



VirTra – Virtual Interactive Coursework Training Academy® (V-VICTA®)

CRISIS DE-ESCALATION

VirTra



CRISIS DE-ESCALATION

Course Goals



PERFORMANCE OBJECTIVES



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



CRISIS DE-ESCALATION

Introduction to Crisis & Crisis Intervention

WHAT IS A CRISIS?



- Any situation in which a person's perceived ability to cope is exceeded.
- A state where an individual's normal level of functioning is disrupted by an event(s) and previously used coping mechanisms do not resolve it.
- Mental illness is not synonymous with experiencing a crisis. Anyone can experience a loss of coping skills.
- A precipitating event has usually happened within the last 24-48 hours.

STRESSORS



Can be social, physical, psychological or environmental.
Examples include:

- Death of a family member or pet
- Divorce/break-up
- Loss of employment or housing
- Crisis of faith
- Recent arrest
- Onset of mental illness
- Family conflict
- Lack of sleep
- Abuse/neglect

THE CRISIS STATE



The crisis state occurs when:

- A person is in crisis or exhibits behaviors consistent with a crisis that warrant a response or intervention.
- The situation is perceived to be a threat to the emotional, psychological and physical needs of the individual.
- Can lead to a severe decline in coping skills which can cause behavioral and cognitive malfunctioning as well as lethal behavior to oneself or others.

TYPES OF CRISES



- **Behavioral/psychiatric** – Extremes in behaviors due to mental illness or substance abuse.
- **Medical** – Extremes in behaviors due to an underlying medical condition. Severe pain can also cause a person to escalate into a crisis state.



CRISIS DE-ESCALATION

Crisis Behaviors

CRISIS BEHAVIORS



- Suicidal thoughts & behaviors
- Homicidal thoughts & behaviors
- Anxiety
- Yelling or lashing out
- Irrational thoughts
- Hostile/angry
- Aggressive
- Frustrated
- Emotionally distraught
- Despondent
- Listless
- Violence

RISK FACTORS FOR VIOLENCE



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



RISK FACTORS FOR VIOLENCE



Static factors – cannot be changed with clinical intervention

- Prior history of violence
- Male, young adult
- Lower intelligence
- History of head trauma or neurological impact
- Dissociative states
- Weapons training
- Diagnoses of mental illness

Dynamic factors – can potentially be improved with clinical intervention

- Substance abuse or dependence
- Persecutory delusions
- Command hallucinations
- Non-adherence to treatment
- Impulsivity
- Homicidal thoughts & behaviors
- Depression
- Hopelessness
- Suicidality
- Access to weapons
- Untreated psychosis

VIOLENCE REDUCTION STRATEGIES



- Limit stimulation, people, traffic and access to the area.
- Involve other team members with whom the person has a positive relationship.
- Be mindful of personal space.
- Allow the person to vent (if safe to do so) – energy needs to go somewhere.
- Ignore personal attacks.

SIGNS OF DISTRESS



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

- Shallow, rapid breathing
- Grunting
- Bluish tinge from lack of oxygen
- Nasal flaring
- Confusion/disorientation
- Seizures
- Vomiting
- Hyperventilating
- Unconscious
- Headache





CRISIS DE-ESCALATION

Crisis Intervention



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

THE GOAL OF CRISIS INTERVENTION



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



THE ROLE OF LAW ENFORCEMENT



- De-escalation tactics and communication techniques have been used successfully in law enforcement for many years.
- Put aside the “normal” law enforcement response to rush in and fix the problem quickly. This can unintentionally escalate the situation.
- Tactical considerations are part of the de-escalation and intervention process.
- The goal of crisis intervention is safety for everyone involved.
- Fear, ego and taking things too personally can unintentionally escalate the situation, making it unsafe.

SUICIDE BY COP



- 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.
- Factors that influence SBC may include:
 - Critical family issues
 - Suicidal ideation
 - Past suicide attempts
 - Acute crisis
 - History of mental illness
 - Substance abuse
 - Domestic violence





- **Direct confrontation:** Individual plans attacks ahead of time
 - Use of deadly force on police with no provocation.
 - Individual escalates situation to use of lethal force.
 - Orchestrates a serious crime with a high level of danger.
- **Disturbed intervention**
 - Suicide attempt that appears ambivalent but was not a tactic to elicit police response.
 - Domestic incident where the person chooses death over arrest
 - A person under the influence of alcohol or drugs or is mentally ill and acting in a dangerous manner
- **Criminal intervention**
 - Unwillingness to go to jail, person may be on parole or probation.
 - Individual resists police intervention in a minor crime and the situation escalates.



INTEGRATED RESPONSE TO SBC

- Assess the situation and take the call seriously.
- Secure the scene and assess safety threats.
- Obtain background information on the individual.
- Evaluate suicide risk (intent, plan).
- Establish contact.
- Determine the main problem.
- Talk the subject down
 - Provide reassurance
 - Comply with reasonable requests
 - Offer realistic optimism
 - Avoid being baited and dropping your guard
 - Employ appropriate follow-up after resolution



CRISIS DE-ESCALATION

De-Escalation

WHAT IS DE-ESCALATION?



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.



WHY DE-ESCALATION?

- Can potentially decrease the intensity, scope and magnitude of a conflict.
- Can potentially reduce violent behavior.
- Relies on specific communication skills and the ability to assess the potential impact of a situation.



7 STAGES OF BEHAVIORAL DE-ESCALATION



- **Calm** – Person is cooperative
- **Trigger** – Person experiences a conflict and starts to escalate
- **Agitation** – Person is unfocused and upset
- **Acceleration** – Person focuses on the conflict
- **Peak** – Person is out of control and exhibits severe behaviors
- **De-escalation** – Severity of peak behaviors subside
- **Recovery** – Willingness to engage and participate in activities

SIGNS OF AN ESCALATING CONFLICT & THREAT CUES



- Clenching fists, tightening of jaw
- Sudden change in body language or tone
- Person starts pacing or fidgeting
- Posturing – chest protruding out more and arms are away from the body
- Rapid breathing
- Visible pulse in carotid artery



- **Kinesics:** Non-verbal communication
- **Proxemics:** Personal space
- **Haptics:** Touch
- **Paraverbal:** Tone, volume, cadence of speech
- **Active listening:**
 - **Emotional labeling:** *“If I understand you correctly, you appear (emotion).”* Helps identify the emotion whether you are right or wrong. This technique can reduce emotional reactivity.
 - **Paraphrasing:** Repeat the last few words of what the person said.

CRISIS COMMUNICATION AND DE-ESCALATION TECHNIQUES



- **Minimal encouragers:** “Yes,” “no,” “uh-huh”
- **“I” messages:** “*When you ____ I feel ____ because ____.*”
- **Open-ended questions & statements:** Require more than a yes or no answer.
- **Express empathy**
- **Reinforce coping skills that have worked in the past**



CRISIS DE-ESCALATION

Barriers

BARRIERS TO ACTIVE LISTENING



- Environmental
- Hearing impairments
- Language barriers
- Cultural differences
- Personal biases
- Interruptions from others
- Multi-tasking
- Ego
- Judgment
- Automatic talking
- Thinking about what you are going to say before the other person finishes speaking
- Lack of interest

BARRIERS TO DE-ESCALATION



- You cannot de-escalate everyone or every situation with de-escalation interventions.
- If a person cannot hear you or chooses not to listen, you cannot de-escalate.
- Barriers include:
 - Psychosis
 - Delirium
 - Substance use
 - Hearing impairment
 - Environmental
 - Unwilling to listen or engage





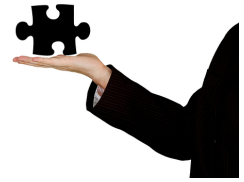
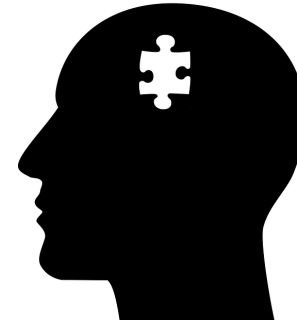
CRISIS DE-ESCALATION

Other Useful Tools

OTHER TOOLS & INFORMATION



- Be empathetic
- Be non-judgmental
- Be mindful of personal space
- Be non-threatening
- Do not overreact – respond appropriately
- Allow the person to express their feelings
- Do not engage in a power struggle
- Allow silence for reflecting
- Allow the person time to process information and make decisions





End

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Questions?