail, person may be on parole or probation.
    ii. Minor crime: Individual resists police intervention in a minor crime or incident and the situation escalates.

Integrated response to SBC

1. Assess the situation and take the call seriously
2. Secure the scene and assess safety threats for everyone involved
3. Obtain background information on the individual if possible
4. Evaluate suicide risk
    i. Suicide intent
    ii. Suicidal plan
    iii. Suicidal means in terms of availability and lethality
5. Establish contact
    i. Establish rapport
    ii. Use crisis intervention and active listening skills
6. Determine the main problem
7. Talk the subject down
    i. Provide reassurance
    ii. Comply with reasonable requests
    iii. Offer alternative, realistic optimism
    iv. Avoid being baited and dropping your guard
    v. Consider non-lethal containment
    vi. Consider limited walk away containment
    vii. Employ appropriate follow-up after situation has been resolved

V. DE-ESCALATION

A. WHAT IS DE-ESCALATION?

(Slide 23) De-escalation is a set of techniques and interventions that can help a person in crisis regain control over emotional reactions as well as reduce violent or disruptive behavior. De-escalation can reduce the emotional intensity of a situation.

B. WHY DE-ESCALATION?

(Slide 24)

1. De-escalation can potentially decrease the intensity, scope and magnitude of a conflict or violent situation.
2. De-escalation can potentially reduce violent behavior. Training in de-escalation gives you effective skills that can help manage crisis behaviors safely and reduce liability, if the person can be de-escalated.
3. De-escalation relies on specific communication skills and the ability to assess the potential impact of a situation.[11]

C. SEVEN STAGES OF BEHAVIORAL ESCALATION [12]

(Slide 25)

1. Calm -- person is calm and cooperative
2. Trigger -- person experiences a conflict event and starts to escalate
3. Agitation -- person is unfocused and upset
4. Acceleration -- person focuses on the conflict
5. Peak -- person is out of control and exhibits severe behaviors
6. De-escalation -- severity of peak behaviors subside
7. Recovery-- Willingness to engage and participate in activities

D. SIGNS OF AN ESCALATING CONFLICT AND THREAT CUES

(Slide 26)

1. Clenching fist, tightening of jaw
2. Sudden change in body language or tone
3. Person starts pacing or fidgeting
4. Posturing-- chest protruding out more and arms away from body
5. Rapid breathing
6. Visible pulse in carotid artery

Be mindful that these signs may also indicate an adrenaline spike and a severe increase in energy without the conflict behavior that follows. After all, energy has to go somewhere. However, non-verbal communication makes up for 55% (as high as 93% in some studies) or greater of all communication, so be attentive.[13]

D. BEHAVIORAL CHANGE [14]

Interventions must be implemented to affect behavioral change when engaging with a person to de-escalate them. Building rapport with a person is critical to de-escalation. The Behavioral Change Stairway encompasses the following: Empathy, Rapport, and Influence to develop a relationship to affect behavioral change. The model is underpinned by the critical communication skill of active listening. You can't have one without the other. The model works together to elicit and influence behavioral change.

E. CRISIS COMMUNICATION AND DE-ESCALATION TECHNIQUES

(Slide 27-28) Communication is more than just words. Communication is a blend of what we say, how we say it and the accompanying body language with what we say.[15]

1. Kinesics: Body movements (non-verbal communication)
    i. Facial expression
    ii. Head movement
    iii. Eye contact
    iv. Posture
2. Proxemics: Personal space
3. Haptics: Communication through touch
4. Paraverbal communication
    i. Tone
    ii. Volume
    iii. Cadence
5. Active listening
    i. A way of listening and responding to another person that improves mutual understanding.
    ii. A way of paying attention to other people that can make them feel like you are hearing them.
        a. We listen at 125-250 WPM and think at 1000-3000 WPM
        b. 75% of the time we are distracted, preoccupied or forgetful
        c. 20% of the time, we remember what we hear
    iii. Active listening skills
        a. Emotional labeling: Labeling the emotion or identifying the feeling.
            - "You sound..."
            - "You seem..."
            - "I hear..."
        b. Mirroring: Repeating the last few of the person's words to capture the gist of his or her feelings.
        c. Paraphrasing: Putting the meaning of others' statements into your own words.
        d. Effective pauses: Silence
            - Immediately before or after saying something meaningful.
            - Helps focus thought and interaction.
            - Helps show the subject that conversation is a turn-taking process.
            - Can be an appropriate response to anger.
6. Minimal encouragers
    i. "Uh-huh," "yes," "no," "hmmm"
    ii. Best used when the person is talking through an extended thought or for extended period of time.
7. Verbal de-escalation loop interventions
    i. Speak in a low, calm voice
    ii. Listen with empathy
    iii. Respond to some aspect of communication with understanding.
    iv. Be clear, but non-confrontational
    v. Use active listening skills
8. "I" messages
    i. Used to confront the subject about a behavior that is counterproductive, without being accusatory.
    ii. "When you....I feel....because...."
    iii. "When you yell at me, I feel frustrated because it stops me from listening to you."
9. Open-ended questions and statements
    i. Questions/statements that require more than a "yes" or "no" answer
    ii. How, what, when
    a. "What happened today?"
        b. "How would you like this to work out?"
        c. "Tell me more about....."
        d. "Give me an example of...."
    iii. Conveys a sincere interest in gaining understanding
    iv. Gives freedom of response while framing the scope

v. Be careful with “why” as it can sound accusing
    a. Instead of “why did you,” ask “what was your reason for.....?”
    b. Instead of “why did you do that?” ask “what could have been done differently to avoid.....?”

10. Express empathy vs. sympathy
    i. Empathy is, at its simplest, awareness of the feelings and emotions of other people. It is a key element of emotional intelligence, the link between self and others, because it is how we as individuals understand what others are experiencing as if we are feeling it ourselves.
    ii. Empathy does not mean you need to agree.
    iii. Empathizing means you do not dismiss what the person says as ridiculous or silly.
11. Reinforce coping skills that have worked in the past.

VI. BARRIERS

(Slide 30-31)

A. BARRIERS TO ACTIVE LISTENING

1. Environmental
2. Hearing impairments
3. Language barriers
4. Cultural differences
5. Personal biases
6. Interruptions from others
7. Multi-tasking
8. Ego
9. Judgment
10. Automatic talking
11. Thinking about what you are going to say before the other person finishes speaking
12. Lack of interest

B. BARRIERS TO DE-ESCALATION

1. You cannot de-escalate anyone or diffuse every situation with de-escalation interventions.
2. If a person cannot hear you or chooses not to listen, you cannot de-escalate them.
3. De-escalation barriers:
    i. Psychosis
    ii. Delirium
    iii. Substance use
    iv. Hearing impairment
    v. Environmental
    vi. Unwilling to listen or engage
4. Remember that not every person or situation can be handled from the standpoint of de-escalation or crisis intervention. Some individuals have underlying motivation for their behavior and sometimes that motivation is violence towards law enforcement or other contact professionals.

VII. OTHER USEFUL TOOLS AND INFORMATION

(Slide 33)

A. Be empathetic
B. Be non-judgmental
C. Be mindful of personal space. This can be challenging in law enforcement as we have to balance it with officer safety
D. Be non-threatening
E. Do not overreact. In fact, don't react, respond appropriately.
F. Allow the person to express their feelings (if safe to do so). Feelings and emotions are energy. If the person is screaming, yelling, pacing, etc., energy is being expended. If no one is in danger, let them express that energy.
G. Do not engage in a power struggle
H. Allow silence for reflection
I. Allow the person time to process information and make decisions. Reacting from an emotional standpoint can impair the decision-making process. Give the person time if safe to do so.

VIII. CONCLUSION

This curriculum is aimed at preparing officers for situations that may arise in the field requiring crisis intervention and/or de-escalation, and by training your officers to the highest degree, you are protecting both them and the communities they serve. Whether you used a piece, pieces, the entirety or rationed it out through interleaved training, we hope it created permanent files in your brain that allow easy recall when you need it.

Per IADLEST recommendations, testing and scoring materials should be retained within the department for 30 years.

IX. QUESTIONS?

X. REFERENCES

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XI. PRE-TEST

TOPIC: CRISIS DE-ESCALATION

STUDENT NAME: _____ **DATE:** _____

1. Tactical considerations are not part of the de-escalation and intervention process.

   A. True
   B. False

2. De-escalation tactics and effective communication techniques have been used in successfully in law enforcement for many years.

   A. True
   B. False

3. A crisis is defined as any situation in which a person's perceived ability to cope is exceeded.

   A. True
   B. False

4. Anyone can experience a loss of coping skills and emotional regulation during challenging times.

   A. True
   B. False

5. The seriousness of a crisis is related to two specific things: risk and degree of decline in daily functioning

   A. True
   B. False

6. Extremes in behaviors due to an underlying medical condition: low blood sugar related to diabetes, hypoxia, TBI, reduced blood flow to the brain, respiratory acidosis or central nervous system infections such as meningitis are not contributors to crisis.

   A. True
   B. False

7. A person in crisis may exhibit many signs of distress and may require medical attention at some point during contact.

   A. True
   B. False

8. Staging medical during a crisis situation is appropriate so there is not a delay in treatment for the person in crisis.

   A. True
   B. False

9. Crisis intervention is a short-term, time-limited intervention designed to re-establish a person's equilibrium and to solve an immediate problem by helping them regain control over emotional responses.

   A. True
   B. False

10. One important consideration for crisis intervention is to put aside the "normal" law enforcement response to rush in and fix the problem as quickly as possible.

    A. True
    B. False

PRE-TEST KEY

1. False 2. True 3. True 4. True 5. True
6. False 7. True 8. True 9. True 10. True

Passing Score: 70%

All testing materials must be retained in department records for at least 30 years.

STUDENT NAME: _____ DATE:

1. Which of the following is not a threat cue / sign of an escalating conflict?

   A. Pacing or fidgeting
   B. Clenching fist or tightening jaw
   C. Change in body language or tone
   D. Change in short-term memory or ability to focus

2. Tactical considerations are part of the de-escalation and intervention process.

   A. True
   B. False

3. A crisis is defined as any situation where a person's perceived ability to ___ is exceeded.

   A. Think
   B. Cope
   C. Communicate effectively
   D. Stay Calm

4. Thinking about what you are going to say before the other person finishes speaking is an example of ___.

   A. Snap decision-making
   B. Overthinking
   C. Barriers to active listening
   D. Ego

5. "Uh-huh," "mhm," "hmm" are examples of ___.

   A. Minimal encouragers
   B. Verbal de-escalation loop interventions
   C. Active listening
   D. Kinesics

6. De-escalation tactics and effective communication techniques are fairly new in law enforcement.

   A. True
   B. False

7. What form of non-verbal communication or "body language" has to do with personal space?

   A. Kinesics
   B. Haptics
   C. Proxemics
   D. Paraverbal

8. Anyone can experience a loss of coping skills and emotional regulation during challenging times.

   A. True
   B. False

9. The seriousness is a crisis is related to two specific things: risk and ___.

   A. Signs of a medical emergency
   B. Signs of distress
   C. Degree of cognitive ability
   D. Degree of decline in daily function

10. What are the two categories of risk factors for violence?

    A. Situational and reoccurring
    B. Static and dynamic
    C. Behavioral and psychiatric
    D. Suspicion and threat

11. Underlying medical conditions can contribute to a crisis.

    A. True
    B. False

12. Staging medical is not necessary, as a person in crisis probably won't need medical attention.

    A. True
    B. False

13. Which fact/statistic is true about Suicide by Cop (SBC)?

    A. 80% were under the influence of alcohol
    B. Many did not have a known history of mental illness
    C. 95% of offenders were male
    D. It usually is a person's first suicide attempt

14. Which of the following is not one of the 3 goals of crisis intervention?

    A. Allow the person time to process information and make decisions
    B. To protect yourself, the person in crisis, and others in as safe a manner as possible for everyone involved
    C. Stabilize the person to prevent the crisis from escalating to an emergency
    D. Engage the person with services designed to address the issues that precipitated the crisis

15. When responding to a call for crisis intervention, expect to rush in and fix the problem as quickly as possible.

A. True
B. False

16. Crisis intervention is a short-term, time-limited intervention designed to re-establish a person's equilibrium and to solve an immediate problem by helping them regain control over emotional responses.

A. True
B. False

17. Which of the following is not one of the recommended verbal de-escalation loop interventions?

A. Listen with empathy
B. Be clear, but non-confrontational
C. Speak in a low, calm voice
D. Ask questions that require a 'yes' or 'no' answer

18. To properly show empathy, you must agree with the other person.

A. True
B. False

19. Which of the following is a barrier to de-escalation?

A. Unwilling to listen or engage
B. Too sympathetic/empathetic
C. Clenched fists and tightening of the jaw
D. Risk factors for violence

20. A small sub-group of individuals with a diagnosis of ___ have an increase of violent behavior.

A. Bipolar disorder
B. Anxiety
C. Schizophrenia
D. Autism

TEST KEY

1. D 2. A 3. B 4. C 5. A
6. B 7. C 8. A 9. D 10. B
11. A 12. B 13. C 14. A 15. B
16. A 17. D 18. B 19. A 20. C

Passing Score: 70%

All testing materials must be retained in department records for at least 30 years.

XIII. SCORING RUBRIC

STUDENT NAME: _____ DATE: _____

SKILL	Exceptional (3 pts)	Average (2 pts)	Needs Improvement (1 pt)
Demonstrates Active Listening Skills (paraphrasing, emotional labeling, open ended questions, etc.)			
Expresses empathy when dealing with the subject			
Identifies subject behaviors without a focus on mental illness or diagnosis			
Does not reinforce hallucinations or delusions			
Speaks in a calm, clear voice			
Is clear, but non-confrontational			
Uses appropriate amount of force to control the situation			
14 pts needed to pass. If student fails, it will be run again to a successful resolution.			

All testing materials must be retained in department records for at least 30 years.

XIV. STUDENT ATTENDANCE ROSTER

TOPIC: CRISIS DE-ESCALATION **DATE:** _____

Last	First	Badge	Email	Officer's Initials

I certify that each person listed on this roster was present in class for the entire number of training hours reflected, and if not, their training hours have been adjusted and recorded accordingly.

PRINT NAME: _____ **SIGNATURE:** _____

XV. CLASS SURVEY

TOPIC: CRISIS DE-ESCALATION

INSTRUCTOR: _____ _____

COMMENTS

CLASS CONTENT	Excellent	Above Average	Good	Below Average	Poor
Class organization					
Class objectives were clearly stated					
Practical activities were relevant to objectives					
All materials/resources were provided					
Topic area was important to Law Enforcement					
CLASS INSTRUCTION					
Instructor was prepared					
Instructor was knowledgeable in the content area					
Manner of presentation of the material was clear					
Effective teaching strategies were used					
Instruction met class objectives					
STUDENT PARTICIPATION					
Level of effort you put into the course					
Your skill/knowledge of the topic at start of course					
Importance of the topic to your assignment					

XVI. CONTACT VIRTRA

If you have any questions/issues with any part of this manual, please see contact below:

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