

INTEGRATING COMMUNICATIONS, ASSESSMENT AND TACTICS

Police Department

Commission on Disabilities
November 21, 2019

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Key points

- ☐ **What this training covers ...**
 - ☐ Skills officers already use on a daily basis
 - ☐ Pulls those skills together – applies them to non-firearm critical situations
 - ☐ Emphasis on teamwork to achieve the safest outcome
 - ☐ Focus on persons in crisis and mental health disabilities



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Introduction Module

☐ Distance + Cover = Time and Time = Options

- ☐ Dispel the culture of speed
- ☐ Discredit the 21-Foot Rule
- ☐ Introduce the Tactical Pause
- ☐ Avoid officer-created jeopardy
- ☐ Determine whether subject poses an immediate threat



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Module Two

☐ Tactical Communication – De-escalation

- ☐ Active Listening
- ☐ 80/20 Rule
- ☐ Ask open ended questions
- ☐ Listen to understand
- ☐ Reduce distractions
- ☐ Non-aggressive body language
- ☐ Conflict Resolutions
- ☐ Controlling own emotions



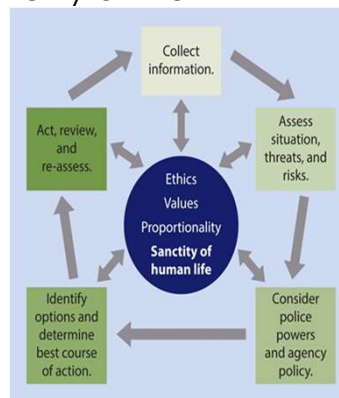
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Module Three

❑ Critical Decision Making Model

- ❑ Ethics, Values, Proportionality, Sanctity of Life
- ❑ Collect Information
- ❑ Assess situation, threat, risks
- ❑ Consider law and policy
- ❑ ID options & form capture plan
- ❑ Act, review and reassess



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Module Four

❑ Mental or Behavioral Crisis Recognition

- ❑ Recognizing people in crisis
- ❑ Softening approach
- ❑ Initiating communications
- ❑ Excited Delirium



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Recognizing People in Crisis

Common signs (ACTIVE)

- ☐ Agitated
- ☐ Screaming
- ☐ Crying
- ☐ Rapid speech
- ☐ Emotionally out of control
- ☐ Nausea/vomiting
- ☐ Wringing hands
- ☐ Hyperactive
- ☐ Flushed face
- ☐ Rapid heart rate/breathing



Common Signs (PASSIVE)

- ☐ Fainting
- ☐ Shock
- ☐ Inactivity
- ☐ Dull eyes
- ☐ Profuse sweating
- ☐ Weak pulse
- ☐ Pale face
- ☐ Emotionally subdued



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Depression

- ☐ An inability to experience pleasure; sleep and appetite disturbances, and feelings of worthlessness, guilt, and hopelessness
- ☐ Marked change in performing regular responsibilities or managing daily living needs.



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Depression

- ☐ Slow to respond
- ☐ Tearful
- ☐ Angry
- ☐ Withdrawn
- ☐ Poor concentration
- ☐ Poor memory
- ☐ Poor hygiene
- ☐ Substance use
- ☐ Little or no eye contact
- ☐ Suicidal ideation



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ANXIETY Disorders

- ☐ Excessive worry
- ☐ Avoidance
- ☐ Compulsive behaviors
- ☐ Cannot move
- ☐ Cannot stand still
- ☐ Angry, sad; emotional instability
- ☐ Physical symptoms



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Post Traumatic Stress (PTS)

- ☐ Flashbacks
- ☐ Nightmares
- ☐ Avoidance
- ☐ Panic attacks
- ☐ Cognitive impairment
- ☐ Hypervigilance
- ☐ Easily startled
- ☐ Angry, irritable, depressed
- ☐ Reckless, impulsive behaviors



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Schizophrenia

☐ Psychosis:

- ☐ Hallucinations
- ☐ Delusions
 - ☐ Paranoid
- ☐ Disorganized or bizarre speech and behavior
- ☐ Mute
- ☐ No Insight



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Bipolar

- ❑ Characterized by two extremes (or "poles") of emotion: Depression and Mania
 - ❑ Excessive movement or inability to stop
 - ❑ Loud, pressured or rapid speech
 - ❑ Lack of sleep yet full of energy
 - ❑ Grandiose thinking
 - ❑ Goal directed, driven
 - ❑ Exaggerated emotional responses
 - ❑ No fear of consequences
 - ❑ Psychosis



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Softening Approach Initiating Communications

- ❑ In a crisis, create **PEACE**
 - ❑ **P** – **P**atience/Plan:
 - ❑ **E** – **E**ngage/Build rapport
 - ❑ **A** – **A**ctive Listening
 - ❑ **C** – **C**ommunication
 - ❑ **E** – **E**ducate



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Recognizing individuals with an Intellectual Disability Disorder (IDD)

Common indicators:

Communication:

- Limited vocabulary or a speech impairment
- Difficulty understanding or answering questions
- Says what he/she thinks others want to hear
- Short attention span

Behavior:

- Have the tendency to be overwhelmed by police presence
- Act very upset at being detained and/or try to run away
- Easily frustrated
- May not respond to "stop" or other commands



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Recognizing individuals with Autism Spectrum Disorder

Common Indicators:

- Lack of eye contact
- Lack of communication: non-verbal or have limited verbal skills; may also repeat back precisely what is said to them, which is called Echolalia.
- Repetitive actions
- Stimming: Self-stimulatory behavior - hand flapping, rocking, spinning, or humming. These behaviors are used as calming techniques
- Sensory issues: i.e. fear of loud noises, bright lights, touch and overwhelmed by police presence



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Tips for Contacting

- Keep sentences short
- Use simple, clear concise language; speak slowly
 - "first/then" approach; "I am going to check your pockets" versus "I am going to pat you down."
- Listen
- Remember calm brings calm
- Use firm and calm persistence if the person doesn't comply or acts aggressive
- Ask open-ended questions (e.g., "Tell me what happened")
- Warn if and when you are going to touch them.
- Reduce overstimulation
- Do not interfere with stimming



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Recommendations

- Premise History – regarding family member
- Riverside Police Dispatch (951) 354-2007
- Identifying wrist band



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Excited Delirium

Hallmark signs and behaviors:

- ☐ Bizarre or violent behavior
- ☐ Confusion or disorientation
- ☐ Incoherent/ Nonsensical speech
- ☐ Hyperactivity
- ☐ Acute paranoia
- ☐ Aggression
- ☐ Profuse sweating
- ☐ Hyperthermia
- ☐ Shedding of clothes or Nudity
- ☐ Hallucinations
- ☐ Attraction to glass (smashing glass is common)
- ☐ Drooling/Foaming at the mouth
- ☐ Fear and panic
- ☐ Exceptional physical strength
- ☐ Endurance without apparent fatigue
- ☐ Ability to effectively resist multiple officers



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Module Five

- ☐ **Operational Safety**
 - ☐ Working in a team environment
 - ☐ Team Partner communication
 - ☐ Distance + Cover = Time and Time = Options
 - ☐ Working with Barriers
 - ☐ Capture & Control Plan



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Module Six

☐ Integration

☐ Assessment/Communications/Tactics



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Questions?



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