De-escalation Strategy - Recognizing Crisis
Terminal Performance Objective

Given a law enforcement scenario with behaviors presented by a subject, INSTRUCT students to demonstrate basic techniques to de-escalate critical incidents and recognize key behaviors or symptoms of a person in crisis, in accordance with CBP Use of Force Policy and the CBP Use of Force- Administrative Guidelines and Procedures Handbook.
Enabling Objectives

- DEMONSTRATE techniques
- OBSERVE techniques
- DIAGNOSE errors
- PROVIDE feedback and/or corrective action
- EVALUATE students
- REMEDIATE students as needed
- REEVALUATE students as needed
What is a “behavioral crisis”

An episode of mental and/or emotional distress that is creating instability or danger, and is considered disruptive by the community, friends, family, or the person him/herself.
Identifiable Symptoms

- Self-injurious attempts
- Intimidation of others or threatened violence
- Family, others express concern that person is at risk for self-injury
- Violent Ideation/Violence to others
- Abnormal thought process
- Delusions/Hallucinations
- Socially inappropriate or disruptive behavior
- Episodes of disorganized Speech
- Hygiene
- Easily distracted
Three key factors:

- Episodic
- Creates instability or danger
- Other people consider it disruptive and sometimes dangerous (the reason why people call police and not EMS)
How does a crisis occur?

• Precipitating event
• The person’s perceptions of the event
• Inability to cope
Situations can be difficult to determine

Mental health calls are sometimes disguised as

- Suspicious Person
- Disturbance or Domestic Disturbance
- Welfare Check
Airport Settings

According to the World Health Organization, mental illness is one in three main health crisis associated with air travel (the other two are physical injury and cardiac events).

Most Identified Mental Health Disorders

- Anxiety (includes phobias: fear of flying, enclosed spaces, crowds, strangers)
- Depression, Schizophrenia, Bipolar
- Airport Wandering – No connection to travel
Threat Assessment

Officer Safety is a consideration, things to look for to assess an individual’s mental state:

- Is communication possible
- Are they coherent
- Do they seem agitated
- Are they talking to themselves
- What does their hygiene say about them
- What does their clothing say about them
We are not expected to medically diagnose but we are expected to recognize

Social, medical, and legal expectations of these situations demand we recognize and reasonably modify our responses in these types of situations.
Emotionally Distressed Person- EDP

- Perception Disorder
- Thought Disorder (Schizophrenia)
- Mood Disorder (Bipolar)
- PTSD (Anxiety)
Emotionally Distressed Person (cont’d)

Perception Disorder (or hallucinations) – hearing, seeing, touching, smelling, or tasting things that are not real.

Thought Disorder (or delusions) - false beliefs that have little or no basis in reality

Mood Disorder – emotional extremes, violent swings, flatness

PTSD- flashbacks, frightening thoughts/dreams, hyper arousal, avoidance, disassociation
U.S. Military Veterans in Crisis

There are several sources of stress that can occur during and after deployment. Injuries, such as Traumatic Brain Injury, are especially difficult to cope with.

Veterans may encounter additional challenges in post-deployment adjustment:

• Substance use and alcoholism
• High-risk behaviors
• Homelessness
• Family and financial issues
• Suicide
General strategies for dealing with anxiety disorders

- Reduce Stimuli
- Extra Safety precautions (Veteran)
- Reduce surprises
- Watch your non-verbals
- Clear and Simple instructions
Recognizing Excited Delirium

• Agents and Officers are not expected to medically diagnose subjects encountered in the field. It is important to know many other conditions can mimic the same signs and symptoms of excited delirium (e.g. heatstroke, alcohol withdrawal, schizophrenia and other psychological disorders).

• Recognizing the need for medical intervention can minimize negative effects and increase chances for survival.
Excited Delirium Symptoms

**N**aked- sweating from hyperthermia
**O**bjects- violence against glass and mirrors
**T**ough-Superhuman, insensitivity to pain
**A**cute- subject “just snapped”
**C**onfused- place, time and perception
**R**esistant- will not follow commands
**I**ncoherent- speech is bizarre, loud shouting
**M**ental health - suspected mental issues
**E**MS- request EMS early
Excited Delirium Response

• Recognize the person is in crisis and request EMS and additional officers for assistance.

• Determine if there is an imminent risk of serious injury to themselves or others, respond appropriately

• Do protocols exist, CBP EMT protocol is location specific and dependent on the medical director.

• Remember, if you have the time, take the time

Additional resources: PALMS Detecting Excited Delirium Course
Respiratory Arrest vs. Respiratory Distress

“If you can talk, you can breathe”

“Medical Threat Cue”

Make sure they are sitting up or on their side not prone

Consider having the subject seen by an EMT
Early Recognition
Recognizing Intellectual, Physical and Developmental Disabilities

- Autism
- Cerebral palsy
- Epilepsy
- Alzheimer’s
- Deaf/hard of hearing
- Blind/low vision
Autism Spectrum Disorder (ASD)

ASD is a developmental disorder on a spectrum. The type and severity of symptoms can vary greatly.

- Communication
- Social Skills
- Repetitive Behavior
- Restricted Interests
- Difficulty focusing
- Difficulty with change outside routine
ASD Symptoms

- Avoids eye contact
- Difficulties with speech
- Resistance to being held or touched
- Difficulties understanding sarcasm facial expressions and body language
- Engages in repetitive behaviors
- Unaware/ Disinterested

ASD symptoms overlap and can be similar to other disabilities or conditions.
Attention and Awareness

• Bracelets
• Necklaces
• Pendants
• Dog Tags
• Cellphone cases
• Seat belts
Seemingly harmless situations that occur daily in our jobs, to an individual with ASD or other disabilities, may be frightening and create great anxiety or panic.

- Lights Sirens
- Alarm Terminals
- Pat Downs
- Pocket Checks
- Bag Search / Vehicle Search
- Detailed or personal questions
- Waiting/ No access to facilities
- Extended detention
Americans with Disabilities Act

There are two types of ADA violations that courts have identified in connection with law enforcement.

- Wrongful Arrest
- Failure to reasonably accommodate
Title II of the ADA

“no qualified individual with a disability shall, by reason of such disability, be excluded from participating in or be denied the benefits of the services, programs or activities of a public entity or be subjected to discrimination by any such entity.”

The law requires the public entity to make “reasonable modification in policies, practices, or procedures” if such is necessary to prevent a qualified individual with a disability from being “denied the benefits” of a public agency’s services, programs or activities.”
Relevant considerations to Objective Reasonableness

• Whether officers knew, or should have known, a person was emotionally disturbed
  *Deorle v. Rutherford (9th Circuit 2001)*

• Whether warnings were given, if feasible
  *Glen V. Washington (9th Circuit 2011)*

• Availability of less intrusive-methods.
  *Smith v. City of Hemet (9th Circuit 2005)*
Relevant considerations to Objective Reasonableness (cont.)

• Domestic Disturbance
  *George v. Morris (9th Circuit 2013)*

• Relative Culpability

• Seriousness of the situation giving rise to the community caretaking function
  *Ames v. King County 9th Circuit (2017)*
Resources available

Crisis Intervention Teams (CIT) – community policing that brings together officers, mental health providers, hospital emergency departments, and individuals with mental illness and their families to improve responses to people in crisis.

CIT programs are active in 2,700 communities. Reach out to mental health providers in your areas and find out what resources are available and who you can contact.
Resources available (cont.)

Officers/Agents should also be familiar with other types of resources that may be available in their area.

- Co-Responder Teams
- Mobile Crisis Teams
- Case Management Teams
Encounters with individuals with mental illness pose unique challenges for law enforcement

• Expect additional scrutiny

• Provide warnings when feasible

• Explain / Articulate what you did and why you did it
Summary

- Crisis may be a result of mental illness, substance abuse, personal crises, or a combination of factors.

- Officers/Agents can be more effective during critical incidents, and can achieve safer outcomes for all parties involved, when they can recognize and identify the common signs that a person may be in crisis and not criminally motivated.

- Not everyone behaving erratically is suffering from emotional distress. Disabilities and other medical conditions can affect the way a person behaves and their ability to communicate.