

How to Manage Trauma

Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. Extreme stress overwhelms the person's capacity to cope. There is a direct correlation between trauma and physical health conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.

TRAUMA CAN STEM FROM



HOW COMMON IS TRAUMA?

70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's **223.4 million people.**



In public behavioral health, **over 90%** of clients have experienced trauma.

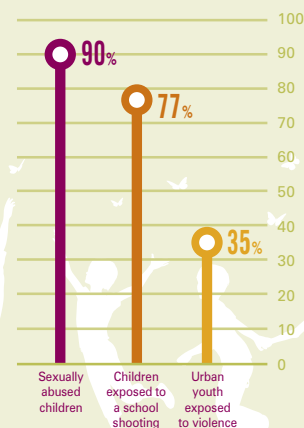
Trauma is a risk factor in nearly all behavioral health and substance use disorders.

In the United States, a woman is **beaten every 15 seconds**, a forcible rape occurs every 6 minutes.



33% More than **33% of youths** exposed to community violence will experience Post Traumatic Stress Disorder, a very severe reaction to traumatic events.

Nearly all children who witness a parental homicide or sexual assault will develop Post Traumatic Stress Disorder. Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop Post Traumatic Stress Disorder.



Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

People can and do recover from trauma



SYMPTOMS OF TRAUMA CHECKLIST

- Headaches, backaches, stomachaches, etc.
- Sudden sweating and/or heart palpitations
- Changes in sleep patterns, appetite, interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds and illnesses
- Increased use of alcohol or drugs and/or overeating
- Fear, depression, anxiety
- Outbursts of anger or rage
- Emotional swings
- Nightmares and flashbacks — re-experiencing the trauma
- Tendency to isolate oneself or feelings of detachment
- Difficulty trusting and/or feelings of betrayal
- Self-blame, survivor guilt, or shame
- Diminished interest in everyday activities

HOW TO TALK TO YOUR DOCTOR



- Make your doctor aware that you have experienced trauma, past or recent
- Help them understand what is helpful to you during office visits, i.e., asking permission to do a procedure, staying as clothed as possible, explaining procedures thoroughly, or having a supporter stay in the room with you
- Ask for referrals to therapy and behavioral health support

HELPFUL COPING STRATEGIES

- Acknowledge that you have been through traumatic events
- Connect with others, especially those who may have shared the stressful event or experienced other trauma
- Exercise — try jogging, aerobics, bicycling, or walking
- Relax — try yoga, stretching, massage, meditation, deep muscle relaxation, etc.
- Take up music, art, or other diversions
- Maintain balanced diet and sleep cycle
- Avoid over-using stimulants like caffeine, sugar, or nicotine
- Commit to something personally meaningful and important every day
- Write about your experience for yourself or to share with others

ASK YOUR HEALTHCARE PROFESSIONAL ABOUT TREATMENTS

TRADITIONAL TREATMENTS

- Cognitive Behavioral Therapy
- Eye Movement Desensitization and Reprocessing (EMDR) Therapy
- Talk Therapy
- Exposure Therapy
- Group Therapy

ALTERNATIVE TREATMENTS

- Energy Processing
- Hypnotherapy
- Neuro-Linguistic Programming
- Massage Therapy
- Pet or Equine Therapy
- Trauma and Recovery Peer Support Groups
- Wellness Recovery Action Planning (WRAP)



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



For more information, interviews, and research on trauma check out the National Council's magazine edition on the topic

www.TheNationalCouncil.org

Municipal Police Training Committee

**Veteran Officer
Professional Development**

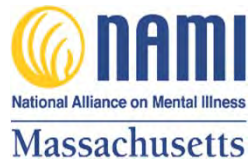


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Police Interactions with Persons with Mental Illness and Emotional Distress



Prepared by:
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Massachusetts Department Of Mental Health
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Introduction



Both Instructors take a few minutes to talk about your professional backgrounds. If you feel comfortable, you may disclose any personal lived experience with mental illness, i.e.: If you have a family member or loved one who lives with mental illness or a related disorder.

Explain what the next two days of training will be like, ie. Lecture, multimedia, and classroom participation. Let the class know right away that in class participation is essential.

Let the class know that questions during the lecture will be answered, but there will also be an opportunity at the end of each section for a question and answer period. This would be a good time to let the class know that they should feel free to ask any question regarding the subject matter, there are no stupid questions, and they should not worry about offending anyone if they have a genuine concern, question, or misconception.

Acknowledge that the recruits may have experience with Mental Illness, trauma, and military experience, and this class may be an emotional experience. Give the class the instruction that they may take a break without shame or judgment. However, you as an instructor should be conscious of the need for breaks following difficult subject matter.

Persons with Mental Illness are People



They could be a family member, a friend, a co-worker or a stranger



Emotional distress effects EVERYONE
at different levels and how we cope
with it will differ



At times, Police interaction or intervention will occur during this event of emotional distress



The respect that is shown during today's interaction can help with tomorrow's....



Why train Police officers on mental illness?

- Police officers often are the first responders for persons in mental health crises
- Training police officers can reduce officer injury rates during EDP (Emotionally Disturbed Persons) calls or “mental disturbance” calls
 - After the introduction of **C**risis **I**ntervention **T**eams in Memphis, “Officer injuries sustained during mental disturbance calls” dropped 80%

Police officer instructor go over why it is important for law enforcement to have training on mental illness. Discuss that officers tend to be the first responders to persons in a psychiatric crisis, and that police officers encounter persons with mental illness on a multitude of calls, even if the call does not come in as an “EDP” call. Also, describe to the class that law enforcement is available 24/7, and they will respond to the scene. Law enforcement has become the place many people rely on for mental health emergencies either because they don’t know about any other resources, those resources are not available to them, or they have immediate safety concerns. Also, officers cannot typically pick and choose which calls they will respond to, so most if not all officers will respond to an EDP call.

Mental Health instructor: Talk about person first language and why it is important to say “person with mental illness” rather than “a mentally ill person.” It is about respect and realizing that the person lives with mental illness, but the mental illness does not define them. It is all about respect. Also discuss the shifting of the use of hospital based resources due to 1. More effective medications 2. Belief that community based services would better serve individuals: what is commonly referred to as “de-institutionalization.” Discuss that in MA acute psych. care is given at private facilities while long term care is given at state hospitals.

Why do Police officers need training on mental illness?

- Police are more likely to see persons with mental illness when those persons are in crisis
- An understanding of mental illness will enhance skills of police officers and give them additional tools

Police officer instructor go over these two bullet points. Ask the class why they are more likely to see someone in a crisis? Ex: people/their families/the public tend not to call the police when persons with mental illness are doing well, and in recovery, they tend to call the police when a situation is out control.

Why do Police Officers need training on mental illness?

- “Pay it forward” – good outcomes in one situation can help the officer and the respondent better in a future situation.



Learn to SPACE things out when possible

- S = Safety
- P = Patience
- A = Assess
- C = Communicate
- E = Empathy
- R = Respect

When do Police Encounter Persons with Mental Disorders?

- On routine patrol
- Responding to calls for assistance
- Searching for missing persons
- Supporting a crime victim
- Suicide attempt calls
- Interacting with homeless persons

Types of Common Disorders that Affect Behavior

- Mental Illness
 - Various types
 - Various signs and symptoms

- Neurological and Medical:
 - Head injuries
 - Huntington's Disease
 - Dementia

- Substance Abuse
 - Intoxication
 - Withdrawal
 - Psychosis due to substance use (loss of touch with reality)

Mental Illness

- Definition: A health condition characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning.
- Causes:
 - Biological disorders in the brain
 - Genetic factors
 - Neurotransmitter (chemicals in the brain) imbalance
 - Brain structure differences
 - Social/environmental factors may contribute

Prevalence

- About 6% of American adults have a serious MI

General Facts

- Stigma attached to having a mental illness is a major problem and can prevent persons from seeking treatment
- Level of disability can range from mild impairment of normal functioning to complete dysfunction.
- A basic understanding of mental illness can enhance an officer's response:
 - Increased knowledge of when/where/how to get help
 - Improved collaboration with mental health professionals
 - Diverting persons with mental illness away from criminal justice when appropriate

General Facts

- Medical problems, signs of substance use, and mental illness can look the same
- Persons with mental illness may be responding out of fear, desperation, or distorted thinking
- With treatment, most mental illnesses will improve, others may continue in a lesser form or with periods of remission

Mental Illness and Violence

- Most violence is caused by persons without mental illness
- A small percentage of persons with mental illness may be at increased risk for violence, especially when there is also substance use
- Mental health professionals assess violence risk, but cannot reliably offer predictions of violence
- People with mental health disorders are much more likely to be victims of crime than perpetrators of violence.

Major Diagnostic Categories of Serious Mental Illness

1. Mood disorders
2. Psychotic disorders
3. Anxiety disorders
4. Personality disorders

1. Types of Mood Disorders

- Bipolar
 - I = mania + major depression
 - II = hypomania + major depression



Bipolar Disorder

- A serious brain disorder that causes shifts in mood, energy, and functioning (1-2% of the pop)
- May present as Manic, Depressed, Or Mixed
- Episodes of mania and depression last from days to months, can change abruptly
- Chronic condition, recurring episodes
- Can be associated with increased risk of suicide
- Can be associated with substance abuse

Depressive Disorders

- Not typical “bad day” or feeling down
- Conditions can impact work and social function
- Affect 10 million adults in U.S.
- With treatment, symptoms can improve over several weeks
- 50% of suicides are completed by people with depression
- 15% of depressed persons suicide – though not all suicides are completed by persons with depression

Symptoms – Mania

- Either elated or irritable mood
- Decreased sleep/appetite
- Rapid, pressured speech/racing thoughts
- Inflated self-esteem
- Grandiose plans/ideas
- Distractibility
- Agitation
- Reckless behavior due to impaired judgment
- Suicidal/aggression

Symptoms - Depression

- Sad or irritable mood
- Physical health complaints
- Energy: slow or agitation
- Change in sleep, appetite, energy, concentration
- Worthless/hopeless, guilty
- Impaired thinking
- Lack of interest/pleasure in usual activities
- Tearfulness
- Preoccupation with death
- Suicidality (aggression also possible)

2. Psychotic Disorders

- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder
- Psychosis Secondary to:
 - Medical Condition
 - Substance Abuse

Psychotic Disorder: Symptoms

- Loss of touch with reality
- Hallucinations (hearing voices, seeing things)
- Command hallucinations to do something, can sometimes be associated with violence
- Delusions (erroneous beliefs that are fixed and unwavering despite clear, contradictory evidence)
- Disorganized thoughts and speech
- Bizarre behavior: e.g. appearance, gestures
- Lack of emotional expression, apathy
- Suicidality/aggression possible

Psychotic Disorder: “Negative” Symptoms

- “Negative” Symptoms include:
 - emotional “flatness”- face appears immobile and unresponsive, poor eye contact
 - lack of expression
 - speech is brief, lacks content
 - lack of motivation, excessive sleeping
 - social withdrawal and isolation from others

Schizophrenia

- Onset usually in late teens to early 20's
- Acute, chronic and residual phases, but illness is lifelong
- Relapses are common, especially if person stops their medicine
- Approximately 10-15% will suicide successfully, although many more attempt suicide

Post Traumatic Stress Disorder

- Lasting and frightening thoughts and memories of traumatic event
- Trauma may include incidents of childhood abuse, sexual abuse, rape, warfare, domestic abuse, or a single episode, such as a car crash or a major disaster
- Symptoms include flashbacks, overwhelming anxiety during non-traumatic situations, intrusive thoughts of the event , efforts to avoid stimuli associated with the event, sleep difficulties, irritability, concentration problems, hyper vigilance
- Trauma affects 60% of U.S. males and 50% of U.S. females
 - PTSD develops in 8% of those males and 20% of those females

3. Anxiety Disorders

- Other types exist besides PTSD
- Panic disorder
 - Feeling of terror with physical symptoms
- Obsessive-compulsive disorder
 - Thoughts and fears leading to routines or rituals
- Social anxiety
 - extreme fear and worry about every day social situations

Hoarding

- 16 million Americans Hoard
- Difficulty or inability to discard or part with possessions
- Active living areas are cluttered so much that their intended uses are compromised
- Difficulty managing daily activities, including procrastination and trouble making decisions
- SHAME or EMBARRASSMENT
- Limited or no social interactions
- Can affect living conditions and present safety issues



Police Response to Hoarding

- Base police response on:
 - The level of risk the hoarding presents
 - ➔ Children and Elderly Mandated Reporting
 - Is the home in the process of becoming condemned?
 - The reason the hoarding is occurring
 - Call the Department of Health to investigate
 - If the person is elderly, call Executive Office of Elderly Affairs Protective Service Agency in your area to follow up

4. Personality Disorders

- Personality is defined as a relatively stable and enduring set of characteristic behavioral and emotional traits.
- A Personality Disorder is a variant or an extreme set of characteristics that goes beyond the range found in most people
- These inflexible traits cause either subjective distress or cause problems at work, school, or with social relationships
- Several varieties

Antisocial Examples of Personality Traits

- 50-70% of prison population
- Engage in illegal or rule-bending behavior
- Trouble empathizing with victims at times



Borderline Examples of Personality Traits

- Unstable relationships
- Low self-esteem
- Impulsive, self-damaging behavior
- Fear of being alone
- Intense mood swings with temper tantrums

General Guidance for Interaction with Persons with Mental Disorders

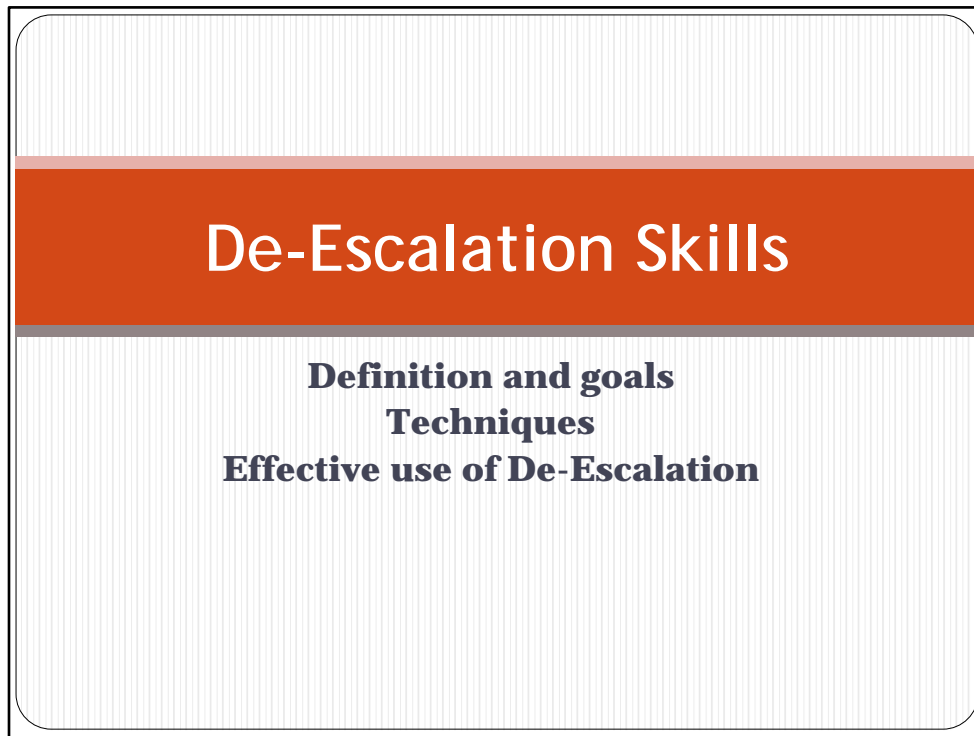
Diagnosis can help Understand
background, but techniques can also be
generalized

Basic Guidelines

- Be patient (mental processing may not be as clear)
- Respect personal space
- Avoid challenging delusions...focus on what you can agree on
- Ally with their perspective without being insincere
- Allow individual to ventilate but try to focus on real here and now issues
- Use simple words, avoid slang words
- Avoid power struggles where possible

Basic Guidelines continued...

- Don't personalize verbal abuse
- Focus on the present
- Calm reassurances for here and now without false promises
- Give choices where possible to enhance mutual respect
- Control your own reactions, remain calm, model the behavior you wish to elicit
- Officer reassurance about basic safety – remember a person may be experiencing a traumatic reaction



During this section the class will learn the definition of de-escalation, techniques, and the class will participate in activities which will give the officers the opportunity to utilize these new skills.

De-Escalation

- Interactive process where the goals are to guide an individual to a calmer state of mind and get to solution based thinking
- Establishing and facilitating mutual interpersonal communication that does not compromise safety
- Build rapport with a person in order to decrease behaviors that may result in physical confrontation
- Increase the safety of all persons at the scene

Define de-escalation and give the goals of de-escalation

De-Escalation and Defensive Tactical Training

- Verbal De-escalation adds tools to an officer's toolbox
- Tools can assist an officer in interactions with persons with mental illness or cognitive/developmental disorders, or general public
- **De-escalation techniques are not meant to replace officer defensive tactical training**
 - Maintaining officer safety and environmental safety in crisis situations is paramount

PO Instructor explain how to effectively use de-escalation while maintaining safety of all involved including the officer.

PO Instructor explain how de-escalation works with defensive tactical training

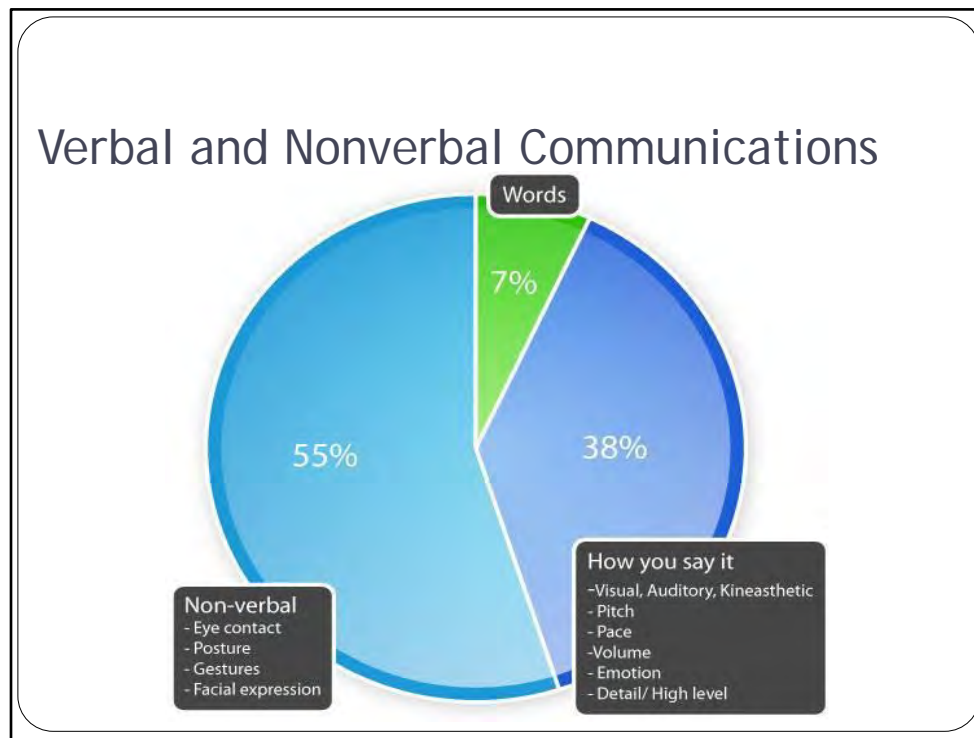
PO Instructor give professional examples of the effective utilization of de-escalation techniques

Make sure to EMPHASIZE that de-escalation skills are NOT meant to replace defensive tactics or anything else learned at the academy.

De-Escalation Techniques

- Approach the situation with a calm, level, head
- **Patience, patience, patience**
- Empathy, express it!
- Active listening, non-judgemental
- Understand and match your verbal cues with your non-verbal cues

Instructors go through each technique and explain how it can be used. Emphasize that patience is key when using de-escalation techniques. Describe the difference between empathy and sympathy. Give an example of what active listening looks like. Ask the person's first name, or if you can call him/her by that name. This shows respect, empathy, and by using the name in your conversations you demonstrate that are actively listening. Know how to respond to a lack of respect, or intrusive questions. Have some "back pocket" phrases to rely on in these instances. Use "we



Discuss the pie chart with the class. What does this mean for law enforcement? Why is it important to be aware of verbal and non verbal communication? **Emphasize to the class that your words alone account for only 7% of overall communication.**

De-Escalation Techniques

- Allow the person to have his/her own thoughts, feelings, and behavior
- **Respect**
- Use simple, concrete, clear communication
- Use “I statements” and “we statements”
- Explain your actions, when possible
- Use calm, even tone of voice
- Be consistent and predictable, when possible

Instructors go through each technique and explain how it can be used: Do not argue with a person’s thoughts, feelings or behaviors. For example, for a person who lives with Schizophrenia and has auditory hallucinations of hearing voices, those voices are as real to the person as anyone else’s experiences.

Challenge the class to think of how they would want officers to treat a family member of theirs who lives with a mental illness.

Explain “I statements”: “I am worried about you because I see that you are in distress”

Explain “we statements”: “What we are going to do is try to figure this situation out so that you can start feeling better” - Shows that you are working with a person

Explain how their actions are perceived by you: “You are actually loud and yelling right now and it is hard for me to talk to you, can you lower your volume please?” If they keep yelling, keep repeating and rephrasing.

Explain why it is important to be consistent and predictable. If a person is already at a heightened state of emotional distress, consistency on an officer’s part will help the person to feel calm and secure, and being predictable can help the person to trust the officer. Though there are times when you need to maintain the element of surprise, and therefore cannot be 100% predictable in your actions.

De-Escalation Techniques

- **When attempting to obtain information:**
 - **Use open ended questions**
 - **Allow the person to tell his/her story**
 - **Give the person time to speak**
 - **Avoid overly “probing why” someone who thinks a certain way. It may put people on the defensive.**

Instructors go through each technique and explain how it can be used: Explain what an open ended question is. Discuss what it means to allow a person to tell his or her story, a person in emotional distress often just wants to be heard, or wants to vent their feelings, and cutting a person off

Verbal Escalation Continuum

- Questioning
- Refusal
- Release
- Intimidation

TABLE 1

Stages of Escalation

Behavioral Stages (Patient)	Associated Feelings (Patient)
1. Minor motor	Anxiety
2. Verbal abuse/verbal threats	Hostility
3. Major motor	Anger
4. Aggression	Rage
5. Exhaustion	Relaxation

Source: Maier, G. (1996). Managing threatening behavior: The role of talk down and talk up. *Journal of Psychosocial Nursing & Mental Health Services*, 34(6)

This chart explains the stages of escalation from what behaviors you will see from a person and what that person is feeling when they are displaying those behaviors.

Process from feeling frustrated to becoming physically aggressive

5 stages

Minor motor muscles (clenching fists, jaw tightening)

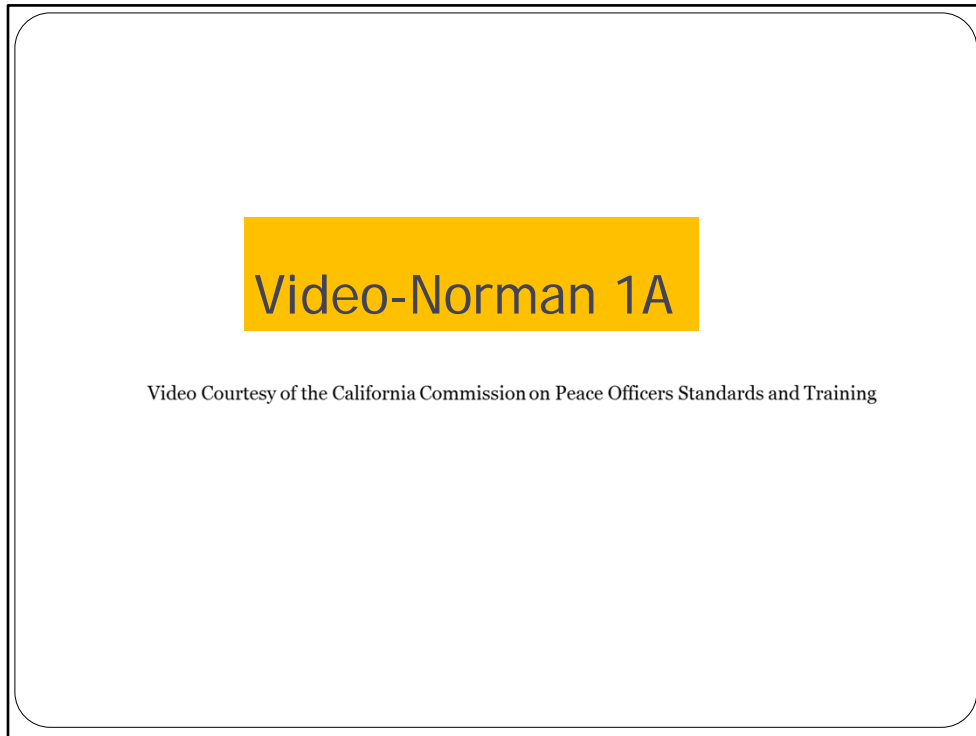
Verbal Abuse/Verbal Threats

THIS is where de-escalation techniques are most effective. Immediate goal is to buy enough time to allow the adrenaline rush to peak and come back down. This is accomplished using de-escalation skills that do not further provoke subject. If they say "give me space or I will punch you in the face," they are asking for an opportunity to calm themselves down. Better not to make it into a power struggle at this point.

Major Motor Muscles (Using arms and legs, i.e. moving towards another person)

Aggression (Hitting, kicking, etc.)

Exhaustion



This is a video which shows an actor portraying a man who is experiencing psychosis, and actively hearing voices (auditory hallucinations)

Discussion

- **What signs and symptoms of mental illness did you observe?**
- **How would you respond to this scenario as a police officer?**
- **How would you respond to this situation if this man was your brother/father/uncle?**

Pose questions on slide and ask recruits how they would deal with this scenario.

Pose the question what their response would be if that were a member of their family?
Do the responses differ?

Police Response continued...

- Use a calm tone of voice
- Ask for the person's first name
- Maintain a safe distance
 - Allow the individual enough personal space
 - Give the person a safe amount of physical space to move around/pace
- Have back up available as soon as possible, but be aware that the more people, the more difficulty the person may have if they feel overwhelmed

Allow personal space and pacing
Minimize distractions
Calm tone of voice

Police Response continued...

- **Tell the person that you are there to help them and not to harm them, repeat often**
- Re-focus the person with your voice, example: “stay here with me.”
- Avoid judging the person’s beliefs by agreeing with , questioning, or arguing with a persons delusions or irrational beliefs

Re-focusing the person by using your voice is like trying to have a conversation with a distracted person at a crowded party, you have to repeat often, and be patient. The individual’s delusions and beliefs are as real to them as your reality is to you.

Police Response continued...

- Ask for identification, home address, and/or an emergency contact person you may call
- Ask the person for mental health provider's name, refer to or contact provider
- Ask the person about medications and medication adherence

Ask about medications- Medication treatment is the most effective treatment for most psychoses

Ask about mental health provider, prescriber, etc.

Make SIMPLE and CLEAR statements

When asking about medication adherence: "Do you sometimes take medications to help you from feeling this way?"

Police Responses continued...

- **Contact emergency medical services if appropriate**
- **Use concrete unambiguous language**
- **Remain focused on the here and now**
- **Allow the person to see the palms of your hands**

Instructor will discuss each point.

Try not to use slang, or jokes to talk to the person, it may only serve to confuse the person.

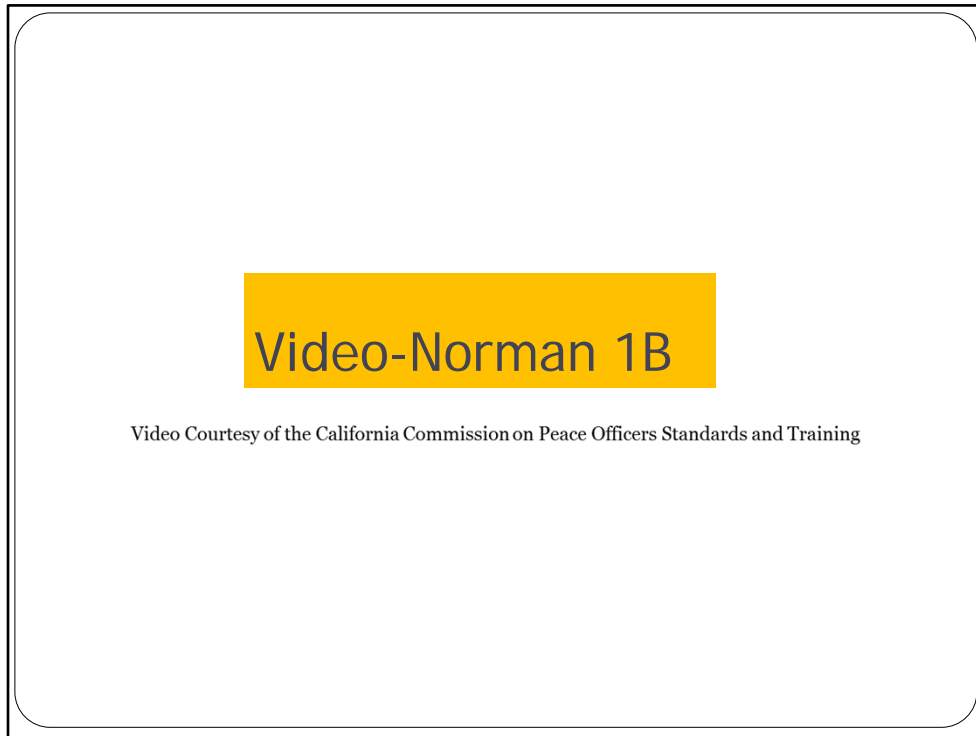
Remaining in the here and now refers to not getting “caught up in the person’s delusions/hallucinations.

It may seem odd, but letting a person see the palms of your hands can be comforting, and may earn you some trust.

Police Response Continued...

- Avoid intense, direct, and continuous eye contact
- Be prepared to repeat statements and questions, maintain patience
- Make simple and clear statements and ask simple and clear questions
- One at a time, give the person time to respond

Instructor will discuss each point.

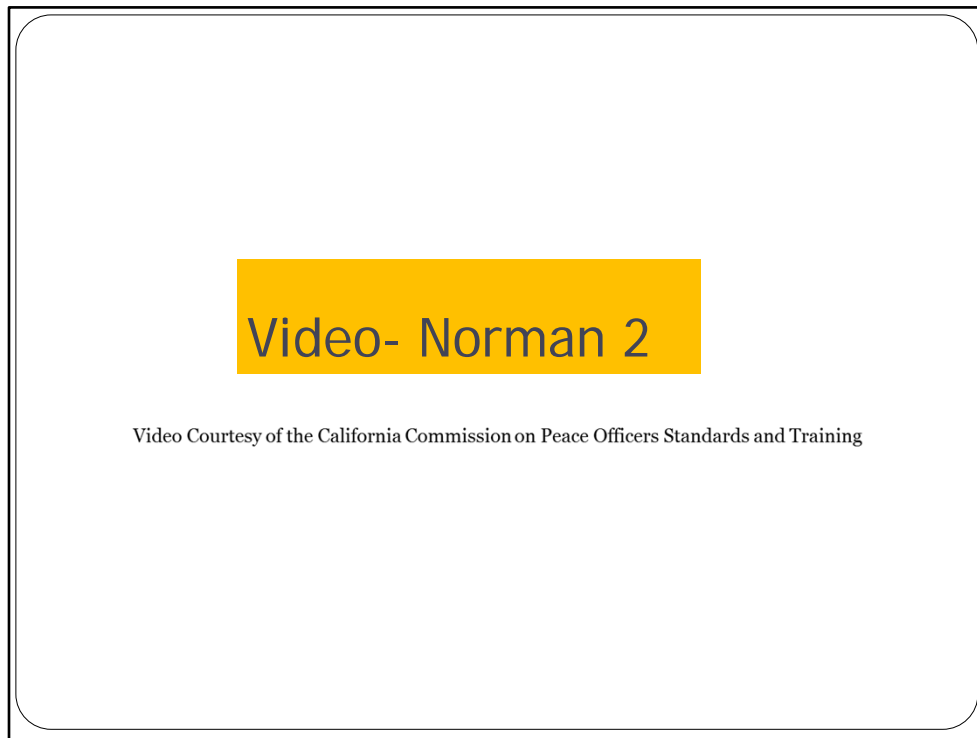


Show the result of the Normal encounter with officers

Discussion

- What did you observe regarding the police response?
- What did you think was effective and what do you think was ineffective?
- How would you have handled the situation with Norman?

Ask each question one-at-a-time and elicit responses for each.



Show video, which depicts a repeat encounter of Norman by the same officers

Discussion

- **What De-escalation skills did you see being used by the officers who were called to the scene?**
- **What did you think was effective, what do you think was ineffective?**
- **How would you have handled this second situation with Norman?**

Ask questions one-at-a-time and elicit responses for each question.

Hearing Voices Exercise



Please refer to the "Hearing Voices" handout for activity instructions.

Recovery-People Get Better!

- **Recovery**
 - Nurtures hope
 - Promotes achievement of individuals' goals and dreams
 - Aspires to self-regulation
 - Supports self-determination
 - Fosters dignity
 - Is person-centered
 - Emphasizes respect for self and others
 - Is strengths-based
 - Utilizes the principles of resiliency
 - Includes peer support

Caution about Overly Linking Mental Illness and Violence

- Most violence is caused by persons without mental illness
- A small percentage of persons with mental illness may be at increased risk for violence, especially when there is also substance use
- But be careful about assumptions!



What is Trauma?

- Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness
- Extreme stress overwhelms the person's capacity to cope
- There is a direct correlation between trauma and physical health conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.





Other Disorders can be directly related to trauma exposure or individuals can suffer from co-occurring disorders.

- **Substance Misuse**
- **Mood Disorders**
- **Personality Disorders**
- **Psychotic Disorders**

How Common is Trauma?

- 70% of adults in the U.S. have experienced some type of Traumatic event at least once in their lives. That is 223.4 million people!
- Trauma is a risk factor in nearly all behavioral health and substance use disorders
- More than 33% of youths exposed to community violence will experience PTSD
- Nearly all children who witness a parental homicide or sexual assault will develop PTSD
- 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop PTSD

Symptoms of Trauma - Checklist

- Headaches, backaches, stomachaches, etc.
- Sudden sweating and/or heart palpitations
- Changes in sleep patterns, appetite, interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds and illnesses
- Increased use of alcohol or drugs and/or overeating
- Fear, depression, anxiety
- Outbursts of anger or rage
- Emotional swings
- Nightmares and flashbacks – re-experiencing the trauma
- Tendency to isolate oneself or feelings of detachment
- Difficulty trusting and/or feelings of betrayal
- Self-blame, survivor guilt, or shame
- Diminished interest in everyday activities

INCIDENCE OF TRAUMA

- **Workplaces including criminal justice, mental health, and substance use treatment settings can also have a significant percentage of staff who have trauma histories.**



Therefore...

- **Assume that every other person you are communicating with has a history of trauma.**
- **Interactions should always be guided by trauma recovery principles.**

Similar to universal precautions

We'll talk a bit more about trauma recovery principles in a bit.

Challenges associated with trauma

- Distress tolerance
- Self-calming
- Ability to accurately recognize what is truly threatening
- Interpretation of social situations
- Forming and maintaining relationships
- Waiting for the other shoe to drop
- Anxiety
- Attention, information processing, problem solving, memory
- Substance use and misuse

So in trauma, there are mood regulation issues that are associated with distress tolerance and self- calming and also...

What does this mean for Police Officers?

- Procedures for safety must still be followed
- Awareness may help the interaction
 - Slow communication to help with information processing
 - Provide information where appropriate to help give person sense of “control”
 - Reminders to slow pace, breathe deeply when possible for all involved

Check Your Attitudes

- The individual is not to blame for his or her serious mental illness
- Symptoms are not “aimed” at you
 - Do not personalize them
 - Do not internalize negative comments
- Command presence is not always the best approach....
 - Need to balance between command presence and understanding engagement to the situation to move things in the right direction

Core Communication Skills

- Empathic presence
- Genuineness
- Acceptance
- Verbal communication
- Non-verbal communication
- “Active” listening
- Understand that the individual is likely fearful and anxious

Core Communication Skills continued...

- Be aware of surrounding noises, blasts, traffic due to noise sensitivity
- Consider the possibility of avoiding surprise and giving clear statements of what is happening
 - “I’m going to back away. I am going to call the crisis team who can come down and talk with you, we are going to put you in handcuffs for your protection...”

Helpful coping strategies if you have experienced trauma

- Acknowledge that you have been through traumatic events
- Connect with others, especially those who may have shared the stressful event or experienced other trauma
- Exercise
- Relax
- Take up a hobby for a diversion
- Maintain balanced diet and sleep cycle
- Avoid over-using stimulants like caffeine, sugar or nicotine
- Commit to something personally meaningful and important every day
- Write about your experience for yourself or to share with others

People can and do recover from trauma



Balancing Respect, Recovery and Safety

- In addition to what has been discussed, there are times when an individual must be brought for an evaluation
- A section 12 evaluation is recognized by law as a vehicle to get someone to treatment
- Police officers should understand their local Emergency Services Provider who handles behavioral health emergencies for youth and adults
- Still, when needed, an officer may be involved in a section 12.....

MGL Chapter 123 Section 12

Overview of Section 12
Who can perform a section 12
Why an officer would perform a section 12
How to fill out a Section 12
Practical Applications

Before we start discussing the specifics of these major categories of Mental Illnesses, Emotional Disturbances, Neurodevelopmental disorders and neurocognitive disorders, we will discuss Mass General Law Chapter 123 Section 12.
Give class Section 12 (a) and (b) handout.

Mass. General Laws Chapter 123 Section 12

- Commonly known as “Pink Paper”
- Section 12 of Chapter 123 is the “emergency restraint and hospitalization of persons posing risk of serious harm by reason of mental illness.”

Briefly explain Section 12, tell the class that we will go into much further detail towards the end of this curriculum. This is meant to give the recruits a brief example of alternatives to arrest.

Likelihood of Serious Harm

- Risk of physical harm to him/herself
- Risk of physical harm to other persons
- The person's judgment is so affected that he or she is unable to protect him/herself in the community
 - Level of vulnerability

MH and PO instructor describe what likelihood of serious harm means:

The person poses a substantial risk of physical harm to the person his or herself as demonstrated by evidence of, threats of, attempts at suicide or serious bodily harm.

The person poses a substantial risk of physical harm to other persons as demonstrated by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them.

The person's judgment is so affected that he or she is unable to protect him or herself in the community, and that reasonable provision for his or her protection is not available in the community

Section 12 Continued...

- **Who can execute a section 12?**
 - **Physicians, nurse practitioners, qualified psychologists, qualified psychiatric nurses, mental health clinical specialists, and licensed independent social workers**
- **In emergency situations when none of these professionals are available a police officer may restrain a person and apply for hospitalization**
 - **If failure to do so would create a likelihood of serious harm**

Who can complete a section 12?

Mostly medical and mental health personnel- list is on slides. Many of those occupations listed complete them regularly

If none of these options are available, and police officer may complete a section 12 if failure to do so would create a likelihood of serious harm.

Section 12 (a) is the side that the officers fill out, it is the ability to restrain and to transport to a hospital, section 12 (b) is filled out by the medical/psychiatric practitioners listed above for admissions.

Some Examples of Situations

- Threats of self-harm or attempted suicide
- Physical assault, stalking behavior, threats to kill or inflict harm on another person, etc.
- Impaired judgment due to mental illness such as inability to attend to essential daily needs (food, personal hygiene, clothing or shelter); careless use of stove or matches, neglect of medical condition, etc.

MGL Chapter 123 Section 12(e)

- Warrant of apprehension
- Judicially authorized arrest warrant
- Sent to police departments to execute the warrant
- After individual has been apprehended, follow department protocol on processing detainees

Typically a family will file a section 12 e and then it is the job of the police to apprehend the person. If a section 12 a has been filed for a person, you do not need a warrant of apprehension to apprehend the person as the nature of the section 12 is an emergency situation.

Officer Liability

- **Officers are immune from civil suit for damages for restraining, transporting, and/or applying for admission to a facility if the officer follows procedure in accordance with MGL Chapter 123 Section 12**

Police Officer instructor discuss officer liability regarding section 12.

Under Mass General Laws Chapter 123 Section 12 police officers are immune from civil suit for damages for restraining, transporting, applying for the admission of or admitting any person to a facility if the officer follows procedure in accordance with Section 12.

Emphasize that officers are only immune if they follow proper procedure. Cite relevant case law as documented on the curriculum lesson plan.

These are just a broad
overview of key cases and
do not cover every case
and circumstance....

Practical Application of Section 12

PO Instructor give examples of when officers may be called upon to perform a section 12. Give examples from your career.

Emphasize that each department handles Section 12's differently based on the community resources available. Some departments never fill out a section 12 because their emergency service provider responds to the scene and fills out the application for a section 12.

An ambulance is almost always called to transport the individual.

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH
APPLICATION FOR AN AUTHORIZATION OF TEMPORARY INVOLUNTARY HOSPITALIZATION**

Application Pursuant to 12 (a)

Application Pursuant to 12 (a)

1). Application to (Facility name):

2). I hereby apply for admission of (name of individual):

Address: _____ City/Town _____ State _____

Social Security Number: _____ Date of Birth: _____ Sex: M F

to the facility named above pursuant to M.G.L. c. 123, s. 12 (a). I hereby authorize transport and the use of restraint of the person named above but only if necessary for the safety of the person being transported or of others who are likely to come into contact with him or her. M.G.L. Chapter 123, s. 21. Based on my examination, it is my opinion that the person requires hospitalization at the above named facility so as to avoid the likelihood of serious harm by reason of mental illness. Evidence supporting my opinion includes:

A). Mental Illness: For purposes of admission to an inpatient facility under Section 12, "Mental Illness" means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life. Symptoms caused solely by alcohol or drug intake, organic brain damage or intellectual disability do not constitute a serious mental illness. Specify evidence including behavior and symptoms:

B). Likelihood of Serious Harm (check all categories that apply):

(1) Substantial risk of physical harm to the person himself/herself as manifested by evidence of threats of, or attempts at suicide or serious bodily harm; and/or

(2) Substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; and/or

(3) Very substantial risk of physical impairment or injury to the person himself/herself as manifested by evidence that such person's judgment is so affected that he/she is unable to protect himself/herself in the community and the reasonable provision of his/her protection is not available in the community.

Specify evidence including behavior and

symptoms: _____

3). Applicant Certification (check all applicable boxes)

a. I am a: Licensed Physician or Nurse Practitioner (GL. Ch 112 §80i) Qualified (i.e. Licensed) Psychologist

Qualified (i.e. Licensed and Certified) Psychiatric Nurse Mental Health Clinical

Specialist

Police Officer

Licensed Independent Clinical Social Worker (LICSW)

b. I have I have not personally examined this person. If not, why?

c. I have consulted with either the receiving facility or emergency screening program.

d. I have not so consulted

because

Applicant's name (not patient):

(print)

Phone: _____

Address: _____

City/Town _____

State _____

Applicant's signature: _____

Date: _____

Time: _____

NOTE: Parts 1) through 3), above, must be completed to apply for involuntary hospitalization.

M.G.L. Chapter 123, Sections 12 (a) and 12 (b)

Form AA-5

See Reverse for Section 12(b)

Effective – September 25, 2013

Authorization Pursuant to Section 12 (b)

Designated Physician* Authorization :

(NOTE: Boxes A. through G., below, must be checked to authorize a Section 12(b) involuntary admission to a facility.)

A. I am a designated physician* of the aforementioned facility with authority to authorize admissions under Section 12 (b).

B. I have personally examined this person within 2 hours of his/her arrival at the facility more than 2 hours after his/her arrival at the facility due to the fact that I was engaged in an emergency situation.** The emergency situation was: _____

_____ and I examined the patient at _____ am/pm.

C. This person does not require emergency or inpatient medical or surgical care.

D. I have offered this person an application for Care and Treatment on a Conditional Voluntary Basis and the person: (one of the two boxes below must be checked to proceed with a Section 12(b) authorization) refused to sign, or the application was rejected (the reasons why the application was rejected must be stated on the application and the rejected application shall become part of this person's medical record at the facility).

Note:104 CMR 27.07 (1) requires that the patient be offered an opportunity to change to conditional voluntary status again within three days of admission.

E. I concur with the applicant's recommendation and have completed a psychiatric examination to support this conclusion. Alternatively, I am the applicant, I have personally examined this person, and have completed sections 1), 2), 2A) and 2B) on the opposite side of this form.

F. In my opinion, at the present time there is no less restrictive placement that is appropriate for this person to which he or she is willing to go.

G. I authorize this person's admission.

H. I reject this application for admission for the following reasons: _____

Summation for Police Officers of Section 12

- In emergency situation when you cannot wait for P.E.S. to issue a Section 12, Police Officers may restrain a person and apply for hospitalization (Section 12 report form side A) if failure to do so would create a likelihood of serious harm

Summation of Section 12 continued

- Any sworn officer in Massachusetts can take action under Chapter 123
- The on-duty supervisor or O.I.C. should be notified immediately to follow up that all procedures were done properly

- It is recommended that a **pat frisk of the individual for safety reasons** should be performed **prior** to transport; however, you must conform to your department's policy on the issue and/or consult with your department's legal advisor to make sure the legal advisor agrees with and supports the practice.
- All Section 12 patients should be transported by E.M.S. ambulance
- If **handcuffs are applied, officer must accompany person in ambulance**
- If soft restraints are applied, officer does not need to be in ambulance

- Be sure to state the following on the application
- Reason for the restraint and any other relevant information that may assist the admitting physician
- Behavior and symptoms observed
- Specify the likelihood of serious harm

- Consult with the receiving facility
- Share any and all pertinent information with the immediate attending physician or mental health to **communicate first hand** observations and what happened that preceded this action
- This is a suggestion to assist these medical professional first hand in addition to the Section 12 report

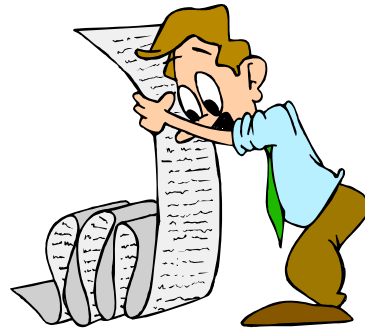
- The police officer will write a Section 12 report (side (A) and have it delivered immediately to the E.R. or facility (hand delivered or by fax)
- This is to ensure the subject is medically evaluated before release

Remember.... The police officer's Section 12 is an involuntary detainment but not "The Commitment". It provides the officer with the option to have the person temporarily detained and brought for medical evaluation.

In situations where an individual needs to be handcuffed during the “safe ride” to a facility for evaluation, the police officer is required to ride in the ambulance.

Mental Health Resources

- MBHP ESP Statewide Directory
- List of resources



Medication Pocket Card

- Additional resource for police officers



Summation

- S safety
- P patience
- A assess
- C communicate
- E empathy
- R respect



Review



Questions



Use of Force Revisited 2015/2016



Training Purpose

The purpose of this program is to support a revisited and fresh look at Use of Force. This mental shift continues to make officer safety the priority; matter of fact it raises officer safety. Most officers apply these revisited tactics already, but now we want to bring this mental shift and these tactics to the forefront of each officer's mind. A large portion of this instruction will focus on the benefits of a cautious approach, using distance and persuasion, and creating opportunities to reevaluate and develop additional courses of action, thus keeping officers safer.

2

What is force?

- ▶ **physical power or strength possessed by a living being**
 - ▶ **strength or power exerted upon an object; physical coercion**
 - ▶ **power to influence, affect, or control**
 - ▶ **to put or impose (something or someone) forcibly on or upon a person: to force one's opinions on others**
 - ▶ **persuasive power; power to convince**
- ▶ **“...that amount of effort required by police to compel compliance from and unwilling subject“**

(<http://dictionary.reference.com>)

IACP (International Association of Chiefs of Police)

3

Why is force used?

- ▶ To protect yourself
- ▶ To protect another
- ▶ To overcome resistance to authorized control
- ▶ To prevent a person from harming themselves

4

Regarding any use of force, the goal of the officer's use of force is to overcome resistance to lawful control, keep the subject from harming themselves or others and to have the subject **STOP** his/her ... violent activity or imminent threat of violent activity, etc. A subject is stopped when he is effectively prevented from using or threatening the imminent use of force. Once the subject is stopped, the officer must immediately stop the actual application (i.e. actual striking) of force, although staying prepared to use force again if necessary. Back-up officers are also responsible for assuring only proper and reasonable force is used.*

[Comm. v. Adams, 416 Mass. at 565](#) (Bystander officer liability)

5

*IACP (international chiefs of police) define excessive force as: "...the application of an amount and/or frequency of force greater that required to compel compliance from a willing or unwilling suspect"

3 Types of Survival

Physical

Legal

Societal

6

Physical Survival

- ▶ Going home safe with no injuries!
- ▶ Emotionally sound from actions taken during the shift
- ▶ Ability to return to work in the proper mind frame and with confidence



7

- Show **Video** : “2014 FSA Law Enforcement Officer Of The Year” Officer Gutierrez, Miami Dade Sheriff’s Office, Oct. 29 2013 incident at airport gas station while on a detail
- Review the phases of a use of force event (sympathetic nervous system - fight or flight - heart rate - blood pressure - how it effects vision - and training)
- The new generation of police officers are dealing with critical stress situations at much lower levels than officers in the past. Debriefing and critical stress teams may be activated for physical assaults and Taser incidences instead of just major incidences such as shootings in generations past

Legal Survival

- ▶ Actions followed law, policies and procedures, and contemporary best practices
- ▶ Justified reasonable actions under the totality of circumstances and officer's reasonable beliefs



8

- Discuss public opinion vs. legal rulings (Reasonableness/Graham v. Connor), how agencies are reacting now and media influences...

Societal Survival

- ▶ Acknowledgement that policing needs the trust and partnership of the citizens we serve
- ▶ True belief that respect is earned
- ▶ A fair and impartial application of services to all
- ▶ Equal treatment and respect when dealing with individuals



9

Questions

How has a citizen come to your defense?

How has a citizen helped you?

What incidents have occurred that have diminished police-citizen trust?

10

'Smart Policing'

- ▶ Understanding the need for immediate action – Applying **'The Time Decision'**
- ▶ Having a proper **Mind Set**
- ▶ Considering a **Cautious Approach**
- ▶ Recognizing the benefits of **Reevaluating** When Time Allows
- ▶ Knowing **Tactical Repositioning** is a solid tactic
- ▶ Revisiting **Tactics**
- ▶ Seeking the best / safest way to **'Take Control'**
- ▶ Negotiating is a tactic – Seeing the benefits of **Voluntary Compliance**

11

'The Time Decision'



12

'The Time Decision'

The decision whether to act immediately, based on what the officer reasonably believes at the moment, or to seek other solutions. Is there the opportunity to communicate/persuade, get more assistance, and problem solve via considering various other tactics? All of which can greatly enhance officer safety.

“Do I need to act immediately, or can I tactically reposition, reassess, and continue to strategize?”



13

‘The Time Decision’ Immediate Action or Not

- ▶ Is there potential of someone being injured?
- ▶ Know why/where/what is the urgency?*
- ▶ **If you don't have time, act!**
- ▶ **If you do have time, use it!**



14

Show **Video:** “Lubbock Police Video from use of less lethal force during Walmart attack”

-Talk about, distance, cover, back-up, use of less-lethal with lethal cover, officer positioning and triangulation

*Remind officers that these are things that should be articulated in their report.

Mind Frame for Policing

- ▶ Why did you become a police officer?
- ▶ Is it really 'them vs. us'? - **No!**
- ▶ Keep calm and remember that sometimes we are in the '**Crap Taking Business**'. If you allow a person to get under your skin, then he owns you. By being controlled and not reacting, you are taking away the person's offensive tools against you.
- ▶ Sometimes it helps to understand that some people are honestly afraid of the police, and as such their reactions might appear out of the ordinary.
- ▶ Isn't 'De-Escalating' really 'Smart Policing'? Start thinking "**What is my smart police action?**"

15

'Crap Taking Business'=people yelling at officers, calling names, swearing at, disagreeing with, criticizing etc. While this is happening, society, supervisors and others expect us to and we must remain polite and professional.

- ▶ Remember, just because we can use force doesn't mean we have to (especially if persuasion will do the same).
- ▶ Within our communities, we are '**Guardians**' of our established laws and protectors of our fellow citizens. When the time to protect ourselves or others presents itself, we will always encourage and embrace the '**Warrior**' mindset.
- ▶ What's the difference between 'Police Officer' and 'Law Enforcement' - The Police Officer does so much more than just enforce.
Think of all you do
- ▶ Remember, we are part of our community, not apart from it.

- ▶ Revisiting the '21-foot rule' from 'kill zone' or 'green light' to realization of danger potential and acting accordingly. *(it's a mental shift, NOT a safety shift)*
- ▶ Shifting to the thinking of 'how can I resolve this' without losing sight of the potential need at any time for immediate action (including physical action).
- ▶ Tolerance, compassion, and respect are the cornerstones of cooperation.
- ▶ Although often thankless, 'policing' is still one of the noblest positions in society.



Show Female with knife video: "Craziest Cops moments of all times"

In Pierce County, Washington, in 1989, officers respond to a call of a suicidal woman. Upon arrival, she runs her minivan into a cruiser. She then attacks officers with a very large kitchen knife, only to end up stabbing herself

*****Pass Out the FORCE SCIENCE article: "Edged Weapon Defense: Is or was the 21-foot rule valid?"*****

Force Science:

1. MISINTERPRETATION

"Unfortunately, some officers and apparently some trainers as well have 'streamlined' the 21-Foot Rule in a way that gravely distorts its meaning and exposes them to highly undesirable legal consequences," Lewinski says. Namely, they have come to believe that the Rule means that a subject brandishing an edged weapon when positioned at any distance less than 21 feet from an officer can justifiably be shot."

Questions

What can you do to increase the trust of the citizens you swore to serve and protect?

How do you answer a child, parent, dear friend or neighbor regarding police misconduct seen on television?



18

Benefits of a Cautious Approach and Reevaluating

- ▶ More back-up can arrive
- ▶ Better cover and concealment
- ▶ Repositioning and distance can give you more time to create a plan
- ▶ More advantageous position to start from if physical action is needed
- ▶ Time for subject to realize futility of resisting



19

Tactics Revisited

- ▶ It's OK to **back up** – It will often lower emotions (especially with those in an impaired mental state or those who have mentally/emotional illness)
- ▶ Consider **various** appropriate actions (when time allows)
- ▶ If immediate action is not needed, allow people to **talk** (important information could be gained, it will promote voluntary compliance, plus it is a main sign of respect)
- ▶ **Don't forget that immediate defensive/physical action might be needed if the situation dictates***

20

*If you have an arrestable situation and are going to make the arrest, get the handcuffs on immediately

Taking Control

- ▶ Why is it done?
- ▶ What is the best way to do it?
- ▶ Adding **respect** and **patented statements** to get voluntary compliance
- ▶ Watch out for the 'post-chase' emotional trap – getting caught up with the 'capture' and developing '**tunnel vision**' of the situation and the diminishing of your creative thought.
- ▶ Whenever possible consider a '**cautious approach**' rather than 'running-blind' into the situation.



21

Reasoning Scale



- ▶ Rational reasoning can not be present when heightened emotions are also present (on your side or the subject's).
- ▶ Rational behavior and emotions have to be balanced for normal reasoning (the ability to follow directions or receive information) to occur. The higher emotions are the lower rational behavior becomes.

Lowering Emotions ↓

Listening to another person and patient responses are a couple of **Slowing Techniques** to lower emotions. When emotions are lowered negotiating is more successful and voluntary compliance has a chance of occurring. Other slowing techniques are:

- ▶ **From a position of Safety/Cover**
- ▶ Allow the person to speak without cutting them off
- ▶ Paraphrasing in a slow and soft (but firm) tone
- ▶ Ask questions in a slower and softer tone. Don't "fight fire with fire".
- ▶ Don't yell back or try to "out-shout".
- ▶ Many emotionally charged incidents are due to people failing to interact. These people are worried, under pressure, under the influence of drugs and/or alcohol. They suddenly lose their ability to communicate which turns into frustration.



- ▶ Even with best intentions, joking or trying to make light of a situation during an emotional time could often be seen as belittling or an insult.
- ▶ Sarcasm is also sure to enrage an emotional individual.
- ▶ Never take away a person's dignity. Do not force them into a corner where they are forced to raise their anger.
- ▶ In a calm, but firm voice, attempt to get the person to move/do what you want them to do – don't hesitate to repeat the request.
- ▶ Minimize the situation (without lying if possible) and attempt to have the subject realize it is in their best interest to cooperate.
- ▶ Sometimes explaining why your asking someone to do something will make the request easier to follow.
- ▶ Whenever possible remember to **'Slow it Down'**.
- ▶ Why do you need the 'last word' once the situation is under control? – **You don't! (don't get trapped)**

24

MPTC Use of Force Review

All officers must know and periodically review their current Use of Force Policy. **Not all Use of Force Policies are the same from department to department. An officer's main source of use of force guidance is from his/her own agency's Use of Force policies and procedures.**

It is essential that officers understand the relationship between **perceived circumstances, perceived subject action(s) and reasonable officer response**. The combination of these three use of force elements is called the **Totality Triangle**. It is the balanced combination of these three elements that make up the reasonable use of force. When there is the balanced (matched) threat/risk perception and perceived subject action(s) level, an officer may apply a balanced (matched level) response.

Police use of force is reviewed from a Reasonable Officer's Perspective. [Graham v. Connor, 490 U.S. 386 \(1989\)](#)

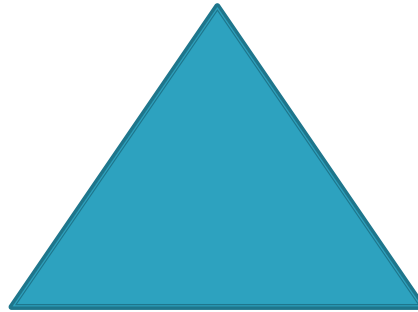
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Graham v. Connor, 490 U.S. 386 (1989) slide 34

When an officer is justified to use force he/she can **not** blindly and automatically match the 'perceived subject actions' with the 'reasonable officer response'. The officer must make a **reasonable threat/risk assessment**, which takes into account **all other factors and risks known to the officer** to make each particular use of force situation **reasonable**. This will help the officer in selecting a '**threat perception category**'. Here an officer might have received (or already know) specific information about a call and begins to prepare a plan for the type of call and the recognized/associated risks. Some examples of 'other factors' that are included in selecting a 'threat perception category' are; nature of the offense, availability of alternatives, size and relative strength, multiple subjects, number of officers, urgency to act, previous credible information, past dealings or criminal history, injury or exhaustion. Within this category, officers should begin to recognizing the risks associated with the particular call and or subject's behavior and start preparing their 'tools'.

Totality Triangle

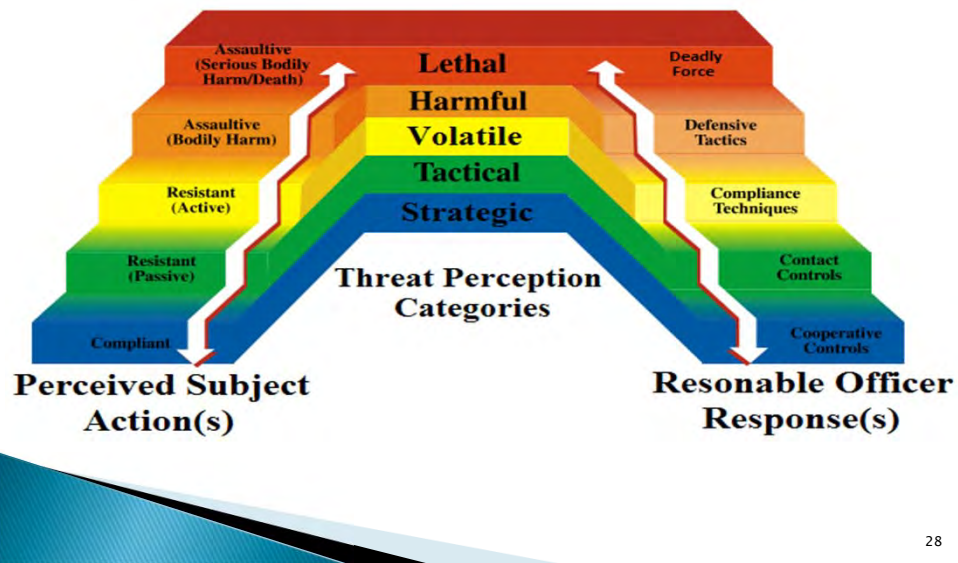
Perceived Circumstances



Perceived Subject's Actions

**Reasonable Officer
Response**

MPTC Use of Force Model



Threat Perception Category

Threat Perception Categories

(based on the officer's perceived circumstances and risk assessment)

- ▶ **Level 1 - Strategic:** Aware of surroundings; baseline safety precautions.
- ▶ **Level 2 - Tactical:** Heightened sense of facts; some enforcement interaction is occurring or about to start. Beginning to investigate or respond.
- ▶ **Level 3 - Volatile:** The seriousness of the situation is increasing and so is the potential for the situation to develop into possible harm to the officer or others; Reasonable control needs to be gained.
- ▶ **Level 4 - Harmful:** Physical harm to the officer or others can/will/is occur(ing).
- ▶ **Level 5 - Lethal:** Death or Serious Bodily Injury to the officer or another will/is occur(ing).

29

Perceived Subject Action(s)

Perceived Subject Threat Levels

(based on the officer's perception of the subject's level of compliance, non-compliance or assault)

- ▶ **Level 1 - Compliant**: Fully cooperative
- ▶ **Level 2 - Passive Resistant**: No true strength or muscle to resist.
- ▶ **Level 3 - Active Resistance**: Uses strength or muscle to purposefully resist control.
- ▶ **Level 4 - Assaultive-Bodily Harm**: Attempting (actual or imminently) to harm the officer or another.
- ▶ **Level 5 - Assaultive-Serious Bodily Harm/Death**: Attempting (actual or imminently) to kill or do serious bodily harm to the officer or another.

30

Reasonable Officer Response(s)

Reasonable Officer Response Levels

- ▶ **Level 1 – Cooperative Controls**: Verbal communication and officer presence.
- ▶ **Level 2 – Contact Controls**: Touch techniques (carrying and guiding), initial light physical tactics not designed to produce pain compliance.
- ▶ **Level 3 – Compliance Techniques**: Pepper spray, control and restraint techniques (arm/joint locks, pressure points, distracter techniques, etc.), Taser (drive-stun mode).
- ▶ **Level 4 – Defensive Tactics**: Physical techniques (use of body weapons i.e.; fists, elbows, knees), baton strikes, less-lethal weaponry, Taser (firing).
- ▶ **Level 5 – Lethal Force**: Firearm or “tool of immediate means” necessary to save life.

31

- ▶ The level of compliance or non-compliance of a subject directs the actions of the police officer. An officer's increase or decrease in responsive-force depends on his/her threat perception and perceived subject's response to the officer's actions. Officers must be prepared to explain intended tactics and force choices.*
- ▶ According to M.P.T.C. guidelines, the use of **Pepper Spray** can be introduced as an option with subjects who are perceived as **Active Resistant** (Level 3) and in a **Volatile Threat Perception** situation. Baton/body-weapon strikes can be introduced as an option with subjects who are perceived as **Assaultive** (Level 4) and in a **Harmful Threat Perception** situation.

32

*Remind officers, when writing a report, an officer needs to only articulate their particular use of force and facts and circumstances leading up to, during and following that use of force.

When testifying in court to that use of force, the question may arise as to why the officer didn't select a lower level of force.

- ▶ When an officer fires his/her pistol, the area of aim is the **center of the available target area**. This area of aim increases the likelihood of striking the target, thus stopping the threat and lessening the danger to the community.
- ▶ Officers shall, **as soon as possible, render first aid** to individuals injured as a result of the use of force. This includes any officer on the scene or arriving on the scene after force was used.



33

Comm. v. Adams, 416 Mass. at 565 slide 36

Report Writing

Use of Force reports must be written so that a reader of the report does **not** have to 'guess' what the officer believed was happening or imminently going to happen. Officers must provide **detailed descriptions** of how the suspect was physically moving. The report should clearly show what the body of the subject was **actually doing**, where it was proceeding, **distances** between the subject and officers (or others) – and what all of this means to the officer. Officers must provide enough information so the reader can **'paint a picture in his/her mind'**. Statements, commands, and verbal exchanges between the officer and subject should also be included in the report.

34

Case Reminders

Graham v. Connor, 490 U.S. 386 (1989) (seminal case establishing the Objective Reasonableness Standard for excessive force in an arrest or seizure situation).

Objective reasonableness standard – Whether the use of force was objectively reasonable given the facts and circumstances **at the time**. Note: analysis makes "allowance for the fact that police officers are often forced to make split-second judgments -- in circumstances that are tense, uncertain, and rapidly evolving -- about the amount of force that is necessary in a particular situation."

35

Comm. v. Adams, 416 Mass. at 565 (Bystander officer liability)

After a car chase that included eight police cruisers, there were ten officers surrounding plaintiff's vehicle. Plaintiff was not violent, but refused to exit his vehicle. Two of the officers dragged plaintiff out through a window, and with an additional officer, proceeded to beat plaintiff. The other officers did not intervene in any way. The SJC held that because defendant bystander officers shared the mental state of anger and frustration resulting from the chase, and were fully aware, and approved, of the excessive force taking place, that they were not only liable simply due to their failure to intervene to protect plaintiff's civil rights, but also as joint tortfeasors.

Restating – SJC has held that additional officers who are present at a scene, but do not actually use any force on a victim, may still be held liable for excessive force used by other officers. Com. v. Adams, 416 Mass. 558, 564–65 (1993) (finding the failure of the nonbattering officers to intervene was itself a violation of plaintiff's civil rights, and holding all the officers present personally liable).

Learning point: Bystander officers (responding backup officers) have an obligation to prevent excessive use from being used by other officers

TENNESSEE v. GARNER, 471 U.S. 1, 105 S.Ct. 1694, 85 L.Ed.2d 1 (1985)
(Use of Deadly Force and the Fleeing Felon Rule)

Elements of using deadly force to prevent escape of a fleeing felon:

- ▶ Lethal force can be applied to a fleeing felon if the crime committed is a **felony** that involves the use or threatened use of deadly force.
- ▶ There must be a **substantial risk** that the person to be arrested will cause death or serious bodily harm to others if his apprehension is delayed.
- ▶ There must be **no avoidable risk** to bystanders.
- ▶ There is **no other reasonable alternative** that exists.
- ▶ Where feasible, some warning should be given.

Review of Use of Force Revisited (aka Realistic Force Viewing)

- ▶ **The Types of Survival** = Physical, Legal, and Societal
- ▶ **'The Time Decision'** – **Understanding the need for immediate action** = potential of someone being imminently injured. Know what/where/why is the urgency? If you have time, use it.
- ▶ **Distance/Barricades/Cover** = Creates more use of force options and more time to develop options. Remember, negotiating IS a tactic.
- ▶ **Having Time** = Ability to communicate/persuade more, problem solve via considering various tactics, and get more assistance.

38

Review of Use of Force Revisited (cont.)

- ▶ **Proper Back-Up** = Increases safety of all present at scene, gives multiple views.
- ▶ **Tactical Positioning and Re-Positioning** = Cautious approach, moving back (tactical) re-position for more advantage.
- ▶ **'Can versus Should'** = 'What else can be done' (keeping in mind immediate protection needs)
- ▶ **Paradigm Shift** = Stay safe immediately and through the call, also, consider just what 'taking charge' at the scene means. Do this via 'smart policing' - IF POSSIBLE, instead of 'barking commands', let people speak, treat people with respect, show concern, speak and listen fairly.

39

Ending Thought ...

When time allows, when immediate lifesaving or hands-on action is not necessary; the use of time, repositioning, and reassessing can increase officer safety!



40

Show **Video:** “Mattapan Life”, June 16, 2015 @ 1400 hours, Blue Hill Ave. Mattapan, Officers Green and Simpson responding to “Disorderly person on a bus”. *See PDF Document of incident overview



Destroying Myths & Discovering Cold Facts

with Force Science Institute

Edged Weapon Defense: Is or was the 21-foot rule valid? (Part 1)

May 23, 2005

Part 1 of a 2-Part Series

For more than 20 years now, a concept called the 21-Foot Rule has been a core component in training officers to defend themselves against edged weapons.

Originating from research by Salt Lake City trainer Dennis Tueller and popularized by the Street Survival Seminar and the seminal instructional video "Surviving Edged Weapons," the "rule" states that in the time it takes the average officer to recognize a threat, draw his sidearm and fire 2 rounds at center mass, an average subject charging at the officer with a knife or other cutting or stabbing weapon can cover a distance of 21 feet.

The implication, therefore, is that when dealing with an edged-weapon wielder at anything less than 21 feet an officer had better have his gun out and ready to shoot before the offender starts rushing him or else he risks being set upon and injured or killed before he can draw his sidearm and effectively defeat the attack.

Recently a Force Science News member, a deputy sheriff from Texas, suggested that "it's time for a fresh look" at the underlying principles of edged-weapon defense, to see if they are "upheld by fresh research." He observed that "the knife culture is growing, not shrinking," with many people, including the homeless, "carrying significant blades on the street." He noted that compared to scientific findings, "anecdotal evidence is not good enough when an officer is in court defending against a wrongful death claim because he felt he had to shoot some[body] with a knife at 0-dark:30 a.m."

As a prelude to more extensive studies of edged-weapon-related issues, the Force Science Research Center at Minnesota State University-Mankato has responded by reexamining the 21-Foot Rule, arguably the most widely taught and commonly

remembered element of edged-weapon defense.

After testing the Rule against FSRC's landmark findings on action-reaction times and conferring with selected members of its National and Technical Advisory Boards, the Center has reached these conclusions, according to Executive Director Dr. Bill Lewinski:

1. Because of a prevalent misinterpretation, the 21-Foot Rule has been dangerously corrupted.
2. When properly understood, the 21-Foot Rule is still valid in certain limited circumstances.
3. For many officers and situations, a 21-foot reactionary gap is not sufficient.
4. The weapon that officers often think they can depend on to defeat knife attacks can't be relied upon to protect them in many cases.
5. Training in edged-weapon defense should by no means be abandoned.

In this installment of our 2-part series, we'll examine the first two points. The others will be explained in Part 2.

1. MISINTERPRETATION

"Unfortunately, some officers and apparently some trainers as well have 'streamlined' the 21-Foot Rule in a way that gravely distorts its meaning and exposes them to highly undesirable legal consequences," Lewinski says. Namely, they have come to believe that the Rule means that a subject brandishing an edged weapon when positioned at any distance less than 21 feet from an officer can justifiably be shot.

For example, an article on the 21-Foot Rule in a highly respected LE magazine states in its opening sentence that "a suspect armed with an edged weapon and within twenty-one feet of a police officer presents a deadly threat." The "common knowledge" that "deadly force against him is justified" has long been "accepted in police and court circles," the article continues.

Statements like that, Lewinski says, "have led officers to believe that no matter what position they're in, even with their gun on target and their finger on the trigger, they are in extreme danger at 21 feet. They believe they don't have a chance of surviving unless they preempt the suspect by shooting.

"However widespread that contaminated interpretation may be, it is NOT accurate. A suspect with a knife within 21 feet of an officer is POTENTIALLY a deadly threat. He does warrant getting your gun out and ready. But he cannot be considered an actual threat justifying deadly force until he takes the first overt action in furtherance of

intention--like starting to rush or lunge toward the officer with intent to do harm. Even then there may be factors besides distance that influence a force decision.

"So long as a subject is stationary or moving around but not advancing or giving any indication he's about to charge, it clearly is not legally justified to use lethal force against him. Officers who do shoot in those circumstances may find themselves subject to disciplinary action, civil suits or even criminal charges."

Lewinski believes the misconception of the 21-Foot Rule has become so common that some academies and in-service training programs now are reluctant to include the Rule as part of their edged-weapon defense instruction for fear of non-righteous shootings resulting.

"When you talk about the 21-Foot Rule, you have to understand what it really means when fully articulated correctly in order to judge its value as a law enforcement concept," Lewinski says. "And it does not mean 'less than 21 feet automatically equals shoot.'"

2. VALIDITY

In real-world encounters, many variables affect time, which is the key component of the 21-Foot Rule. What is the training skill and stress level of the officer? How fast and agile is he? How alert is he to preliminary cues to aggressive movement? How agile and fast is the suspect? Is he drunk and stumbling, or a young guy in a ninja outfit ready to rock and roll? How adept is the officer at drawing his holstered weapon? What kind of holster does he have? What's the terrain? If it's outdoors, is the ground bumpy or pocked with holes? Is the suspect running on concrete, or on grass, or through snow and across ice? Is the officer uphill and the suspect downhill, or vice versa? If it's indoors, is the officer at the foot of stairs and the suspect above him, or vice versa? Are there obstacles between them? And so on.

These factors and others can impact the validity of the 21-Foot Rule because they affect an attacking suspect's speed in reaching the officer, and the officer's speed in reacting to the threatening charge.

The 21-Foot Rule was formulated by timing subjects beginning their headlong run from a dead stop on a flat surface offering good traction and officers standing stationary on the same plane, sidearm holstered and snapped in. The FSRC has extensively measured action and reaction times under these same conditions. Among other things, the Center has documented the time it takes officers to make 20 different actions that are common in deadly force encounters. Here are some of the relevant findings that the FSRC applied in reevaluating the 21-Foot Rule:

Once he perceives a signal to do so, the AVERAGE officer requires 1.5 seconds to draw from a snapped Level II holster and fire one unsighted round at center mass. Add 1/4 of a second for firing a second round, and another 1/10 of a second for obtaining a flash sight picture for

the average officer.

→ The fastest officer tested required 1.31 seconds to draw from a Level II holster and get off his first unsighted round. The slowest officer tested required 2.25 seconds.

→ For the average officer to draw and fire an unsighted round from a snapped Level III holster, which is becoming increasingly popular in LE because of its extra security features, takes 1.7 seconds.

→ Meanwhile, the AVERAGE suspect with an edged weapon raised in the traditional "ice-pick" position can go from a dead stop to level, unobstructed surface offering good traction in 1.5-1.7 seconds.

The "fastest, most skillful, most powerful" subject FSRC tested "easily" covered that distance in 1.27 seconds. Intense rage, high agitation and/or the influence of stimulants may even shorten that time, Lewinski observes.

Even the slowest subject "lumbered" through this distance in just 2.5 seconds.

Bottom line: Within a 21-foot perimeter, most officers dealing with most edged-weapon suspects are at a decided - perhaps fatal - disadvantage if the suspect launches a sudden charge intent on harming them. "Certainly it is not safe to have your gun in your holster at this distance," Lewinski says, and firing in hopes of stopping an activated attack within this range may well be justified.

But many unpredictable variables that are inevitable in the field prevent a precise, all-encompassing truism from being fashioned from controlled "laboratory" research.

"If you shoot an edged-weapon offender before he is actually on you or at least within reaching distance, you need to anticipate being challenged on your decision by people both in and out of law enforcement who do not understand the sobering facts of action and reaction times," says FSRC National Advisory Board member Bill Everett, an attorney, use-of-force trainer and former cop. "Someone is bound to say, 'Hey, this guy was 10 feet away when he dropped and died. Why'd you have to shoot him when he was so far away from you?'"

Be able to articulate why you felt yourself or other innocent party to be in "imminent or immediate life-threatening jeopardy and why the threat would have been substantially accentuated if you had delayed," Everett advises. You need specifically to mention the first articulable motion that indicated the subject was about to attack and was beyond your ability to influence verbally."

And remember: No single 'rule' can arbitrarily be used to determine when a particular level of force is lawful. The 21-Foot Rule has value as a rough guideline, illustrating the reactionary curve, but it is by no means an absolute.

"The Supreme Court's landmark use-of-force decision, in Graham v. Connor, established a 'reasonableness' standard," Everett reminds. "You'll be judged ultimately according to what a 'reasonable' officer would have done. All of the facts and

circumstances that make up the dynamics between you and the subject will be evaluated."

Of course, some important facts may be subtle and now widely known or understood. That's where FSRC's unique findings on lethal-force dynamics fit in. Explains Lewinski: "The FSRC's research will add to your ability to articulate and explain the facts and circumstances and how they influenced your decision to use force."

Related Story:

[Salt Lake Police Shoot Man Who Has Knife](#)

Comments Requested:

To what distance are some trainers extending the 21-Foot Rule? How are officers making themselves unnecessarily vulnerable to edged-weapon attacks by over-investing in a certain defensive tool? How can training be made more realistic and relevant?

Edged Weapon Defense: Is or was the 21-foot rule valid? (Part 2)

Jun 13, 2005

Part 2 of a 2-Part Series

EDITOR'S NOTE: For the record, the 21-Foot Rule, when accurately stated, says that in the time it takes the average officer to recognize a threat, draw his sidearm and fire 2 rounds at center mass, an average subject charging at the officer with an edged weapon can cover a distance of 21 feet. Thus, when dealing with an edged-weapon wielder at anything less than 21 feet you need to have your gun out and ready to shoot before he starts rushing you or else you risk being set upon and injured or killed before you can draw your sidearm and effectively defeat the attack.

[In Part 1 of this special series](#) we reported on how the 21-Foot Rule, one of the core training components of edged-weapon defense, stands up when assessed against

landmark findings about action-reaction times documented by the Force Science Research Center at Minnesota State University-Mankato. We explained:

1. Because of misinterpretation, the 21-Foot Rule has been dangerously corrupted, but
2. When properly understood, the Rule is still valid in certain circumstances.

Now in this final installment of our 2-part series we discuss additional conclusions regarding edged-weapon defense, namely:

3. For many officers and situations, a 21-foot reactionary gap is not sufficient.
4. Weapons that officers often think they can depend on to defeat knife attacks can't be relied upon to protect them in many cases.
5. Training in edged-weapon defense should by no means be abandoned.

Here's what FSRC's executive director and selected members of the Center's National and Technical Advisory Boards have to say on these topics:

3. MORE DISTANCE. "In reality, the 21-Foot Rule--by itself--may not provide officers with an adequate margin of protection," says Dr. Bill Lewinski, FSRC's executive director. "It's easily possible for suspects in some circumstances to launch a successful fatal attack from a distance greater than 21 feet."

Among other police instructors, John Delgado, retired training officer for the Miami-Dade (FL) PD, has extended the 21-Foot Rule to 30 feet. "Twenty-one feet doesn't really give many officers time to get their gun out and fire accurately," he says. "Higher-security holsters complicate the situation, for one thing. Some manufacturers recommend 3,000 pulls to develop proficiency with a holster. Most cops don't do that, so it takes them longer to get their gun out than what's ideal. Also shooting proficiency tends to deteriorate under stress. Their initial rounds may not even hit."

Beyond that, there's the well-established fact that a suspect often can keep going from momentum, adrenalin, chemicals and sheer determination, even after being shot. "Experience informs us that people who are shot with a handgun do not fall down instantly nor does the energy of a handgun round stop their forward movement," states Chris Lawrence, team leader of DT training at the Ontario (Canada) Police College and an FSRC Technical Advisory Board member. Says Lewinski: "Certain arterial or spinal hits may drop an attacker instantly. But otherwise a wounded but committed suspect may have the capacity to continue on to the officer's location and complete his deadly intentions."

That's one reason why tactical distractions, which we'll discuss in a moment, should play an important role in defeating an edged-weapon attack, even when you are able to shoot to defend yourself.

"When working with bare-minimum margins, any delay in an officer responding to a deadly threat can equate to injury or death," reinforces attorney and use-of-force trainer Bill Everett, an FSRC National Advisory Board member. "So the officer must key his or her reaction to the first overt act indicating that a lethal attack is coming.

"More distance and time give the officer not only more tactical options but also more opportunity to confirm the attacker's lethal intention before selecting a deadly force response."

4. MISPLACED CONFIDENCE. Relying on OC or a Taser for defeating a charging suspect is probably a serious mistake. Gary Klugiewicz, a leading edged-weapon instructor and a member of FSRC's National Advisory Board, points out that firing out Taser barbs may be an effective option in dealing with a threatening but STATIONARY subject. But depending on this force choice to stop a charging suspect could be disastrous.

With fast, on-rushing movement, "there's a real chance of not hitting the subject effectively and of not having sufficient time" for the electrical charge--or for a blast of OC--to take effect before he is on you, Klugiewicz says.

Lewinski agrees, adding: "A rapid charge at an officer is a common characteristic of someone high on chemicals or severely emotionally disturbed. More research is needed, but it appears that when a Taser isn't effective it is most often with these types of suspects."

Smug remarks about offenders foolishly "bringing a knife to a gunfight" betray dangerous thinking about the ultimate force option, too. Some officers are cockily confident they'll defeat any sharp-edged threat because they carry a superior weapon: their service sidearm. This belief may be subtly reinforced by fixating on distances of 21 or 30 feet, as if this is the typical reaction space you'll have in an edged-weapon encounter.

The truth is that where edged-weapon attacks are concerned, "close-up confrontations are actually the norm," points out Sgt. Craig Stapp, a firearms trainer with the Tempe (AZ) P.D. and a member of FSRC's Technical Advisory Board. "A suspect who knows how to effectively deploy a knife can be extremely dangerous in these circumstances. Even those who are not highly trained can be deadly, given the close proximity of the contact, the injury knives are capable of, and the time it takes officers to process and react to an assault.

"At close distances, standing still and drawing are usually not the best tactics to employ and may not even be possible." At a distance of 10 feet, a subject is less than half a second away from making the first cut on an officer, Lewinski's research shows. Therefore, rather than relying on a holstered gun, officers must be trained in hands-on techniques to deflect or delay the use of the knife, to control it and/or to remove it from

the attacker's grasp, or to buy time to get their gun out. These methods have to be simple enough to be learned by the average officer.

Two techniques that bear reinforcement are illustrated in the well-known training video "Surviving Edged Weapons", for which Gary Klugiewicz was a technical consultant. One is a deflection technique called Sweep and Disengage. The other is a tactic for controlling the attacker's weapon hand, called by the acronym G.U.N. (Grab...Undo...Neutralize).

Stapp strongly believes that training in edged-weapon defense should prepare an officer to deal psychologically with getting cut or stabbed, a realistic probability with lag time, close encounters and desperate control attempts. "Officers need to be trained to continue to fight," Stapp says. "They will not have time to stop and assess how severe the wound is. You don't want them in the mind-set, 'I've been cut, I'm going to die.' They must remain focused on stopping the attack, taking out the guy who is the threat to them."

Checking yourself over for injury after the offender is subdued is important, too, Klugiewicz says. "Some survivors of edged-weapon attacks report that they were not aware of being cut or stabbed when the injury occurred. They thought they had just been punched and didn't realize what really happened until later."

5. TRAINING. "Assuming it is presented accurately and in context with the many variables that shape knife encounters, the 21-Foot Rule can be a valuable training aid," Lewinski says. "As a role-playing exercise, it provides a dramatic and memorable demonstration of how fast an offender can close distance, and it can motivate officers to improve their performance skills."

Experiment with it and you may conclude, like Delgado, that 21 feet is not enough of a safety margin for your troops.

You might also use 21-Foot Rule exercises to test tactical methods for imposing lag time on offenders in order to buy more reaction time for officers. These could range from using or creating obstacles (standing behind a tree or shoving a chair between you and the offender) to moving yourself strategically. You're probably familiar with the Tactical L, for example, in which an officer moves laterally to a charging offender's line of attack. With the right timing, this surprises and slows the attacker as he processes the movement and scrambles to redirect his assault, and gives the officer opportunity to draw and get on target.

Lewinski favors a variation called the Tactical J. Here, instead of moving 90 degrees off line, the officer moves obliquely forward at a 45-degree angle to the oncoming offender. "This tends to be more confusing to the suspect and requires more of a radical change on his part to come after you," Lewinski says. "But the timing has to be such that the suspect is fully committed to his charge and can't readily adjust to what you've done. That takes lots of practice with a wide variety of training partners."

If nothing else, training with the 21-Foot Rule will help officers better estimate just how far 21 feet is. Without a good deal of practice, most can't accurately gauge that distance, Lewinski says, and thus tend to sabotage appropriate defensive reactions.

Don't forget, though, that most edged-weapon attacks are "up close and personal." That means training must include effective empty-hand-control techniques, close quarters shooting drills and weapon retention. "We need to develop the ability to draw our sidearm, get on target and GET HITS extremely fast," while moving as a diversionary measure if possible, says Stapp. "Close-range shooting--under 10 feet--will most effectively be accomplished when an officer has developed the ability to get on target 'by feel,' without using his sights."

Lewinski also recommends drills to imprint rapid reholstering techniques. Reholstering may become necessary if there's a sudden change in threat level--say the offender throws his weapon down and is no longer presenting an imminent threat justifying deadly force--and the officer needs both hands free to deal with him.

There's little doubt that the "knife culture" and related attacks on officers are dangerously flourishing. Edged-weapon assaults are a staple of the news reports of police incidents from across the U.S. and Canada on the website of FSRC's strategic partner, PoliceOne.com. Recently an officer in New York City was slashed in the face during a fight that broke out on a man-with-a-gun call...in Ohio, a state trooper fatally shot a berserk motorist who charged him with a hatchet...another offender, who called 911 in Pennsylvania to report he was having a heart attack, ended up shot 13 times and killed after commands and OC failed to stop him from lunging at a trooper with a chain saw...in Calgary (Ont.) a blood-soaked man waved a bloody butcher knife over his head and charged at constables who responded to a domestic...a suspected rapist attacked a Chicago detective with a screwdriver after luring him into an interrogation room by asking for a cigarette...in the reception area of a California prison, an inmate serving time for trying to kill a cop stabbed a correctional officer to death with a shank...in Idaho, an out-of-control teenager punched holes in the walls of his house with a 15-inch bayonet, then turned on a responding officer with the blade and sliced his uniform before the cop shot him....

"Given today's environment, rather than draw back on edged-weapon training, officers and agencies should be expanding it," Lewinski declares. "Edged-weapon attacks are serious and should be taken seriously by trainers, officers and administrators alike. Finding out what works best in the way of realistic tactical defenses and then training those tactics as broadly as possible has never been more needed."

FSRC is currently involved in additional research on the dynamics of edged-weapon confrontations and plans a major report on its findings before the end of this year.

Related stories:

[Nev. Deputy Shoots Knife-Wielding Man](#)

[New Orleans Police Shoot Man Waving a Cleaver](#)

NOTE: Three courses for trainers on edged-weapon defense are offered through the new PoliceOne Training Network, in conjunction with the national training division of Fox Valley Technical College: Basic and Master Edged Weapon Instructor training, taught by Dave Young, and the Tactical Weapon Control Instructor course, taught by Gary Klugiewicz. [For more information](#)

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About the author

The Force Science Institute was launched in 2004 by Executive Director Bill Lewinski, PhD. - a specialist in police psychology -- to conduct unique lethal-force experiments. The non-profit Force Science Institute, based at Minnesota State University-Mankato, uses sophisticated time-and-motion measurements to document-for the first time-critical hidden truths about the physical and mental dynamics of life-threatening events, particularly officer-involved shootings. Its startling findings profoundly impact on officer training and safety and on the public's naive perceptions.

For more information, visit www.forcescience.org or e-mail info@forcescience.org. If you would benefit from receiving updates on the FSRC's findings as well as a variety of other use-of-force related articles, please visit www.forcesciencenews.com and click on the "Please sign up for our newsletter" link at the front of the site. Subscriptions are free.

Use of Force Report Writing Guide

The Constitutional Standard for Use of Force

The U.S. Supreme Court case of Graham v. Connor, 490 U.S. 386 (1989), established “Objective Reasonableness” as the standard for all applications of force in the United States. This guide is designed to assist officers in articulating the facts of a Use of Force incident in accordance with the guidance provided in Graham. Remember, all use of force applications are judged based upon:

- The totality of the circumstances
- From the perspective of a reasonable officer
- On the scene
- At the *moment* force was used
- Without 20/20 hindsight
- In circumstances that are tense, uncertain and rapidly evolving

The court specified four specific factors, sometimes referred to as the Graham factors, which assist in determining reasonableness. Although not required, nor all inclusive, articulating these factors provides a good framework for justifying a particular use of force. The factors are:

- The severity of the crime
- Whether the subject was an immediate threat to the officers or others
- How the subject was actively resisting arrest (seizure)
- How the subject was attempting to evade arrest by flight

Other Articuable Facts

The following list represents facts, which if present, may assist in justifying a particular use of force. It is not intended to be all inclusive.

- The number of suspects vs. the officers involved (availability of back-up)
- Pre-assault indicators (be specific... describe the subject’s actions and statements)
- Size, age, and physical condition of the officer and suspect
- Known or perceived physical abilities of the suspect (i.e. known Mixed Martial Artist)
- Previous violent or mental history, known to the officer at the time
- Perception of the use of alcohol or drugs by the subject
- Perception of the suspect’s mental or psychiatric history based on specific actions
- The availability and proximity to weapons
- Environmental factors (night, day, snow, ice, heights, heat, terrain, etc.)
- Injury to the officer or prolonged duration of the incident
- Officer on the ground or other unfavorable position
- Characteristics of being armed (i.e. bulges, adjustment of clothing, “security touches”)

Use of Force Report Writing Guide

Facts vs. Conclusions

Many police reports contain “conclusions” disguised as “facts.” “Conclusions” are phrases or words that describe a subject’s actions, but lack clear articulation of the subject’s behaviors. When articulating force, particular attention should be paid to the specific actions and behaviors of the subject (facts). The following table provides a few examples of when “conclusions” should be replaced by “facts” in a written report.

Conclusions

Facts

Assaultive	“I’m going to kick your ass,” specific verbal threats or statements, turned 90°, boxer’s/fighting stance, suddenly closed the distance, shoved the officer, weight shifting, clenched fists, raised hands, profuse sweating, clenched mouth, rapidly closed distance, lunged, grabbed, scanning the area, sudden attach, personal grooming...
Non-compliant	“I’m not going to jail,” ignored commands, acted contrary to commands, walked away, repetitive phrases, illogical responses...
Resistant	Pulled away, folded arms, 1000 yard stare, became rigid, attempted to hide, unresponsive to physical force...
Matched description	Height, weight, clothing, gender, race, hair, color, vehicle description, direction of travel...
Officer safety	Weapons, physical size, known criminal history, would not keep hands out of pockets, known violent history, type of crime, NCIC/BOLO info, time of day, characteristics of being armed, proximity to weapons...
High crime area	Number of arrests, types of arrests, personal observations, statistics, citizen’s complaints...
Suspicious activity	Unusual appearance for area (heavy coat in summer), unprovoked flight, looking in vehicles, stealthy movements...



In-Service T.Y. 2017

Date Prepared: **August 2016**Subject: **Human Responses to High-Stress Force Encounters**Date Revised: **TBD**Prepared By: **Shawn M. Barbale, MPTC Defensive Tactics Statewide Coordinator, Worcester Police Officer**

Target Audience: Veteran Officers	Pre-required Student Training and/or experience (if any): None	Method of Instruction: Video Presentation, roundtable discussion	Time Allotted: Classroom Hours: 3 Practical, range, scenario hours: Continuing Education Credits:
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Summary of Instructor Qualifications to teach the class: Must be a currently certified MPTC Defensive Tactics Instructor with at least a Level III (3) designation.	Number of Instructors required: 1
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Instructional Goal:	To enhance officer safety and effectiveness in high-stress encounters.
Objectives: (Specify skills/information that will be learned and is measureable.)	At the conclusion of this training, students will be able to: <ul style="list-style-type: none"> Recognize the varying perceptions of officers, subjects, and observers involved in the same incident. Understand how the use of distance + cover = time will result in a safer and more effective use-of-force encounter.
Electronic (DVD) copy: Video copies to be kept on file with MPTC. Videos to be used: <ul style="list-style-type: none"> [Boston PD Bunker Hill CC] [Man shot on bridge after Taser] If time permits: <ul style="list-style-type: none"> [Teen with finger gun shot] 	Bibliography References:



Lesson Plan Content

Instructors shall begin the class with a brief overview and review of the MPTC Use-of-Force model and a summary of last year's discussion regarding the use of distance, time, communication, and positioning to their benefit and to reduce the potential for needing to use physical force. (See the attachment.) The instructor will then explain to the students that the purpose of this year's in-service is to give them a better understanding of how different the perspectives of officers, suspects and the general public can be during Use-of-Force encounters. At the completion of the block of training, instructors will have given students a better understanding of why proper training and skills and using the concept of distance + cover= time make for a safer and better-accepted use-of-force encounter.

Both videos are use-of-force incidents which occurred during actual police encounters. Instructors should explain to the students that while watching the video they should examine the incidents from the perspective of a citizen who may be a casual onlooker and also through the eyes of the police officer.

The instructor shall tell the class that the discussion is not meant to second-guess or to be a criticism of the officers involved, but solely to be a learning experience. In any use of force, even the most experienced officer can benefit and learn from a review of her or his performance after such incidents.

Video one [insert link to video] depicts an incident in which a known gang member is being taken into custody by several officers. Video two [insert link to video] is an incident which occurs on a bridge. This video is captured on the officer's cruiser cam. It depicts an officer attempting to place an individual under arrest who violently resists, is subjected to a TASER exposure, and is ultimately shot by a second responding officer. Video one should be shown and discussed before showing and discussing video number two. (Video number three is offered in case time permits additional review and discussions.)

In both cases, the initial viewing of the videos should prompt the students to question whether or not the force used was appropriate. They should also examine what the officer did well and ways the officer could have better use distance, time, communication, and positioning to create a safer, better outcome. They should also begin to question whether or not the general public would accept or challenge the officer's decisions. (It should be reinforced that the purpose of the class is not to get officers to insert public opinion as the primary consideration when using force. Officers should still utilize the force option that will reasonably respond to the subject's actions and achieve a resolution to the situation. Instead, the discussion regarding public perceptions is meant to reinforce how and why the public often reacts negatively to officers' use of force, even when applied legally and reasonably and to reinforce the benefits of utilizing smart policing (distance, time, communication, and positioning) when handling situations where physical force may be required.)

After viewing each video the instructor should break the class into smaller groups and foster a “roundtable discussion” type atmosphere. The instructor should advise the students to focus on several key points from both of the videos but address them using the following questions:

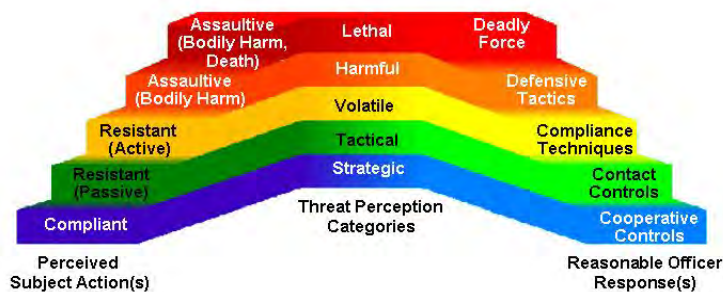
1. What did the officer(s) do well?
2. Which techniques may have been better alternatives to what the officers applied? Could they have used distance, time, communication, or positioning better?
3. Did the officers involved create the condition for more force than necessary to be used?
4. If you were a citizen observing this incident as it unfolds, what would be your initial response?
5. If you had no knowledge of what type of subject the officers were dealing with would you assume that the police were exceeding the boundaries of reasonable force?
6. Placing yourself in the position of the responding officers, how do you perceive the subjects’ actions in each of the scenarios?
7. Do you believe that the force used was in fact reasonable?
8. How would you document and explain why you used the force applied based on the subjects actions? (After getting some discussion, ask this question: If this was you, and you got sued for your involvement in this incident would you be able to adequately defend my actions and would you report support your use of force option(s) in a court of law?)
9. Does it appear that lack of training might have affected the way in which the officers involved handled the incidents? Are there other explanations?

It is important that instructors review the concepts of distance + cover= time. Instructors should also review, through discussion, the control technique taught at last year’s in-service which addressed the issue of several officers dealing with the active resistant subject on the ground and its public impression factor.

At the conclusion of the block of training, students should have a firm understanding of the differences in perception between the subject, officer and general public who may witness or be involved in a use-of-force incident and how smart policing (distance, time, communication, and positioning) can minimize the potential for the need to use physical force and minimize the perception that the force used was excessive or unreasonable. Students should also understand the importance of how a well written report will greatly assist them in explaining their actions. Finally, the hope is that by evaluating incidents in this forum officer safety will be enhanced by showing students better alternatives to handle incidents similar to the ones they were shown.

Links to DT videos

- https://www.youtube.com/watch?v=pXDJvBaTTDQ&feature=em-share_video_user
- https://www.youtube.com/watch?v=jpziJTlv7Cw&feature=em-share_video_user
- https://www.youtube.com/watch?v=jRKXa59PdEk&feature=em-share_video_user

Risk Assessment and Use of Force

Perceived Circumstances - the officer's perception of the circumstances, based on the information available; including the severity of any crime, the existence of an immediate safety threat to the officer or others, and the degree of compliance / non-compliance from the subject; culminating in its identification on the Use of Force Model's Threat Perception Categories.

Perceived Subject Action (s) - the subject action (s) as perceived by the reasonable officer that designate the subject at one or more of the Use of Force Model's compliant / non-compliant categories.

Reasonable Officer Response (s) - the "balanced" response (s) appropriate for the reasonable officer's selection from the Use of Force Model's identified response categories, in order to maintain or gain subject compliance and control.

These five categories and their color correlation include:

- **Strategic** - the first level on the Use of Force Model, establishing the broad "mind set" for the officer, represented by the blue baseline on the Threat Perception Color Code. The contemporary officer must maintain this functional foundation, centered upon patterns and principles designed to enhance the overall status of safety. The professional officer is engaged in duties that require a higher level of awareness, based on observation and perceptions, than most any other professions. Day after day our activities include the observance of hundreds of individuals and vehicles and the critical observation of the enforcement environment. *Think Strategically.*
- **Tactical** - the second level on the Use of Force Model, is depicted by the color green. At this level, the officer perceives an increase in threat potential within the contact environment, evolving into the deployment of safety tactics. This increase in risk generally occurs when an officer initiates various types of police action. Accordingly, the officer applies accepted safety strategies relative to the enforcement encounter. For example, the officer has selected a vehicle for a traffic stop and now practices the appropriate tactics such as calling in the stop prior to turning on the "blue lights", proper cruiser positioning, etc. or when an officer approaches a subject on the street to investigate some type of suspicious activity. The tactical skills that would be deployed in this situation would be those foundation skills that Defensive Tactics Instructors promote such as proper stance, distance and positioning. *Act Tactically.*
- **Volatile** - the third level on the Use of Force Model utilizing the color yellow to indicate an activated level of alertness and threat potential. Here the officer is confronted with the presence or potential of increased threat intensity, severity, etc., within the enforcement encounter.

This activated alertness might involve an agitated and angry operator of the motor vehicle that was just stopped or a very animated subject who is not happy that the officer has stopped him for questioning.

- **Harmful** - at this level on the Use of Force Model the color orange denotes an accelerated perception of danger directed toward the officer or others. The officer must initially deploy defensive force toward the goal of eventual subject compliance and control.

An officer may perceive the risk as being harmful when the operator from the stopped motor vehicle jumps out of the vehicle, rolls up his sleeves and assumes a fighting stance. This harmful risk might also be perceived when the subject being questioned takes off his hat, clenches his fists and calls over another subject who is sitting nearby.

Harmful risk may also include dispatch to a domestic disturbance or a bar fight.

- **Lethal** - the highest level on the Use of Force Model correlates to the most intense color in the **Threat Perception Color Code**®, red. Although the potentially lethal degree of threat is least frequent, its recognition remains most crucial for officer safety and societal security.

Lethal risk may include dispatch for shots fired, finding spent shell casings on the sidewalk at a disturbance call or a blood stained hallway at the call of a serious assault

One must realize each officer/citizen contact is potentially unpredictable. At the onset of any police action, there is a level of risk present. This risk may increase and/or decrease as the confrontation continues, mandating that the officer continue to perceive, assimilate and adapt to these potential changes in the risks and dangers .

The five categories of Perceived Subject Action(s) include:

- **Compliant** - represents the vast majority of officer/citizen contacts. Such cooperation is generally established and maintained via cultural acceptance, verbalization skills, etc.
- **Resistant (Passive)** - the preliminary level of citizen non-compliance. Here, the citizen, although non-compliant, offers no physical or mechanical energy enhancement toward the resistant effort.
- **Resistant (Active)** - the subject's non-compliance is increased in scope and/or intensity. The subject's non-compliance now includes energy enhanced physical or mechanical defiance.
- **Assaultive (Bodily Harm)** - the officer's attempt to gain lawful compliance has culminated in a perceived or actual attack on the officer or others. The officer makes the reasonable assessment that such actions by the subject would **not** result in the officer's or other's death or serious bodily harm.
- **Assaultive (Serious Bodily Harm/Death)** - the officer's attempt to gain lawful compliance has culminated in the perception of an attack or the potential for such an attack on the officer or others. The officer makes the reasonable assessment that such actions by the subject could result in serious bodily harm or death to the officer or others.

The five categories of Reasonable Officer Response(s) include:

- **Cooperative Controls** - include contemporary controls developed to preserve officer safety and security, including: communication skills, restraint applications, etc.
- **Contact Controls** - includes countermeasures designed to guide or direct the non-compliant subject. These "hands on" tactics would include an elbow/wrist grasp, Hand Rotation Position, Escort Position, etc.
- **Compliance Techniques** - includes countermeasures designed to counter the subject's enhanced degree of resistance. These tactics could include the Control and Restraint Techniques, Takedowns, Pressure Points and Distraction Techniques, OC spray, etc. **Using the TASER in a DRIVE STUN or PROBE DEPLOYMENT would be justified as a Compliance Technique based on a departments policy and procedures.**
- **Defensive Tactics** - includes countermeasures designed to counter the subject's perceived non-lethal assault on the officer or others, regain control, and assure continued compliance. These tactics could include Weapon / Weaponless Strikes, etc. **Using the TASER in a DRIVE STUN or PROBE DEPLOYMENT would be justified as a Defensive Tactics Technique based on a departments policy and procedures.**
- **Deadly Force** - includes countermeasures designed to counter an assault, which is perceived as lethal or could cause great bodily harm to the officer or others. These tactics could include the use of a firearm, lethal strikes, etc.



INVOLVED

Ofc. Cliff Anderson,
Davenport PD, IA

- 41 y/o, 14 yr vet.

Det. Jim Weakley,
East Moline PD, IL

- Vet. Det., side arm
only, meal break

Steven Mallory

- 39 y/o Multiple
ABPO, Dom. Viol,
A&B, incarcerated
11/15yrs, mentally
unstable



Anderson: average veteran cop, no specialized training, Weakley: on the way to meet wife for lunch ONLY HAS DEPT WEAPON., Mallory: BAD GUY! Dom Viol. 3x's hospitalized 2 aunts and a cousin (hip leg & arm fractures)

DAVENPORT, IA
JULY 31, 2009 1120HRS

- DPD receives a call for a fight at a local “soup kitchen.” Suspect punched a volunteer and fled the area towards the Centennial Bridge;
- Victim is unconscious and bleeding;
- Suspect description given out:
M, BLK, 6+ FT, 300+LB’S, BLK shirt & shorts
- Officer Anderson is assigned to a 1 officer car & is approaching the bridge.



CLASS DISCUSSION

USE of FORCE
Reasonable or
Unreasonable?
What does the video show?

2 veteran cops, one becomes a victim & one a witness to the same attack. Why does one decide to use deadly force and one not (hands on only). Weakley observes attack except Taser failure.

AFTERMATH

Encounter: From cruiser to first shot **56 SECONDS!** Physical altercation **13 Seconds!**



Are these injuries consistent with a deadly force encounter?? Fat lip, maybe a loose tooth, scrapes & cuts on arms from a struggle, bumps & abrasions on the head, black eye with a bad cut??

Left Eye: eye brow was bitten off

QUOTES FROM OFFICER ANDERSON

- “Man, he’s an old cat.”,
- “The goal was to pat him down, put him in the back of my car and take him to the scene of the assault,”
- “First, I tried to talk to the man. Didn’t work. I tried the Taser. Didn’t work. Then I found myself on the ground under attack by a man who had 100 pounds on me. **Bitten. Choked. Pummeled!**”



Anderson get out of his cruiser with a plan but sizes up the SP (Mallory) incorrectly. Andersons goal (plan) was the same as an every day show up but did Anderson pay attention to the initial broadcast? Victim is has been punched and is uncouncious and bleeding. Does he have a simple A&B or a violent attack??

QUOTES FROM OFFICER ANDERSON



"My hearing started to go. My vision tunneled. Things started to go dark. I knew from choke training this was not good!"

"After I fired my second shot, all I knew is that he was gone."
(Anderson said of the man) "I felt like I had been hit by a truck."

Classic signs of adrenalin dump during a fight. Look what Anderson states in his report. Hearing, Vision gone! Unaware of surroundings. A 13 second fight & Anderson was in complete shut down.

Centennial Bridge Shooting Justified

One month after incident Scott County Attorney Michael Walton announces:

- ✓ "Anderson was *reasonable* and *justified* in his actions during a seconds-long life-or-death struggle;"
- ✓ "I'd go so far as to say it was heroic," Walton said, adding that Anderson saved injury and possibly the lives of others by stopping Mallory;
- ✓ It was unfortunate that the incident resulted in death, Walton said, but **there was no other reasonable course of action.**
- ✓ "I think it's fair to say **Officer Anderson thought he was going to die,**" during the assault, Walton said.



In-Service T.Y. 2018

Date Prepared: **September 2017**

Subject: **Physical Skills Refresher Baton, OC, Handcuffing**

Date Revised: **TBD**

Prepared By: **Shawn M. Barbale, MPTC Defensive Tactics Statewide Coordinator, Worcester Police Sergeant**

Target Audience: Veteran Officers	Pre-required Student Training and/or experience (if any): None	Method of Instruction: Instructor review/demonstration, Explanation of techniques	Time Allotted: Practical Hours in designated training area: 3
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Summary of Instructor Qualifications to teach the class: (100 word max.)

Number of Instructors required:

Instructors must be current Level III designated. Level III instructors may be assisted by Level II instructors.		Instructor ratio should be 10:1 there should be no deviation from this standard
Materials: Instructors should have full duty belts with baton, inert OC, Red/Blue training gun, handcuffs	Audio Visual Needs: None	Additional Notes: None

Instructional Goal:	Instructors should deliver a comprehensive review of the Baton, OC and handcuffing modules giving Officers a renewed comfort level using the above techniques.	
Objectives: (Specify skills/information that will be learned and is measureable.)	<i>At the conclusion of this training, students will be able to:</i> Officers should have a firm grasp on the importance of staying proficient with their physical skill set to enhance officer safety in the course of their duties.	
Content/text:		
Testing Procedures:	None	
Electronic (DVD) copy:	Process for Review: Instructors will be responsible for determining if the officers have satisfactorily demonstrated proficiency in the instructed techniques.	Bibliography References:



Lesson Plan Content

Instructors will refer to the coinciding MPTC Defensive Tactics Curriculum Lesson Plan. Modules to be followed are the Handcuffing, Baton and O.C. Modules. Instructors will review the concepts and techniques consistent with the Module lesson plans.

Instructors should provide a brief demonstration of techniques contained within each module and the reason for their application. Practical application of the modules will enable the instructor to evaluate and correct the officer's technique. The instructor should strive to better the officer's form and understanding of the techniques as they apply to real world applications and situations. Instructors should make use of training batons, inert O.C. and training bags to assist officers with the proper power and technique development. Handcuffing techniques should emphasize the importance of proper immobilization and subject control. It is not as important to ensure that the handcuffs are applied as meticulously as expected at the recruit level but should emphasize the need to apply the handcuffs safely and efficiently.

At the completion of the training the officer should have a renewed sense of application of the techniques explained and demonstrated by the instructor.



TY 2019

In-Service Lesson Plan

Date Prepared: 08/30/2018

Date Revised:

Subject: Defensive Tactics: Response to subjects armed with other than Firearms Review

Prepared By: Sergeant Shawn M. Barbale, Worcester Police Department, DT Statewide Coordinator (MPTC)

<p>Target Audience: Veteran full time and Part time officers</p>	<p>Pre-required Student Training and/or experience (if any): Attended a Basic Reserve Program or Full Recruit class</p>	<p>Method of Instruction: Lecture, demonstration and scenarios</p>	<p>Time Allotted: Classroom Hours:3 Practical, range, scenario hours: Continuing Education Credits:</p>
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<p>Summary of Instructor Qualifications to teach the class: (100 word max.)</p> <p>Instructor must be a currently certified MPTC Defensive Tactics Instructor. Instructors should be leveled at either Level 2 (in house training or under ratio supervision of Level 3) or Level 3. Instructors should be versed in current trends of Police Use of Force topics.</p>	<p>Number of Instructors</p> <p>Instructors required: 10 to 1 student to teacher</p>
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<p>Materials:</p> <p>Blunt object props (i.e. stick/pipe, hammer, axe, rock, training knives or similar) or any item made safe that could simulate an edged weapon, chairs to simulate driver and passenger side of officer cruiser, table/chairs to simulate furniture within a dwelling. Handcuffs and keys, foam batons.</p>	<p>Audio Visual Needs: (e.g. electronic devices)</p> <p>Lap top and projector if using power point</p>	<p>Additional Notes:</p>
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<p>Instructional Goal:</p>	<p>Officers will review edged weapons as well as other non-firearm potential weapons, review handcuffing techniques, and discuss barriers & officer safety in the 3 hour block of instruction.</p>
<p>Objectives: (Specify skills/information that will be learned and is measureable.)</p>	<p><i>At the conclusion of this training, students will be able to:</i></p> <ol style="list-style-type: none"> 1. Explain that objects other than firearms can be just as dangerous as being presented with a firearm; 2. Demonstrate proficiency with edge weapon defense (jam, control, counter); 3. Demonstrate proficiency with the apprehension process utilizing proper cuffing techniques; 4. Describe the importance of using various objects (cruiser, chairs, tables) as barriers between subject and officers and its relationship between utilizing these barriers to slow situations down and create more of a reactionary gap which leads to a safer apprehension procedure; 5. Explain Use of Force concepts in order to reduce reaction time and instilling confidence in the officer that the decisions made under extreme stress are acceptable; and 6. Explain why OFFICER SAFETY is the single most important factor in surviving a critical incident.

<p>Testing Procedures:</p>	<p>Observation of practical skills</p>	
<p>Safety:</p>	<p>All items being used as props are to be checked by instructor as being “safe” training weapons (i.e. foam knives). No live firearms, ammunition, edged weapons, OC, etc. allowed in training area.</p>	
<p>Electronic (DVD) copy: The lesson plan submission must include electronic copies of the lesson plan itself, handouts, videos, and PowerPoint presentations used in delivery of the course, preferably contained on a single DVD.</p> <p>Please use the following naming convention when saving this Lesson Plan: MPTC (name of curricula) Lesson Plan (year)”</p>	<p>Process for Review:</p> <p>As needed</p>	<p>Bibliography References:</p> <p>:MPTC Defensive Tactics Curriculum</p> <p>Edged Weapons Defense Module</p> <p>Handcuffing Module</p>

	<p>Please begin the Content/text for this Lesson Plan on page 4.</p>
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I. Introduction and Welcome:

- A.** Instructors make formal introductions, explain how the training day will unfold, what is expected of the participants (hands on practical skills practice unless officer is physically unable to participate due to illness/injury.)
- B.** Instructors should advise students that the reason for the topics of this years in-service is to enhance officer safety when confronting subjects armed with other than firearms. Given current trends in dealing with individuals suffering from mental health issues and in conjunction with the ICAT training being presented this year, instructors should explain that officers can utilize some techniques and theories which have become accepted in recent years. Instructors should emphasize that although the idea of slowing situations down, utilizing the ideas presented within the curriculum will help enhance officer safety, at the end of the day officers should make their safety and the safety of innocent parties **PRIORITY NUMBER 1!!!** Emphasize that the use of deadly force is **REASONABLE** when officer safety is in jeopardy!!!
- C.** Allow open discussion on the above issues as officers will most certainly have strong emotional opinions regarding how the public, media, individual departments have been handling some of the high profile cases which have attempted to demonize the Police and their decisions to use force.
- D.** ICAT will be addressing the issue of discussion around the topic of the so called "21 Foot Rule." This theory was never intended to be a hard and fast "rule!!!" The intention of creating the video was to address the danger of complacency when dealing with subjects armed with edged weapons. While we in the Defensive Tactics community in Massachusetts have not preached this theory in quite some time, it should be emphasized to Officers that 21 feet has little or nothing to do with the decision to use deadly force nor does it apply to edged weapons only. Instructors should stress the importance of recognizing danger signs and human behavior recognition as opposed to being preoccupied with

how near or far a subject is from the officer. Stress should be placed on the theory that human beings when determined to do harm to an officer can cover a large amount of area over a short period of time regardless of their experience or physical ability. As a general rule of thumb an average human can close a distance of as much as 25 feet in approximately 1.8 seconds. Instructors should at this point emphasize the importance of being proactive (reading behaviors, recognizing the environment they are operating in, being cognizant of potential barriers which can be used to slow human action down) and having force options available before the situation unfolds based on the officer's perceptions.

II. Physical Skills practice and Scenario discussion/demonstration:

- A. Instructors should begin the physical skills portion of training with a proper warm up. Instructors should lead officers through a short period of loosening up any muscle groups which will be activated during training.
- B. Instructors should begin the physical skills portion with a review of edge weapon defense
 - 1. Jam, control, and counter (*reference Module #6 DT Program Edged Weapon Awareness and Defense Instructor Lesson Plan, 2012*)
 - a. Subject steps in toward officer with edged weapon in hand
 - b. Officer brings both hands up in front of chest (high guard position)
 - c. Officer cannot get to the outside
 - d. Officer will jam the attack by striking the subject's shoulder (the arm that is holding the knife)
 - e. Officer will then reach over the subject's arm that is carrying the edged weapon
 - f. Arm will trap the biceps and triceps just below the shoulder
 - g. The officer will then use a number of Striking Techniques to counter the attack and neutralize the subject.
 - 2. Instructors will then pair officers up and have officers complete several static repetitions of the above.
- C. Handcuffing review of Standing, kneeling compliant handcuffing and Prone handcuffing (*reference Module #8 DT Program Handcuffing Techniques Instructor Lesson Plan, 2012*)

1. Compliant Handcuffing Technique (*reference "G. Compliant Handcuffing Technique" in Module #8, Page #8*)
 - a. Subject is cooperative (compliant)
 - b. Officer advises subject to spread his/her feet, point toes out, and place hands behind back.
 - c. Subject complies
2. Felony Takedown to Prone Handcuffing Technique (*reference "L. Felony Takedown to Prone Handcuffing" in Module #8, page #13*)
 - a. Officer encounters a subject and his/her perceptions are heightened to a level where he/she is in fear of serious bodily injury and/or death.
 - b. Officer using many of the principles from within **Patrol Procedures Training** would then order subject to the ground and into a prone position.
 - c. Again using proper **Patrol Procedures**, subject's arm is restrained, and once control is established, subject would be handcuffed.
3. Upon completing the handcuffing portion of the practical exercises, Instructors should then set up scenarios (as best as possible depending on training area) addressing the following:
 - a. Single officer/partner sitting in a simulated cruiser (using chairs side by side) exiting and engaging a mentally disturbed individual from a distance. Officers should utilize the "cruiser" as a buffer and operate from a safe distance. Subject should comply after some negotiation and ultimately handcuff and take the subject into custody.
 - b. When possible, instructor should find an empty room somewhere within the training area and have a subject inside the room brandishing some sort of blunt object or edged weapon. Officers should respond as a three or four man element. It should be explained that one officer should be the team leader and assign the other officers to less lethal coverage, apprehension or lethal coverage. It should be explained that rather than immediately entering the subject's realm, they should operate from the threshold and engage the subject from outside the room. Subject should be instructed to comply with the officers (provided they are doing the proper thing.) Officers should walk the subject to their position, utilize the principles of prone handcuffing and take the subject into custody.

- c. If time permits, Instructors can utilize other scenarios which emphasize the principles of time, cover and distance in the addendum of this lesson plan.

D. Suicide by Cop discussion

1. Try not to allow subject to create the condition (suicide by Cop)
2. The officer should stay in control of the situation
3. Goal is for everyone to go home safely
4. You do not want to add another “rock” to your gunny sack
 - a. The trauma to the officer who is forced to discharge his/her weapon is unconceivable
5. Use some “war stories’ but keep it limited
 - a. If instructor or a student has a real world example of these calls for service, allow discussions as well as question and answer period in a “round table” discussion to explain outcomes and lessons learned.
6. Relate the concepts of time, cover and distance as an officer safety option during these incidents
7. “Action vs Reaction” should be discussed.
 - a. If they are suicidal...they are homicidal
 - b. Be prepared for ANY action rather than reacting to the action
 - c. A subject with a firearm, essentially holding themselves hostage will always have the advantage over the officer unless the officer enters the situation prepared (i.e. officer already has their weapon drawn.)
 - d. There is no exigency to engage a subject holding themselves at by inside of a structure if the subject is only a threat to themselves.
 - e.

E. Officer Safety Reminder

1. You cannot help anyone if you are hurt
2. Officers must not forget that immediate defensive tactics might be needed in situations
 - a. The Time Decision – the decision whether to act immediately, based on what the officer reasonably believes at the moment, or to seek other resolutions. Is there the opportunity to communicate/persuade, get more assistance and problem solve via considering various other tactics? All of which can greatly enhance officer safety.

- b. Is there potential of someone being imminently injured?
- c. Know what/where/why is the urgency
- d. If you don't have time....ACT!
- e. If you do have time...USE IT!
- f. OFFICER SAFETY IS THE NUMBER ONE PRIORITY!!!

III. Questions/Concerns?



Veteran Officer In-Service T.Y. 2020

Date _____ Subject: Defensive Tactics Prepared By: Shawn Barbale
 Prepared: 8/22/19 _____

Target Audience: Full time and Part time Police Officers	Pre-required Student Training and/or experience (if any): Completed an ROC or Basic Reserve Intermittent Training Program	Method of Instruction: Lecture, Power Point and Practical Skills	Time Allotted: 6 hours Classroom Hours:3 Practical / range / scenario hours: 3 Continuing Education Credits:
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Summary of Instructor Qualifications to teach the class: (100 word max.) Instructor must be current MPTC Defensive Tactics Instructor Certified as a level III or level II working with a level III	Number of Instructors required and their duties: 2-3
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Materials:	Audio Visual Needs: (e.g. electronic devices)	Additional Notes:
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<p>Instructional Goal:</p>	<ul style="list-style-type: none"> • This training will give the officers options for dealing with Use of Force issues in regards to individuals in a non-criminal situation, suffering from medical or mental health emergencies.
<p>Objectives:</p>	<p><i>At the conclusion of this training, the officer will be able to:</i></p> <ol style="list-style-type: none"> <i>1. Identify the distinct differences between criminal and non-criminal Use of Force;</i> <i>2. Define what FORCE is;</i> <i>3. Demonstrate the concept of time, distance and cover in volatile situations involving individuals in crisis in a non-criminal situation;</i> <i>4. Explain why force is allowed when dealing with individuals in crisis in a non-criminal situation;</i> <i>5. Document correctly in their reports their perceptions and all factors involved in their use of force in calls involving subjects versus suspects;</i> <i>6. Demonstrate safe alternatives utilizing force on subjects in crisis in regards to take downs, handcuffing, searching and ground control of a combative subject; and</i> <i>7. Properly document in a report when a situation of Use of Force turns into an arrest able encounter, the applicable charges.</i>
<p>Context/text:</p>	<p>Please start the context/text for this Lesson Plan on the following page.</p>
<p>Testing Procedures:</p>	

<p>Electronic copy: The lesson plan submission must include electronic copies of the lesson plan itself, handouts, videos, and Power Point presentations used in delivery of the course, preferably contained on a thumb drive.</p> <p>Please use the following naming convention when saving this lesson plan: "MPTC (name of curricula) Lesson Plan (year)"</p>	<p>Process for Review:</p>	<p>Bibliography / References:</p> <p>MPTC Defensive Tactics Instructor Manual</p>
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Veteran Officer In-Service TY 2020 Defensive Tactics

- I. Introduction
 - A. Instructor Introduction
 - B. Housekeeping
 - C. Safety rules including storage of all firearms and weapons
 - D. Go over Goals and Objectives for today's class
- II. Use of Force Model Review
 - A. Totality Triangle
 - 1. Perceived Circumstances
 - 2. Subjects Actions
 - 3. Officers Response
 - B. Risk Assessment
 - 1. Strategic
 - 2. Tactical
 - 3. Volatile
 - 4. Harmful
 - 5. Lethal
 - C. The use-of-force model (Charles & Connor, 1996) is a flowchart of police force options that helps the officer to identify and clarify two important components of police use of force: accurate risk assessment and appropriate force response.
 - 1. Accurate risk assessment

- a. Risk assessment helps to establish the reasonable officer's perceptions of subject actions.
 - b. The use-of-force model organizes the reasonable officer's perceptions of the subject's actions on five levels (see Subsection B following).
 - c. The reasonable officer's perceptions dictate his or her appropriate force responses (see Subsection 2 following).
2. Appropriate force response
 - a. As it does with the reasonable officer's perceptions, the use-of-force model organizes the reasonable officer's responses to the subject's perceived actions on five levels (see Subsection B following).
 - b. The use-of-force model links each level of the reasonable officer's perceptions to a level of reasonable officer responses.
- D. Organization of the use-of-force model
1. Level 1 of the use-of-force model
 - a. Reasonable officer's perception of the subject
 - (1) Compliant
 - b. Reasonable officer's response to the subject
 - (1) Cooperative controls
 - (a) Verbal communication
 - i) Verbal communication skills are some of the most important skills the officer can master (see the One-on-One Communication module).
 - ii) Crisis intervention and conflict resolution techniques complement verbal communication
 - iii) Strong communication skills are essential to community policing.
 - (b) Officer presence
 2. Level 2 of the use-of-force model
 - a. Reasonable officer's perception of the subject
 - (1) Resistant (passively)
 - b. Reasonable officer's response to the subject
 - (1) Contact controls
 - (a) Touch techniques
 - i) The officer must be confident to attempt and execute these low-level, empty-hand control techniques.
 - Confidence comes from proper training.
 - (b) Escort position
 - i) The officer uses the escort position to guide, support, or direct a subject into proper position (see the Handcuffing and Searching Techniques segment of the Defensive Tactics module).

3. Level 3 of the use-of-force model
 - a. Reasonable officer's perception of the subject
 - (1) Resistant (actively)
 - (a) The officer can place a subject on this level without touching him or her.
 - (b) The subject may use physical or mechanical means to actively resist the officer.
 - b. Reasonable officer's response to the subject
 - (1) Compliance techniques
 - (a) Oleoresin capsicum (OC) spray (see the Oleoresin Capsicum [OC] segment of the Defensive Tactics module)
 - i) Many departments allow their officers to use OC spray (see the Oleoresin Capsicum [OC] segment of the Defensive Tactics module) before executing hands-on techniques.
 - (b) Controlling and restraining techniques (see the Controlling and Restraining Techniques segment of the Defensive Tactics module)
 - i) The officer may need to use controlling and restraining techniques (see the Controlling and Restraining Techniques segment of the Defensive Tactics module) after using OC spray (see the Oleoresin Capsicum [OC] segment of the Defensive Tactics module) on a subject.
 - ii) The officer should use controlling and restraining techniques (see the Controlling and Restraining Techniques segment of the Defensive Tactics module) should OC spray (see the Oleoresin Capsicum [OC] segment of the Defensive Tactics module) fail to control a subject.
4. Level 4 of the use-of-force model
 - a. Reasonable officer's perception of the subject
 - (1) Assaultive (threatens bodily harm; see Subsection III preceding)
 - b. Reasonable officer's response to the subject
 - (1) Defensive tactics
 - (a) Impact techniques (intermediate and personal weapons)
 - i) The officer may use defensive tactics like empty-hand strikes, baton strikes, or other assaultive countermeasures (see the Defensive Tactics module) when facing an unarmed or assaultive subject.
5. Level 5 of the use-of-force model
 - a. Reasonable officer's perception of the subject
 - (1) Assaultive (threatens to inflict serious bodily harm [see Subsection III

- preceding] or to use deadly force (see Subsection IID preceding)
- b. Reasonable officer's response to the subject
 - (1) Deadly force (see Subsection IID preceding)
 - (a) The officer should be trained and ready to use deadly force when confronted by an armed subject.

E. The use-of-force model is a useful police tool because it:

1. Facilitates officer recall
2. Organizes the ever-expanding pool of police use-of-force techniques
3. Orders force options logically
4. Provides the officer reasonable guidelines for determining which level of force is appropriate in given circumstances (relates perceived threat to appropriate and reasonable response)

F. The use-of-force model is designed to encourage the officer to respond with the least amount of force needed to stop the subject's resistance or to gain the subject's compliance, which means the officer may move up the model to choose a force option (escalation) or down the model to choose a force option (de-escalation).

1. While the officer's encounters with subjects often escalate, compelling the officer to move up the model to higher and more severe force options, the officer's encounters with subjects may stabilize (remain on the same level of the model) or de-escalate.
2. The officer may raise, lower, or maintain his or her response as his or her perceptions of the subject change.

G. The use-of-force model should be paired with departmental use-of-force policy because the model is designed to help explain policy and serve in an integrated use of-force program.

III. Suspect vs. Subject when Using Force

A. For the purposes of this training we are defining

1. Suspect – as an individual who is suspected of committing or has committed a crime
2. Subject – an individual in a non-criminal situation, suffering from a

medical or mental health emergency

B. Force – a physical emergency used to compel, repel or restrain

1. Compel example - If a force option is presented (display of Baton, OC, Taser, etc.) and a subject immediately submits to the lawful orders of the officer, they have been **compelled** to comply.
2. Repel example - During the course of a use of force encounter an officer may have to rely on the application of a particular force option in order to **repel** or prevent a subject from causing injury to the officer or a third party or themselves.
3. Restrain example - An officer may have to use force in order to **restrain** a combative subject whom the officer is attempting to place under arrest or aid during a mental health/medical crisis.

The instructor can give other examples

C. Why is force used

1. Force is used to protect yourself
2. Force is used to protect another
3. It is used to overcome resistance to authorized control (arrest or detention)
4. It is used to prevent a person from harming themselves as in the case of section 12's involving emotionally disturbed subjects

D. Legal Standard for using force

1. Graham Standard
 - a. Severity of the crime
 - b. Immediate threat to officer safety or innocent third party
 - c. Attempting to flee or resist lawful arrest
2. Does Graham cover medical emergencies
 - a. A fundamental issue with applying the Graham Standard of Reasonableness to a Use of Force involving an individual suffering

from a medical or mental health episode is application of the Graham 3 prong test.

- b. Is there a higher or lower standard when the subject is a patient as opposed to a suspect?

3. Recent Case law - Scotus 6th Circuit

- a. Recognizing the issue of determining reasonableness for using force in situations involving medical/mental health emergencies, Scotus examined the topic as a result of 42 USC 1983 case
 - i. Estate of Corey Hill vs. Miracle (6th Circuit) (2017)
 - ii. Case is notable for setting forth a different test for judging the objective reasonableness of the force used by an officer in medical situations
 - iii. Graham doesn't apply – No crime, No resisting, No threat.
 - a) Similar to graham, Hill is a diabetic suffering from a diabetic episode
 - b) Medics respond to Hill's residence for medical call. Hill's blood sugar is dangerously low (38, normal range roughly 60-100). He is combative, punched a medic, ripped IV out of arm spraying blood all over first responders. Deputy on scene initially has no interaction with Hill, however after medic is assaulted advises Hill to relax and ultimately delivers 5 second drive stun with ECW to Hill's thigh.
 - c) Medics are able to set the IV, deliver dextrose, stabilize Hill. He is apologetic and remorseful for his behavior. Medics save his life.
 - d) Hill files suit under 42 USC 1983 claiming excessive force for use of ECW
 - e) Claimed ECW caused burns and scarring
 - f) Caused diabetes to worsen
 - g) Ultimately dies from complications due to diabetes
 - h) Case continues on behalf of his estate
 - i) US Court of Appeals grants qualified immunity ultimately finds Deputy's use of ECW was reasonable
- b. Further, SCOTUS develops new legal test for determining

- reasonableness in medical emergencies
- c. In determining reasonableness in medical/mental health emergencies, the following must be considered:
 - i. Was the person experiencing a medical emergency that rendered him/her incapable of making a rational decision under circumstances that posed an immediate threat of serious harm to him/her self or others
 - ii. Was some degree of force reasonably necessary to ameliorate the immediate threat?
 - iii. Was force used more than reasonably necessary under the circumstances (was it excessive)?
 4. Callwood vs. Jones
 - a. US court of Appeals 11th Circuit (Alabama) Lee County Deputy Sheriff
 - b. Deputy Sheriff Office receives call for naked male (Neville Illidge) running down a county road covered in scratches. Illidge is despondent and does not respond to Deputy. He is walking into oncoming traffic and approaching a citizens home. Turns and engages deputy.
 - c. Deputy advised subject he would be Tased if he didn't stop. ECW deployed in probe mode, ineffective. Subject throws Deputy exhibiting super human strength. Several more Deputies arrive. Illidge is Tased a total of 14 times. Continues to resist violently. Able to handcuff, also hogtied and kept in prone position with 385 pound Deputy on his back. Subject does limp and dies.
 - d. 42 USC 1983 suit filed on his behalf, Excessive Force, deliberate indifference (failure to provide medical attention.)
 - e. District Court grants Deputies qualified immunity.
 - f. SCOTUS – Officers did not violate clearly established law and entitled to qualified immunity.
 5. Although both cases were decided in favor of the police, several issues deserve attention
 - a. We must recognize that there are distinct differences between criminal and non-criminal uses of force
 - b. When appropriate, the concept of time, distance, cover and negotiation should be the initial preferred response
 - c. We should be aware and cognizant of medical conditions.

Familiarity with subjects, knowledge of their diagnosis, prior interactions will be considered

- d. No one tool is going to act as the be all end all to resolve a situation. Policy must be followed 9ECW, 3 5 second cycles is the rule)
- e. OFFICERS SAFETY IS PRIORITY NUMBER 1!!!!!!!

This ends the morning segment of the Defensive Tactics. When participants return from lunch, the afternoon segment is hands-on practical applications.

IV. Takedown from rear

- A. This technique is to be utilized as a safe alternative to traditional take downs.
 - 1. Purpose is to give the officers a safe, controlled manner in which to take individual off balance and to the ground into the prone position.
 - 2. Especially effective for controlling an individual who may be out of control due to a medical/mental health crisis
 - 3. Officers should use the concept of Contact/Cover officer
 - a. As the Contact Officer engages the subject from the front, the Cover Officer safely and as discreetly as possible moves to a position behind the subject.
 - b. The Contact Officer's responsibility is to engage the subject in conversation in an attempt to de-escalate the subject's behavior
 - c. The Cover Officer will observe subject behavior and be cognizant of body language indicating that the subject may be escalating his/her behavior
 - d. Should the subject's behavior rise to the level that physical tactics are necessary (active resistant or above), the Cover Officer shall close the distance between he/she and the subject from the rear.
 - e. Cover Officer will then take control of the subject by grabbing onto and controlling the top of the subject's shoulders (grabbing clothing if necessary) , and immediately pull the subject to the rear off of their rear apex.
 - f. The officer will then assume a lunge position, resting the subject's back on their thigh.
 - g. Officer will then slide their hand down on to the subject's wrist

into a modified escort position.

- h. At this point, the officer will use their opposing arm to guide the subject's body toward the escort position side down into the prone position.
- i. From here the officer will follow protocol for prone handcuffing.

- 4. Whole point here is we are starting take down at a lower position on the subject so the distance to the ground is less for subject therefore less possibility of injury to subject

V. Arm Wrap Arm Bar Takedown

- A. This technique is yet another variation of the arm bar takedown (**Instructors should refer to their Defensive Tactics manuals for proper application of the arm bar take down**).
 - 1. The ONLY MODIFICATION to this variation is that once the officer has assumed the proper escort position and has determined, based on the subject's behavior, that the subject will be taken to the ground
 - a. The support side arm wraps the subject's upper portion of their arm from an under/over hold position as opposed to applying pressure from the top of the subject's arm
 - b. The officer will then use their body motion to bring the subject to the ground followed by prone handcuffing protocol
- B. This technique will lesson possibility of injury to subject.

VI. Four Point Subject Ground Control

- A. Position of subject
 - 1. Subject has put him/herself on ground, face down, arms tucked up underneath their body
 - a. Therefore, not giving up arms for handcuffing
- B. Technique using 4 to 5 officers

1. Four officers each get assigned a limb
2. Fifth officer
 - a. Provides support to head to avoid the subject injuring themselves
OR
 - b. Can do a drive stun with the ECW if required
OR
 - c. Use the baton as a controlling technique to the shin (**NOT A STRIKE** but a control technique)
3. This is to mitigate four or five officers having to use an elevated level of force to gain control of the arms

VII. Standing Compliant Handcuffing and Search

- A. **IMMOBILIZE** -Subject is placed in a position where his/her balance and movement is impaired. This may be done in a Standing, Kneeling, or Prone position. Subject is placed off-balance, while the Officer maintains a solid, well-balanced position. The Officer will also assume the most tactical position available in regard to **Relative Positioning**.
- B. **CONTROL** - Once a subject is **Immobilized**, Officer will gain control of the subject's wrist, arm and/or shoulder depending on the level of control needed. The level of control of one of these parts of the body needs to be established prior to handcuffing. This control may be established by use of one of the **Control Techniques**, and depends on the level of resistance encountered.
- C. **HANDCUFF** - Once one of the levels of control have been established, Officer would then handcuff the subject. The handcuffing techniques used would be determined by the type of **Immobilization and Control** used. Subject should always be handcuffed with his/her hands behind the back unless there is a physical or tactical reason why they should be placed in another position. Following handcuffing handcuff should be tightened to the appropriate level and then double-locked (when tactically possible).
 1. Compliant Handcuffing Technique
 - a. Position subject with voice commands
 - b. Officer gains the position of advantage
 - c. Position 2 ½

- d. Strong Side Away (ideal)
- e. Verbal Commands
 - i. Feet out
 - ii. Toes out
 - iii. Hands back
 - iv. Thumbs up
- f. Handcuffs positioned in Outside (strong) Hand
- g. Chain or hinge placed across Strong Palm
- h. Double Strands placed toward heel of hand
- i. Single Strand toward fingers
- j. Thumb and index finger wrap around top bracelet for Standard Cuff (chain) pull chain taught
- k. Fingers wrap around chain or hinge
- l. Bottom cuff is secured by outside of little finger and the heel of hand
- m. Both hands are up
- n. Officer shuffle steps in within arms reach
- o. Officer reaches for the subject's closest hand with his/her free hand
- p. Grab the back side of the subject's hand
- q. Thumb side grabs through webbing on the subject's hand
- r. Fingers grip around blade of subject's hand
- s. Point subject's thumb straight up
- t. Officer places his/her hand holding handcuff over the subject's wrist
- u. The bottom cuff (one being held by Officer's heel of hand and small finger) is placed over subject's wrist
- v. Between the wrist bone and the hand
- w. Push bottom of bracelet against wrist so that single strand spins around and reconnects with double strand
- x. Once single strand has been reconnected to double strand lock mechanism,
- y. Officer releases subject's hand and immediately grabs the furthest hand
- z. A reverse handshake is obtained
 - i. Officer's palm is across subject's palm
 - ii. Officer's fingers grip around subject's heel of hand
 - iii. Officer's thumb grips around webbing of subject's hand
- aa. Point thumb straight up
- bb. Officer then places the top bracelet against the top of subject's wrist
- cc. Single strand is then placed low on the wrist

- dd. Top bracelet is pushed on the wrist so that single strand spins around and reconnects with the locking mechanism
 - ee. Both bracelets are then tightened to the appropriate level
 - ff. Handcuffs are then double locked
 - gg. Subject is then searched properly
 - hh. Subject is then placed in Prisoner Transport Position
- D. SEARCH - Every subject placed in handcuffs needs to be thoroughly searched. This search should be conducted systematically to guarantee that the search was thorough. Officer should know to a reasonable certainty that the subject being transported is free of any weapons that may be used against the Arresting Officer(s), or any Officer with whom the subject comes in contact. Officers need to be aware of techniques used for searching subjects of the opposite sex whom they have arrested. Officers also need to be aware of safety concerns when conducting **ANY** search.
- D. MONITOR - An Officer must be able to identify any injuries sustained by a subject Either during an arrest or prior to the contact with the Officer. It is an Officer's responsibility to provide and/or seek medical attention as needed or as requested by a subject. The Officer must also continue to monitor the subject to insure subject's safety and well being. Officer must also be aware of certain circumstances or situations that may place a subject at a higher risk for injury or other medical complications
- E. TRANSPORT - The movement of a subject placed in custody is very important. In order to move a subject from one place to another the Officer should place the subject in one of the appropriate **Prisoner Transport Positions**. This is done to establish and maintain control of a subject throughout the transport. The type of **Prisoner Transport Position** will be determined by resistance encountered by the Officer. The Officer is responsible for the subject and should maintain control of the subject regardless of the level of resistance encountered.

This last segment can be done in the classroom or in the practical training area

VIII. Documentation

- A. Proper documentation is extremely important

1. Nature of the call
 2. Observations
 3. Subject's behavior
 4. Specific details of information received before arriving to call and when arriving to call
 5. Observations of behaviors, body movements, dispositions, etc.
- B. Document reasons for utilizing force on subjects actions
- C. Very important to document what medical services were provided and when
- D. When situations becomes criminal, document accordingly the arrestable offense and why
- IX. Questions?

In-Service Training T.Y. 2020

Defensive Tactics



Goal

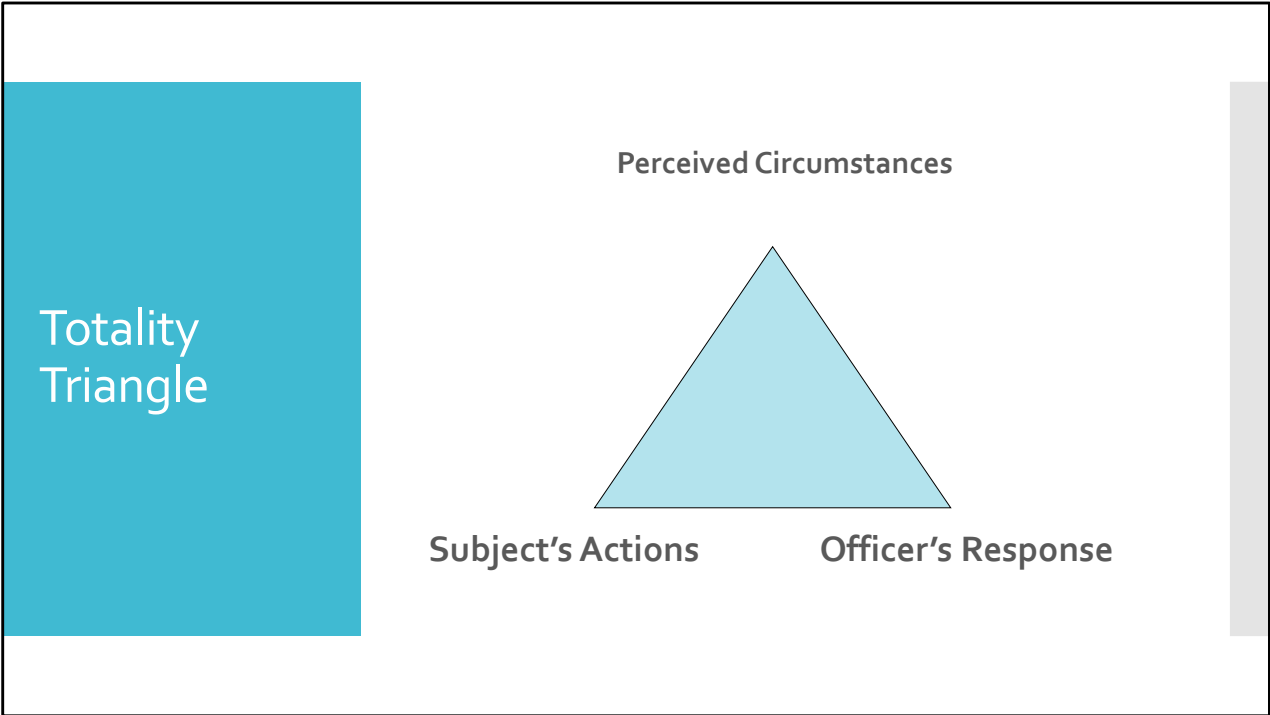
- This training will give the officers options for dealing with Use of Force issues in regards to individuals in a non-criminal situation, suffering from medical or mental health emergencies.

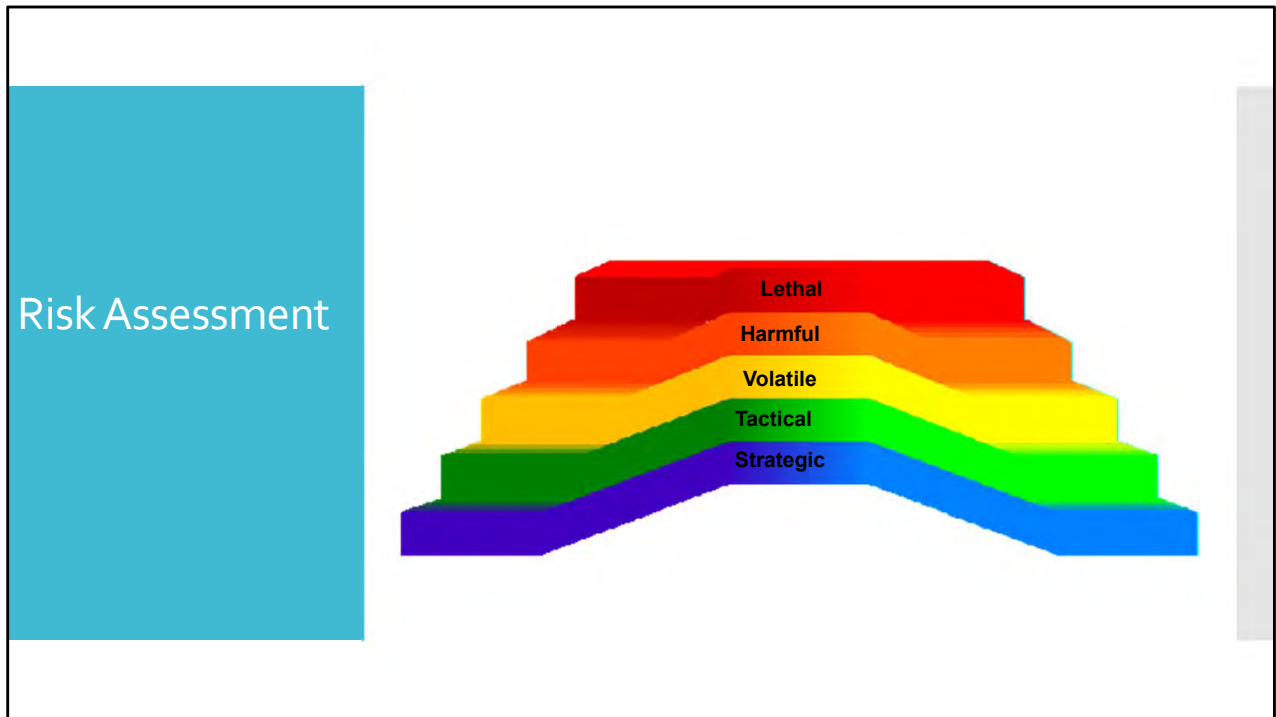
Objectives

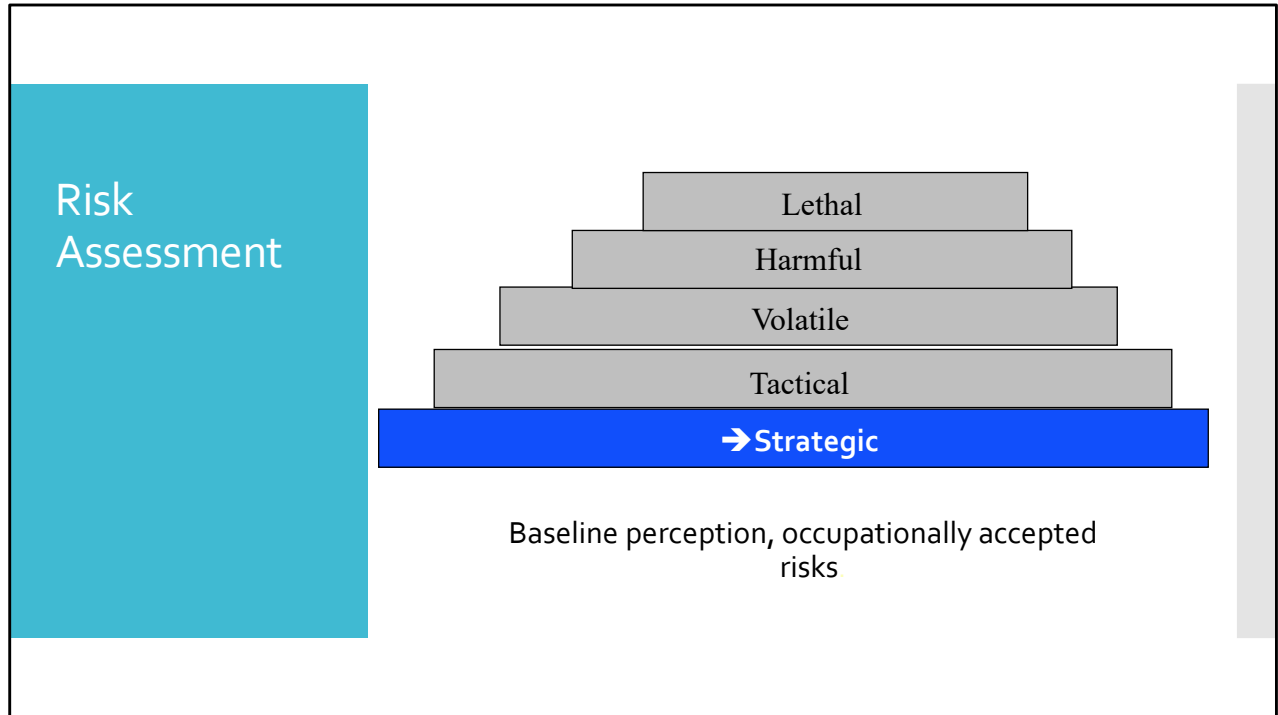
- At the end of this training, the officer will be able to:
 - Identify the distinct differences between criminal and non-criminal Use of Force;
 - Define what FORCE is;
 - Demonstrate the concept of time, distance and cover in volatile situations involving individuals in crisis in a non-criminal situation;
 - Explain why force is allowed when dealing with individuals in crisis in a non-criminal situation;
 - Document correctly in their reports their perceptions and all factors involved in their use of force in calls involving subjects versus suspects;
 - Demonstrate safe alternatives utilizing force on subjects in crisis in regards to take downs, handcuffing, searching and ground control of a combative subject; and
 - Properly document in a report when a situation of Use of Force turns into an arrest able encounter, the applicable charges.

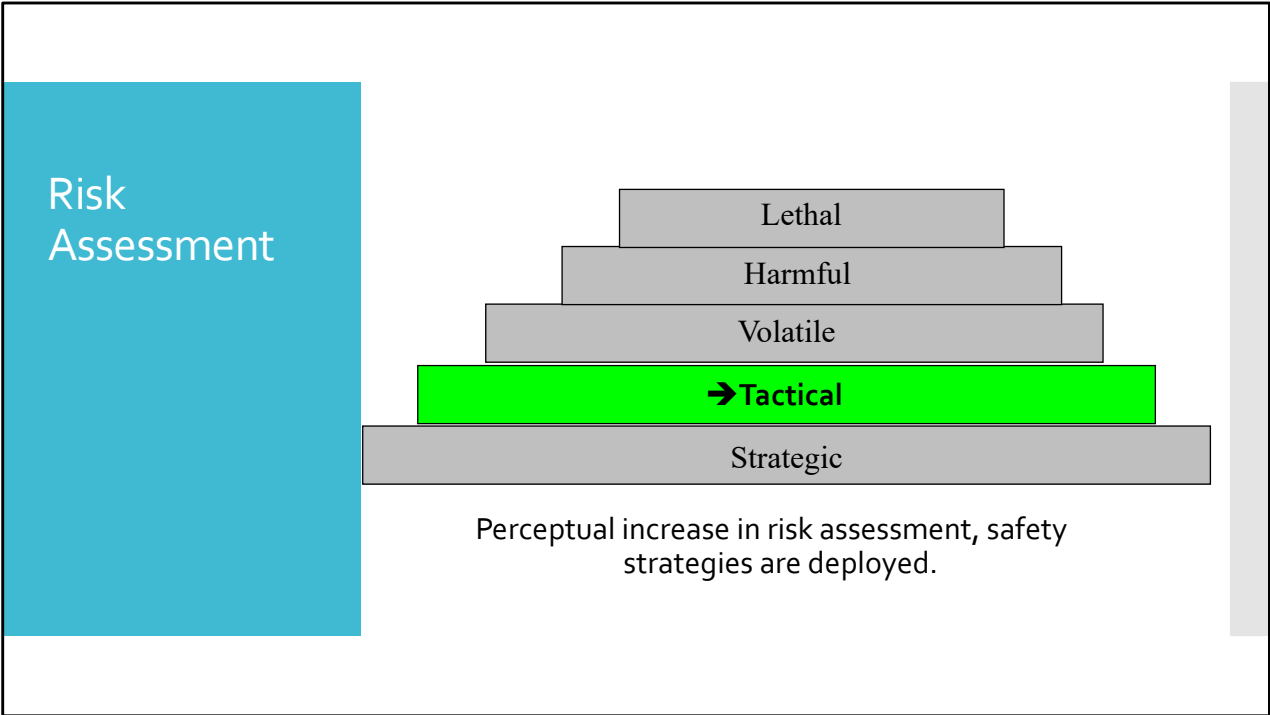
Use of Force
Model

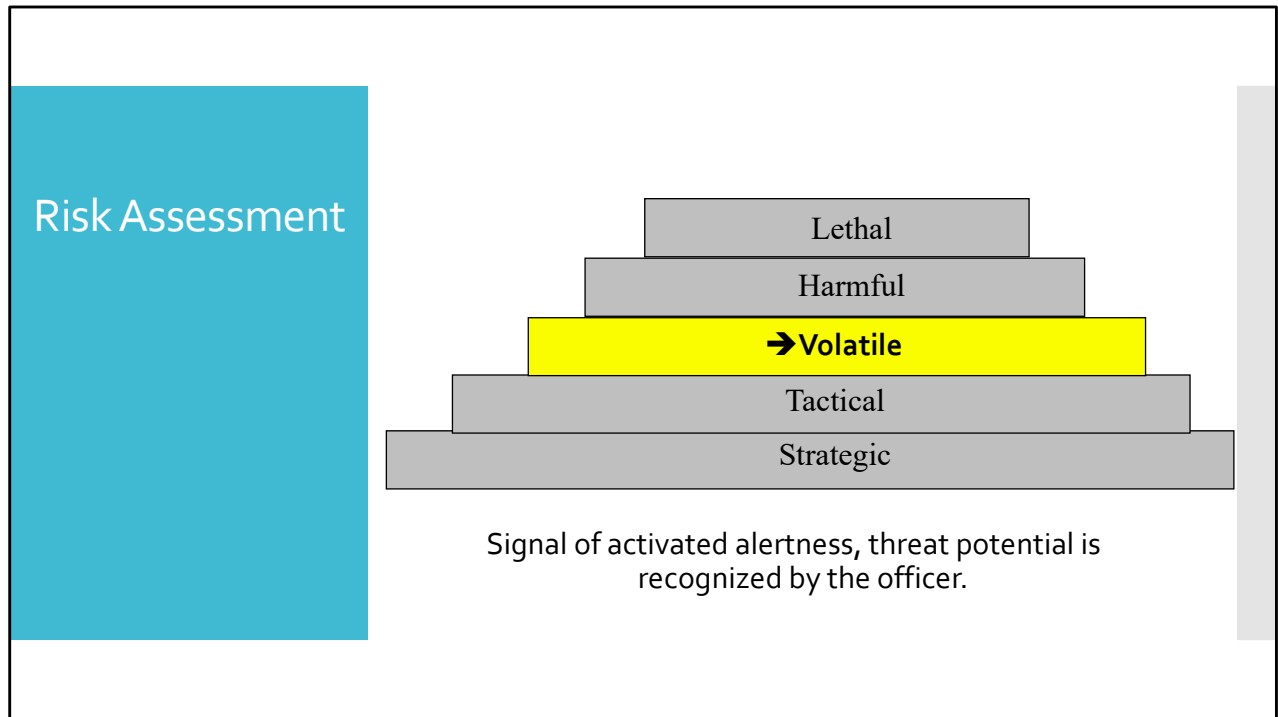
• **REVIEW**

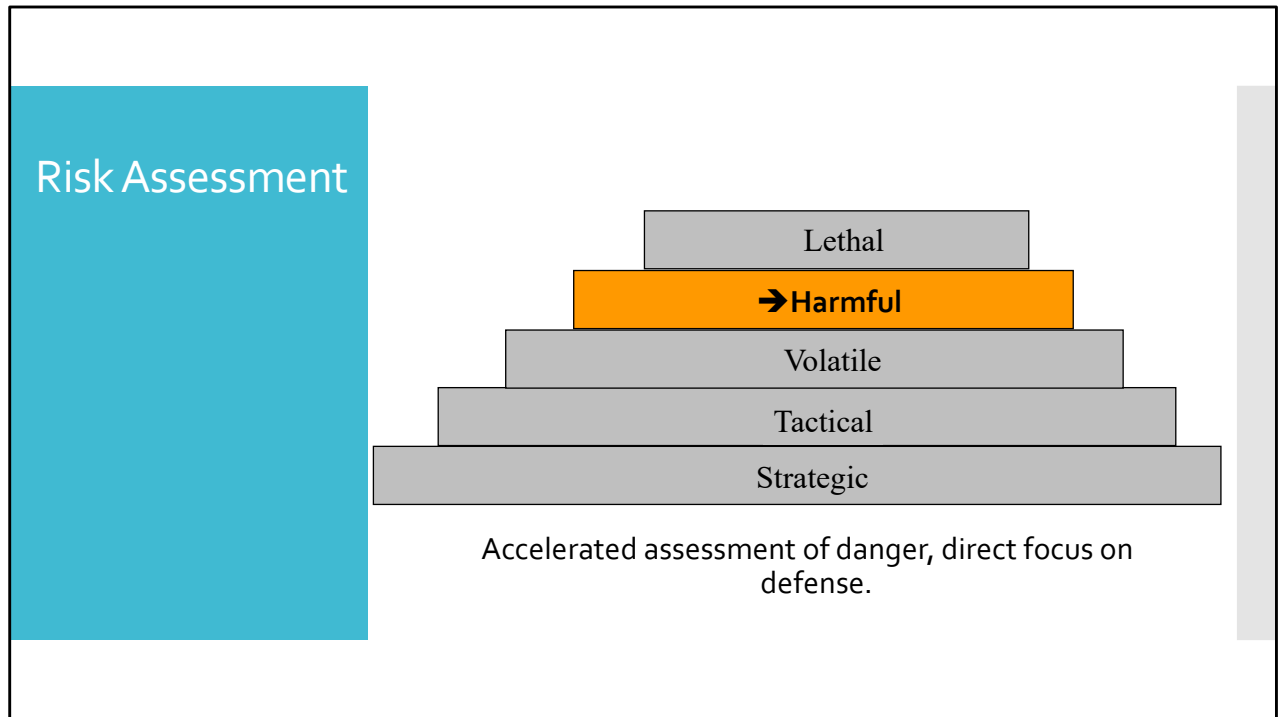


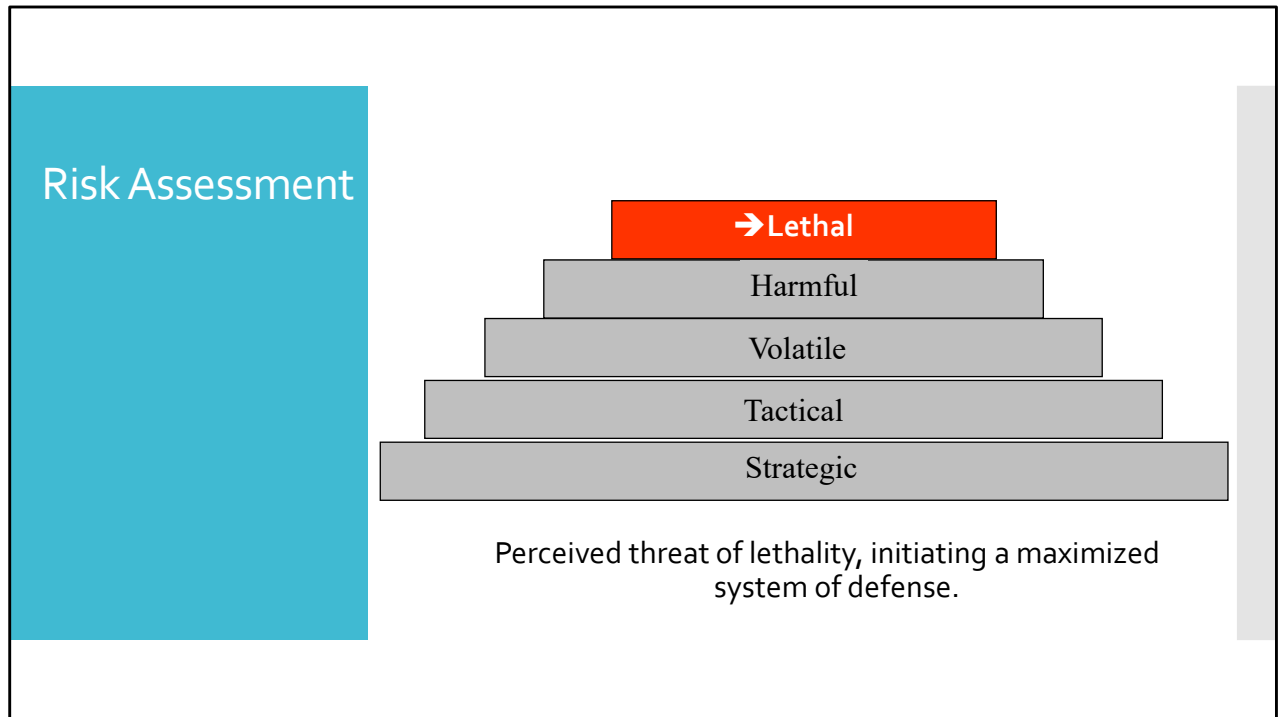


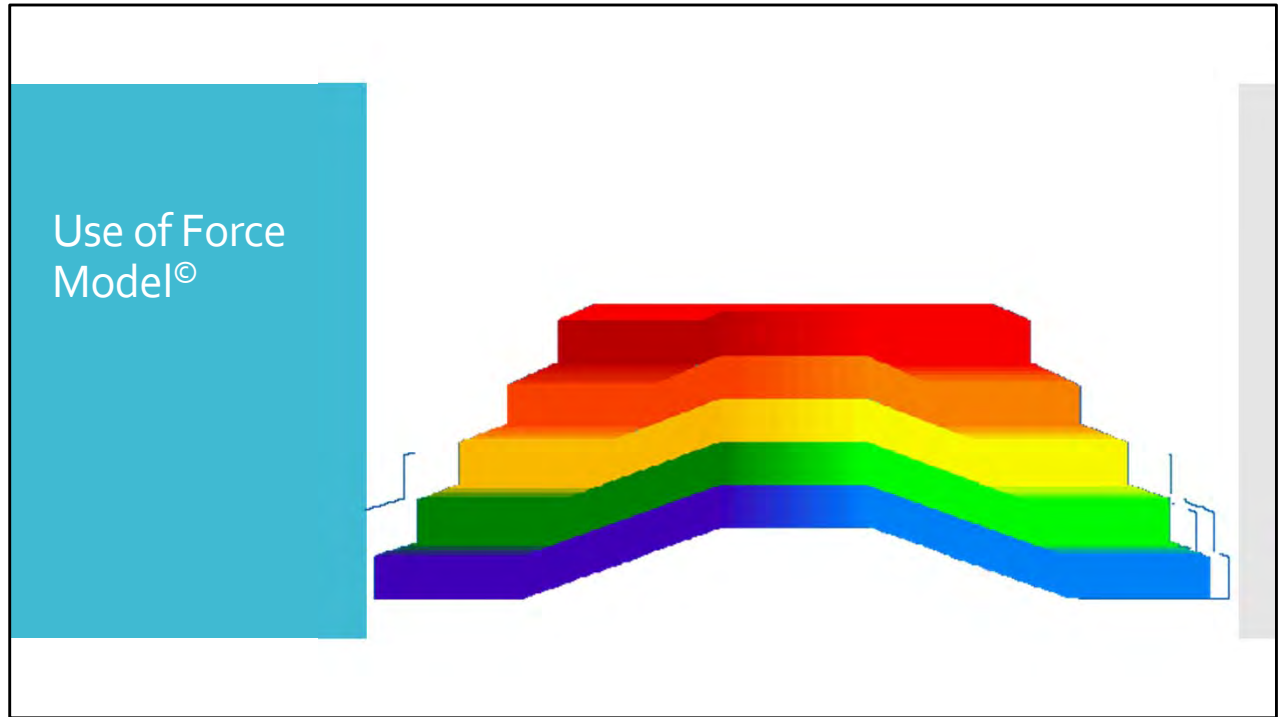


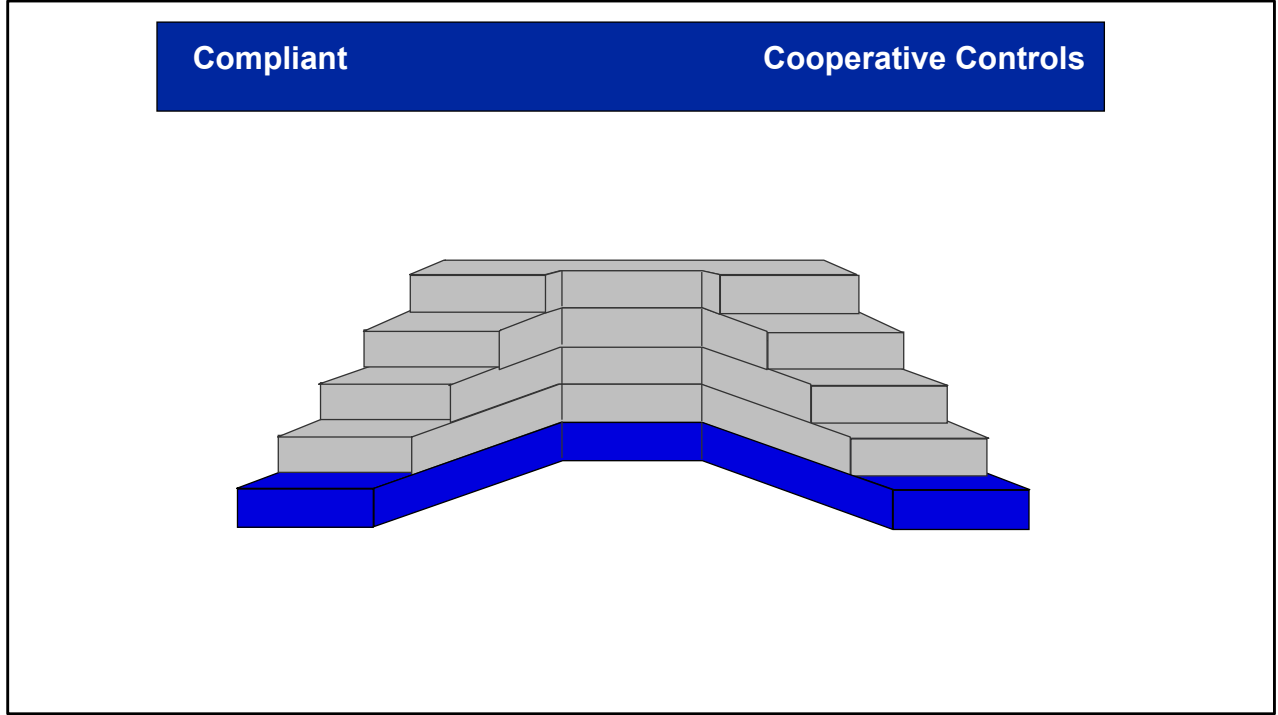







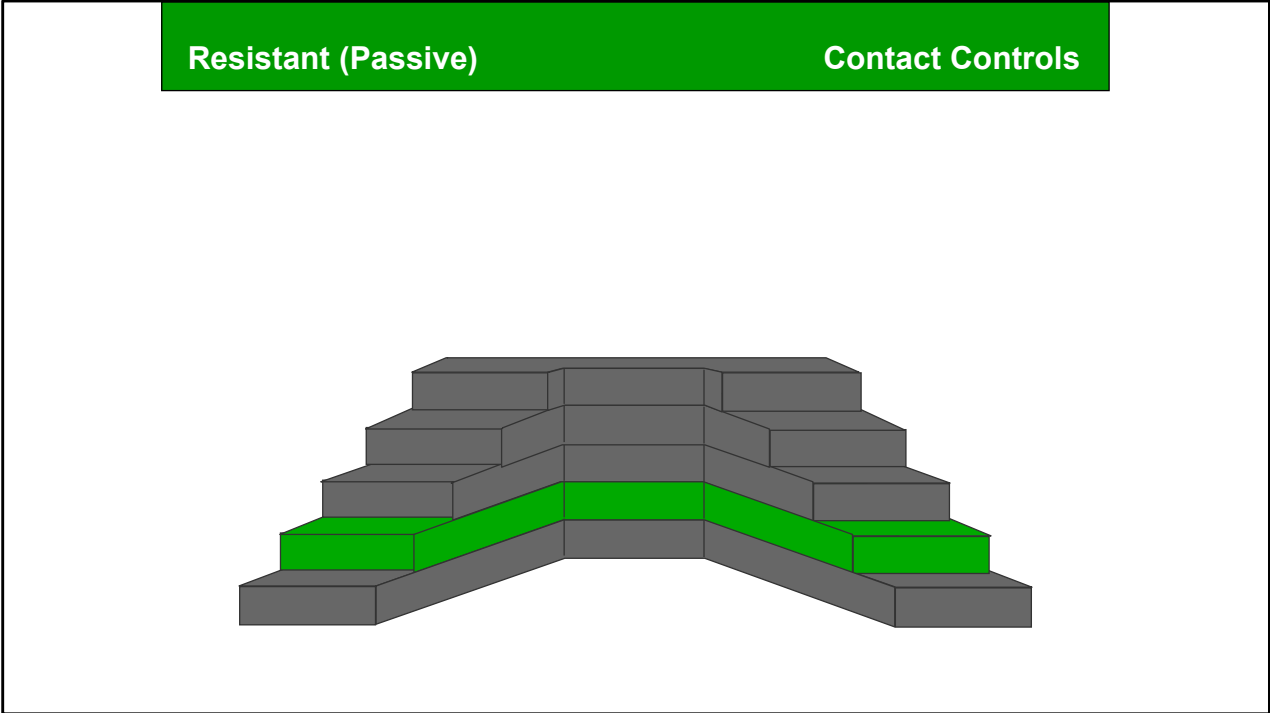





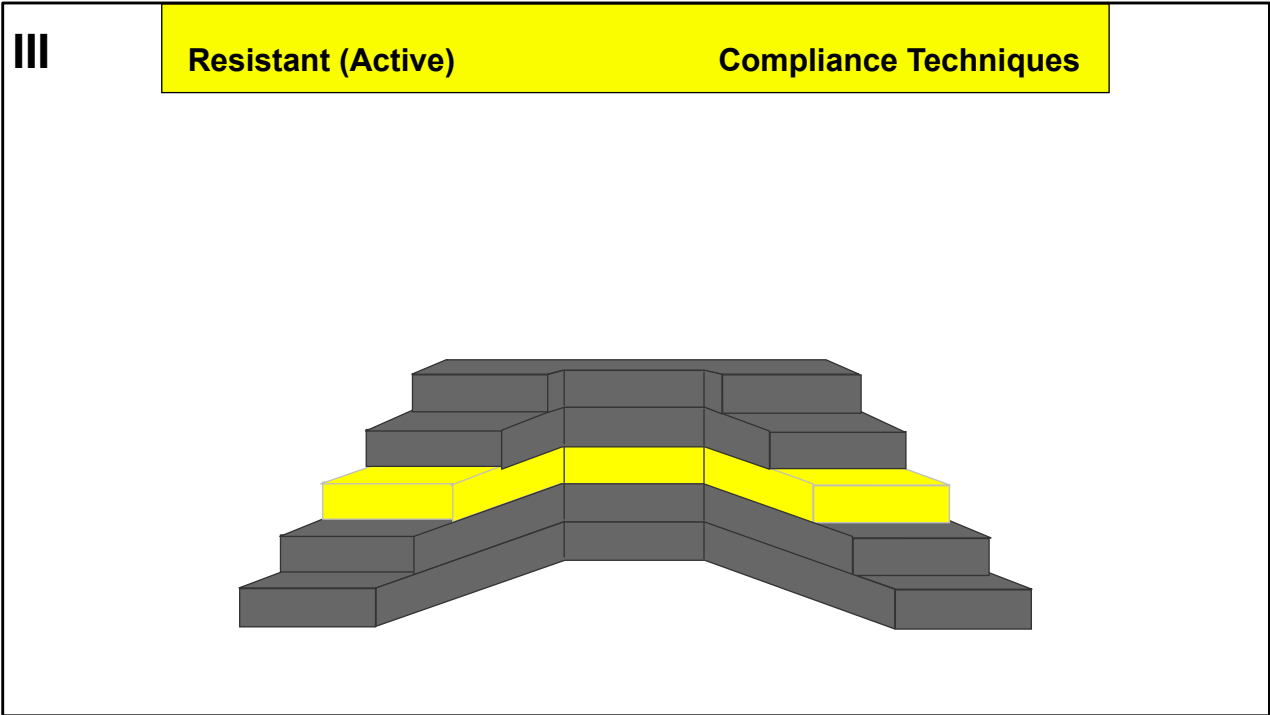


Compliant	Cooperative Controls
<p>Within the normal realm of control, the vast majority of officer/subject encounters are positive and cooperative. the officer can maintain or gain compliance to commands via respect, acceptance, verbalization skills, etc.</p>	<p>Includes the fundamentals of professional, contemporary training, capitalization upon the acceptance of authority by the general population through the use of a variety of controls, including: communication skills, proper restraint applications, etc.</p>





Resistant (Passive)	Contact Controls
<p>In some confrontational contacts, the subject may offer a preliminary level of non-compliance. The subject's resistance is passive, with the subject offering no physical or mechanical energy enhancement toward the resistance effort.</p>	<p>The officer must deploy tactical strategies to proportionately gain control through "hands on" techniques designed primarily to guide or direct the subject. The primary force components include leverage, strategic stabilization & direction, etc.</p>
	



III

Resistant (Active)

Compliance Techniques

The subject's resistance has become more active in scope and intensity. The indifference to direction and/or control has increased to a level of an energy enhanced physical or mechanical defiance. The individual has directed his/her physical strength and energy in achieving and/or maintaining a posture of resistance.

The officer must deploy sufficient counter force to overcome this resistance and remain increasingly vigilant for more aggressive behavior from the subject. The force forms could include techniques of pain compliance, temporary distraction, joint manipulations, etc.





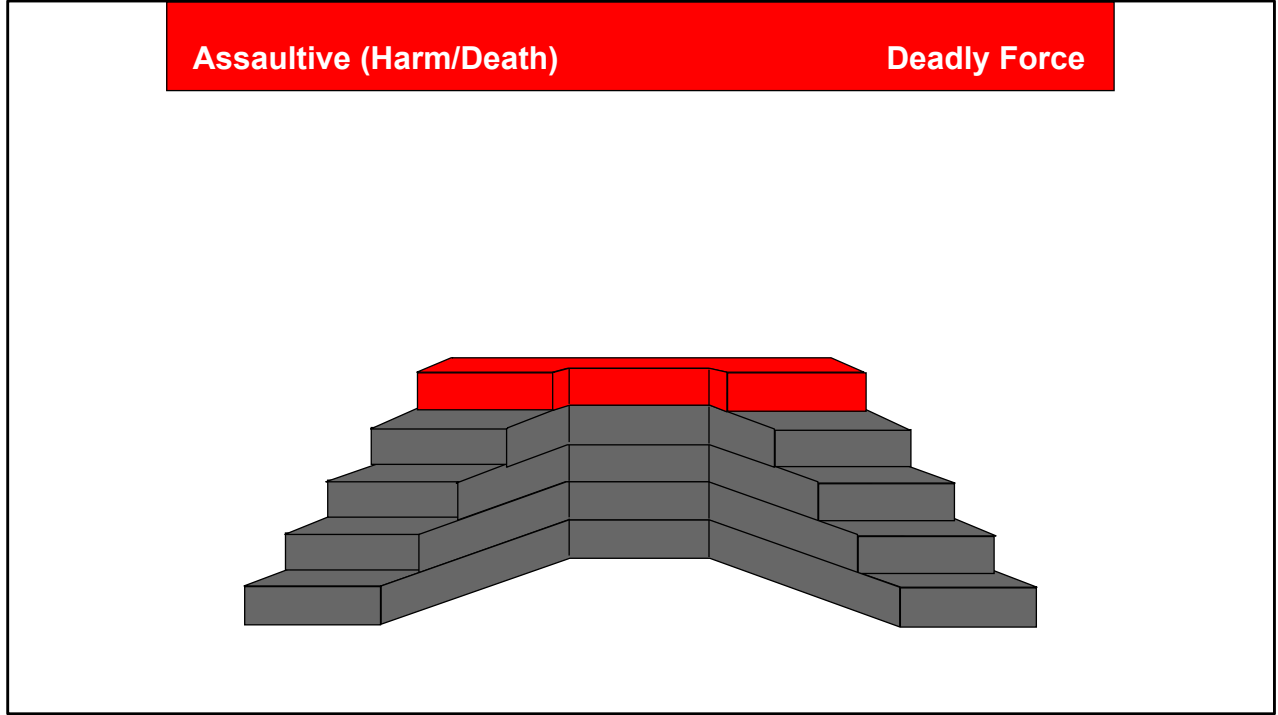
Assaultive (Bodily Harm)

The officer's attempt to gain lawful compliance has met with active, hostile, non-compliance, culminating in an actual attack upon the officer or others. The scope and severity of the attack would support the reasonable assumption that the actions of the attacker **would not** result in anyone's death or serious bodily harm.


Defensive Tactics

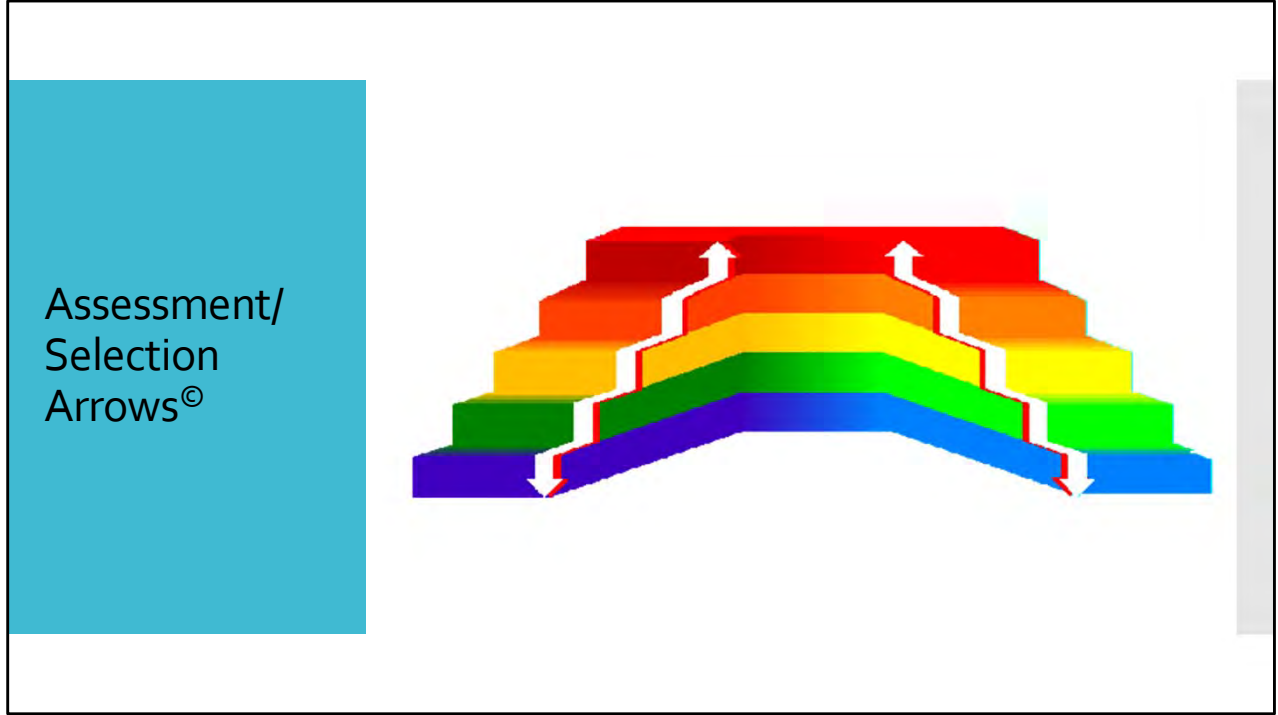
The officer is now justified in taking appropriate steps to immediately stop the assaultive action and gain and maintain control of the subject. Force alternates could include weapon/weaponless strikes, takedowns, etc.

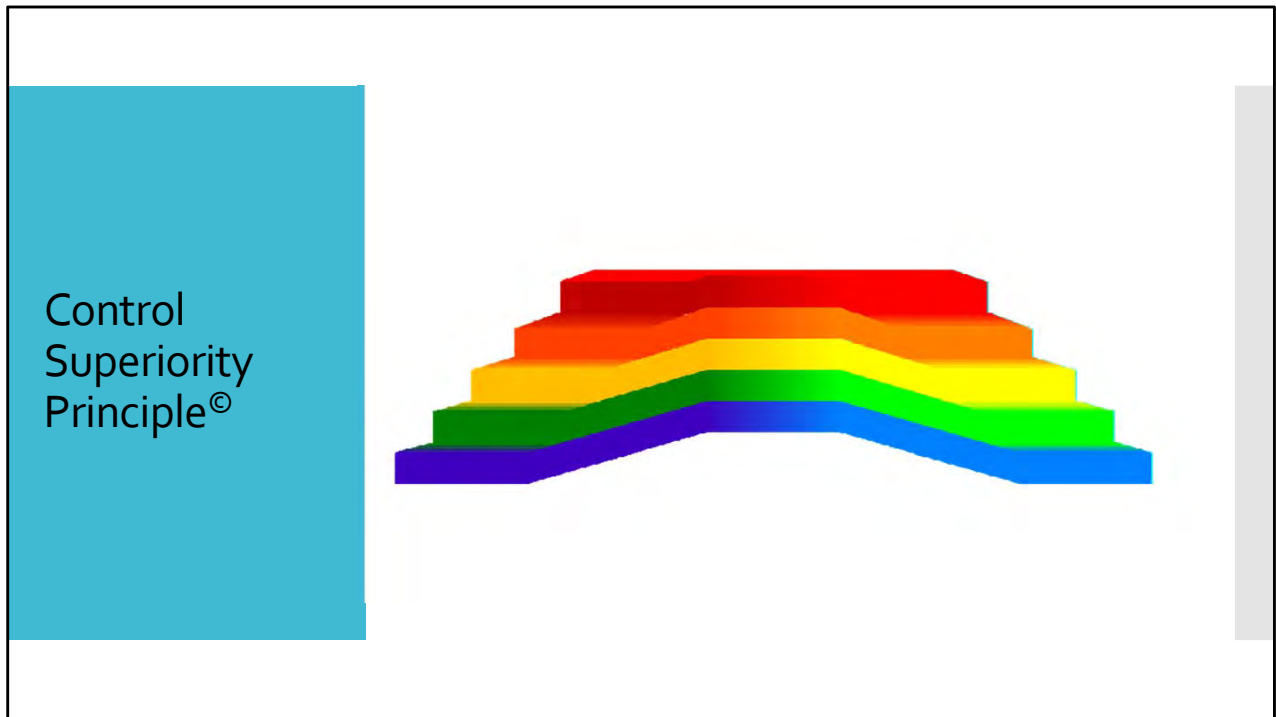




Assaultive (Harm/Death)	Deadly Force
<p>This is the least encountered but most serious threat to officer safety. Here, the officer can draw a reasonable conclusion that he/she or another would be subject to death or great bodily harm as a result of the subject's attack.</p>	<p>The officer is now confronted with an assaultive act by the subject that reaches the ultimate degree of danger. Absolute and immediate tactics must be deployed to stop the lethal threat and secure conclusive control. Force options could include those leading to permanent debilitation or even death.</p>







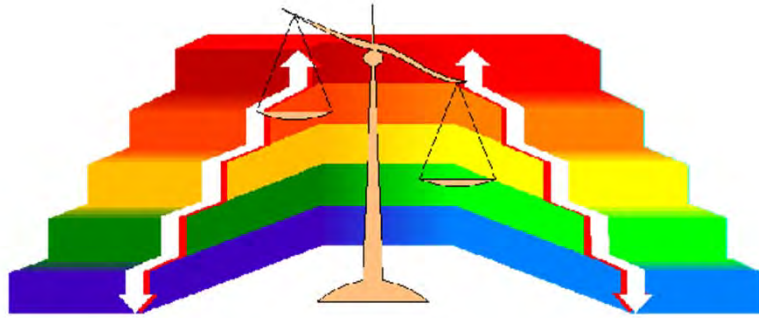
Use of Force Model

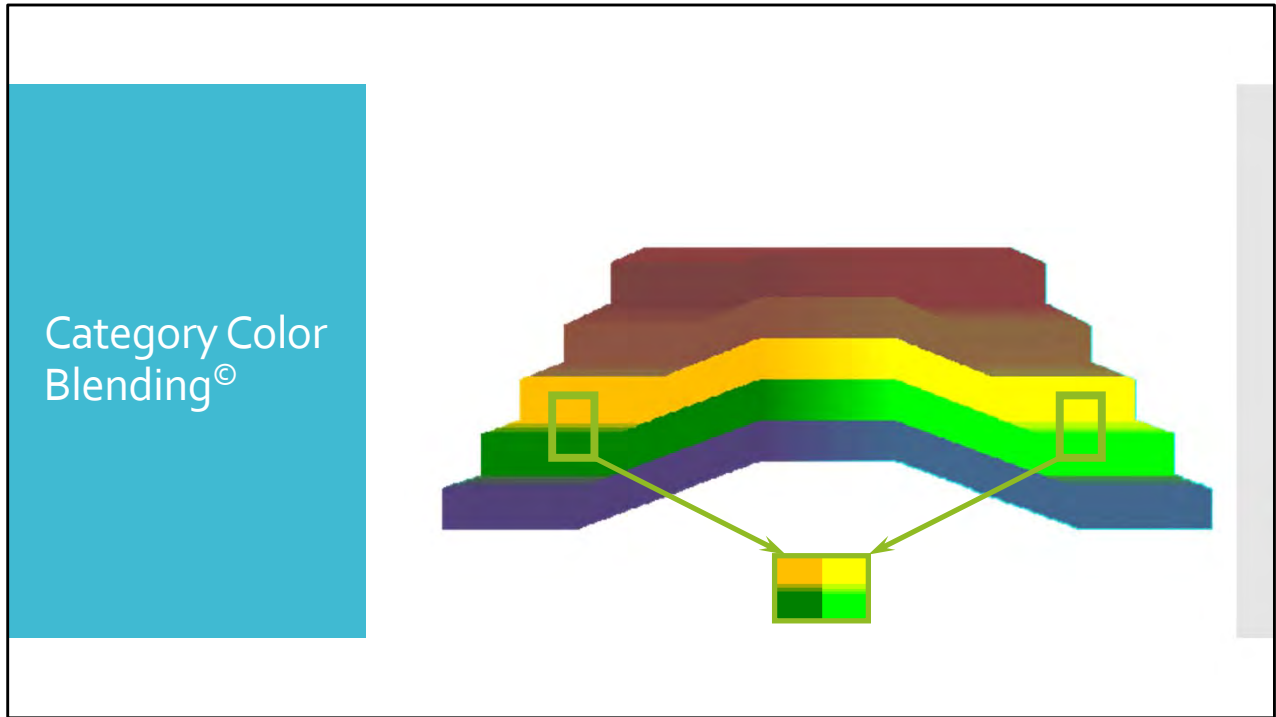


Use of Force Model



Use of Force Model





Suspect vs.
Subject when
using force



For the
purposes of
this training:

- **Suspect** is defined as an individual who is suspected of committing or has committed a crime.
- **Subject** is defined an individual in a non-criminal situation, suffering from a medical or mental health emergency.

Force Defined

- Force can best be defined as physical emergency used to compel, repel or restrain.

Example of Compel

- If a force option is presented (display of Baton, OC, Taser, etc.) and a subject immediately submits to the lawful orders of the officer, they have been **compelled** to comply.

Example of Repel

- During the course of a use of force encounter an officer may have to rely on the application of a particular force option in order to **repel** or prevent a subject from causing injury to the officer or a third party or themselves.

Example of Restrain

- An officer may have to use force in order to **restrain** a combative subject whom the officer is attempting to place under arrest or aid during a mental health/medical crisis.

IACP Definition of Use of Force

- Use of Force-as defined by IACP is "...the amount of effort required by police, to compel compliance, from an unwilling individual"

Why is force used?

- Force is used to protect yourself
- Force is used to protect another
- It is used to overcome resistance to authorized control (arrest or detention)
- It is used to prevent a person from harming themselves as in the case of section 12's involving emotionally disturbed subjects



Legal Standard
for using force

- Graham Standard

Graham Standard

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Recent Case Law

- Scotus 6th Circuit
- Callwood vs. Jones



Scotus 6th Circuit

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- Estate of Corey Hill vs. Miracle (6th Circuit) (2017)
- Case is notable for setting forth a different test for judging the objective reasonableness of the force used by an officer in medical situations
- Graham doesn't apply – No crime, No resisting, No threat.

Case Particulars of Scotus 6th Circuit

- Similar to graham, Hill is a diabetic suffering from a diabetic episode
- Medics respond to Hill's residence for medical call. Hill's blood sugar is dangerously low (38, normal range roughly 60-100). He is combative, punched a medic, ripped IV out of arm spraying blood all over first responders. Deputy on scene initially has no interaction with Hill, however after medic is assaulted advises Hill to relax and ultimately delivers 5 second drive stun with ECW to Hill's thigh.
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More case particulars

- Hill files suit under 42 USC 1983 claiming excessive force for use of ECW
- Claimed ECW caused burns and scarring
- Caused diabetes to worsen
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Results

- US Court of Appeals grants qualified immunity ultimately finds Deputy's use of ECW was reasonable
- Further, SCOTUS develops new legal test for determining reasonableness in medical emergencies

Results
continued

In determining reasonableness in medical/mental health emergencies, the following must be considered:

1. Was the person experiencing a medical emergency that rendered him/her incapable of making a rational decision under circumstances that posed an immediate threat of serious harm to him/her self or others/
2. Was some degree of force reasonably necessary to ameliorate the immediate threat?
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Callwood vs. Jones

- US court of Appeals 11th Circuit (Alabama) Lee County Deputy Sheriff
- Deputy Sheriff Office receives call for naked male (Neville Illidge) running down a county road covered in scratches. Illidge is despondent and does not respond to Deputy. He is walking into oncoming traffic and approaching a citizens home. Turns and engages deputy.
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- 42 USC 1983 suit filed on his behalf, Excessive Force, deliberate indifference (failure to provide medical attention.)

Callwood
Continued

- District Court grants Deputies qualified immunity.
- SCOTUS – Officers did not violate clearly established law and entitled to qualified immunity.

Callwood Learning Points

- Although both cases were decided in favor of the police, several issues deserve attention
 - We must recognize that there are distinct differences between criminal and non-criminal uses of force
 - When appropriate, the concept of time, distance, cover and negotiation should be the initial preferred response
 - We should be aware and cognizant of medical conditions. Familiarity with subjects, knowledge of their diagnosis, prior interactions will be considered
 - No one tool is going to act as the be all end all to resolve a situation. Policy must be followed (ECW, 3 5 second cycles is the rule)
 - OFFICERS SAFETY IS PRIORITY NUMBER 1!!!!!!!

Revisiting
concepts we
have been
applying for
year

- Understanding the need for immediate action and being able to apply the “Time Decision”
- Having the proper mindset
- Being more cautious and aware upon approach
- Utilizing the benefits of re-evaluation
- Having solid tactics

The TIME Decision

- What is this?
- The officer should ask themselves “Do I need to act immediately or can I tactically reposition, reassess and come to another course of action?”
- If you don’t have time....ACT!
- If you do have time, use it to your advantage!

Use sound tactics

- We tend to forget that there is no need to address dangerous situations by ourselves. Often we fall into the "I'll be all set" mentality. This is a dangerous condition because often once additional help is needed, it's too late.
- Call for backup and trust your instincts and what your body is telling you! (Our natural "Spidey" senses)

DISTANCE

- Great example of this is revisiting the “21 Foot Rule” of edged weapon defense. More important to realize time and distances that can be covered by the average human being rather than being preoccupied with a specified number.



COVER

- Obstacles between you the threat
 - Cruiser
 - Furniture
 - Natural surroundings
 - Etc.

Important to
remember...

- One of the most important tools we possess is the concept of time, distance and cover. This will most always lead to solid tactical decision making.

Take control
and make a
decision!

- All too often, officers hesitate to make a decision and the dangerous result is giving the subject ample time to formulate an escape or attack
- Hesitation in application of handcuffs is one of the most dangerous situations an officer can be a part of
- Arrestable offenses + PC = PUT THE HANDCUFFS ON AND TALK LATER

Sound Tactical Decision Making

- The process of sound tactical decision making involves constantly evaluating a simple equation – RISK VS. BENEFIT
- The risk of compromising officer safety should never outweigh the benefit of resolving a situation
- History has taught us that a great majority of situations involving subjects suffering from a mental crisis are resolved through negotiation

U.S. Supreme
Court has
determined...

- *Law Enforcement has no legal duty to intervene in personal violence.*

What is Personal Violence

- Individuals threatening violence to only themselves.
 - i.e. Suicide

The Struggle

- The struggle becomes the moral obligation and the public perception that police must do something
- Law Enforcement answers this with
 - C.I.T.
 - Negotiations

Common
claims made
against L. E.
during non-
criminal
medical /
mental health
emergencies

• **1983 Action**

- Unlawful Arrest and Detention
- Excessive Force
- Violation of Due Process

L.E. response
to suicidal
persons

- What gives law enforcement the authority to act in Civil situations?
 - Answer: Community Care Taker Function & Emergency Aid Doctrine

Community Caretaker Function

- The decision of the police to make a welfare check must be reasonable in light of an objective basis for believing that an individual's safety and well-being may be in jeopardy; that concern, in certain circumstances, to the safety of the public as well.

Emergency Aid Doctrine

- Police must have a reasonable basis, approximating probable cause, that there is an immediate crisis AND that assistance will be helpful AND
- The primary purpose to enter is to render aid AND
- Must be some reasonable basis, approximating probable cause, to associate the emergency with the location to be entered/searched.

SLOW
DOWN!!!

- Far too often we enter situations too quickly without taking the time to consider alternatives
- We should consider all available resources, abandon our EGOS and make Officer Safety our primary consideration
- When dealing with individuals experiencing mental or emotional emergencies, consider all possible less lethal options available. THE MORE THE BETTER!!! SCOTUS supports this practice
- Make sound tactical decisions that will best benefit our safety and peaceful resolution, reducing the risk

County of Los
Angeles vs.
Mendez
Scotus (9th
Circuit) 2017

- Provocation Rule

Provocation Rule

- This is the concept of “Creating the Condition”. Officer’s actions may be completely justified during a Use of Force incident however, if the officer has placed him/her self in a situation that could have been mitigated in an alternate manner, the Provocation Rule may be applied
- If we slow down, we may not be creating these conditions

Provocation Rule continued

- Far too often we mistake good luck for good tactics. We must take the time to recognize if we have placed ourselves in a position to have to act. A good Use of Force will instantly be labeled bad if we put ourselves in the position to do it
- We prevent this by slowing down!
- The bulk of our business is answering call for service but if calls have to be put on hold to successfully resolve a dangerous situation and preserve officer/subject safety...so be it!

Physical Skills (Practical)

- Safe alternatives utilizing force on subjects in crisis in regards to:
 - Take Downs from Rear (demonstration/practice)
 - Arm Wrap Arm Bar Takedown (demonstration/practice)
 - Four Point Subject Ground Control (demonstration/practice)
 - Standing Compliant Handcuffing and Search (demonstration/practice)

Any questions
on any of the
techniques just
covered?



Documentation

- Proper documentation is extremely important
 - Nature of the call
 - Observations
 - Subject's behavior
 - Be very specific with document regarding information received before arriving to call and at call
 - Observations of behaviors, body movement, dispositions, etc.

Documentation
continued

- Be sure to also document:
 - Reasons for utilizing force based on subject's actions
 - Most importantly, document what medical services were provided and when

Documentation continued

- What do I need to document if situation becomes criminal?
 - Document accordingly the arrest able offense and why

Any
Questions?



ICAT: Integrating Communications, Assessment, and Tactics An Introduction






POLICE EXECUTIVE
RESEARCH FORUM



1


ICAT: Integrating Communications, Assessment, and Tactics



Part 1 **Part 2**

Man with a Knife – Baltimore, MD



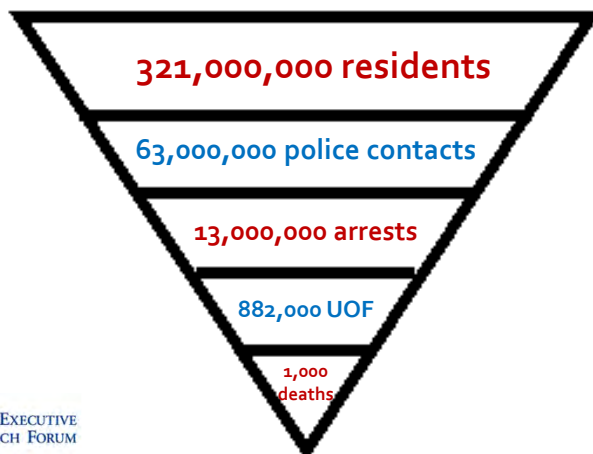
2

Link to video: <https://www.youtube.com/watch?v=58FfkuJZRJE>

**ICAT: Integrating Communications,
Assessment, and Tactics**



■ **Each year in the United States ...**



ICAT: Integrating Communications, Assessment, and Tactics



1st 911 Call



1st Dispatch



2nd 911 Call
From Salon



2nd Dispatch



ICAT: Integrating Communications, Assessment, and Tactics

St. Louis Incident



ICAT: Integrating Communications, Assessment, and Tactics



- **What challenges did these officers face?**
 - Enough information from Dispatch?
 - Person with a knife ... a potentially dangerous encounter
 - Behaving erratically
 - Non-compliant ... disregarded orders to drop the knife
 - Officer and public safety
 - Suicide by cop ... shouting "shoot me"

**ICAT: Integrating Communications,
Assessment, and Tactics**



**These encounters are
not easy ...**

**Can we handle them more
effectively and more safely ...
for everyone?**

**ICAT: Integrating Communications,
Assessment, and Tactics**



This training is about ...

**Creating More
Options**



8

**ICAT: Integrating Communications,
Assessment, and Tactics**



- **What this training covers ...**
 - Skills you already use on a daily basis
 - *Pulls those skills together – applies them to **non-firearms** critical incidents
 - *Emphasis on teamwork
 - Focus on persons in crisis, “suicide-by-cop” situations



**ICAT: Integrating Communications,
Assessment, and Tactics**



■ **What the training is not...**

- **Not telling officers to walk away or ignore dangerous situations**
- **Not telling officers they can't use force – including lethal force – when appropriate**
- **Not about limiting options for officers ... rather, it's about *increasing* options**



10

**ICAT: Integrating Communications,
Assessment, and Tactics**



- **Four key areas:**
 - Patrol officer response
 - Non-firearms incidents
 - Integration of crisis intervention, communications & tactics
 - Officer safety & wellness—
physical, emotional, legal **(CISM)**

**ICAT: Integrating Communications,
Assessment, and Tactics**



**Making the job of the
patrol officer ...**

Safe. Effective.



12

**ICAT: Integrating Communications,
Assessment, and Tactics**



**Thoughts?
Questions?
Observations?**



13

The Critical Decision-Making Model

ICAT: Integrating Communications,
Assessment, and Tactics



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14

The Critical Decision-Making Model



CDM Core

Ideals that define the agency

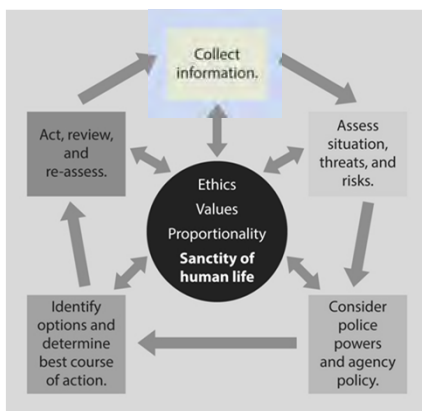
- Ethics, values, mission statement, guiding principles and priorities
- Core informs/guides each step in the model



The Critical Decision-Making Model



Step 1: Collect Information



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Ask yourself ...

- What do I know so far about this incident?
- What else do I need to know?
- What do my training and experience tell me about this type of incident?

16

The Critical Decision-Making Model



Step 1: Collect Information



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Ask others (*esp. Dispatch*) ...

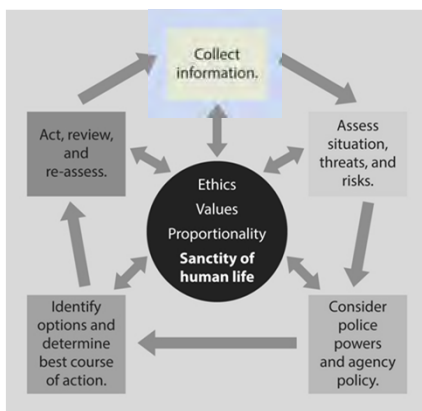
- What more can you tell me about ***this incident?***
- What more can you tell me about ***previous incidents*** involving this location or subjects?

17

The Critical Decision-Making Model



Step 1: Collect Information



- Information collection is an ongoing process throughout the CDM ... it doesn't stop at Step 1
- If you're not getting the information you need ... *keep asking!*

18

The Critical Decision-Making Model



Man with a knife – Coeur d'Alene, ID

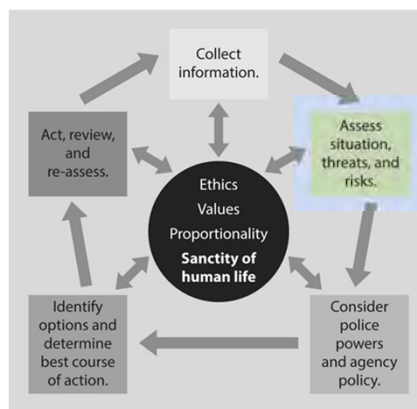
The Critical Decision-Making Model



Step 2: Assess Situation, Threats & Risk

Ask yourself ...

- *Do I need to take immediate action?*
- What more information do I need?
- Am I trained and equipped to handle this situation myself
- *What is the threat/risk?*



The Critical Decision-Making Model



Threat Assessment

- Accurately assess person, object or environmental factor that could put officer/public at risk
- **Two risk categories at this stage:
 - High risk
 - Unknown risk
- Guard against officer complacency

The Critical Decision-Making Model



Threat Assessment

****Assess the subject's:**

- Means
- Ability
- Opportunity
- Intent

**Watch out for "transfer of malice"
(or aggression)**



22

The Critical Decision-Making Model



Begin developing a working strategy

- Minimize risk to victim and public
- Maximize officer safety
- Minimize risk to subject
- Allow for safe detention of subject
- Allow for recovery, preservation of evidence

The Critical Decision-Making Model



Step 3: Consider Police Powers & Agency Policy



Ask yourself ...

- What legal powers do I have to take action?
- What agency policies control my response?
- Are there other issues I should think about (jurisdictional matters, mutual aid, etc.)?

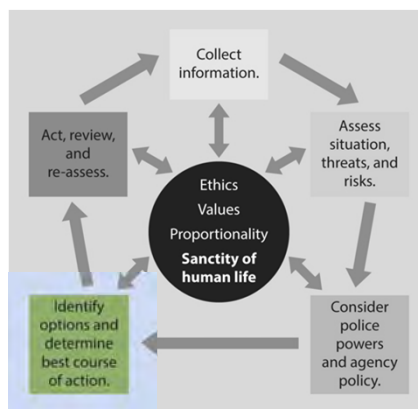
The Critical Decision-Making Model



Step 4: Identify Options, Determine Best Course of Action

Ask yourself ...

- What am I trying to achieve?
- What options do I have?
- What contingencies must I consider if I choose a particular option?
- Do I need to act now, or can I wait?



The Critical Decision-Making Model



Possible Options and Contingencies

- Wait and collect more information
- Keep subject under observation
- Continue communicating with subject
- Tactically reposition and contain the area
- Take decisive action

The Critical Decision-Making Model



Select Best Course of Action

Keeping in mind ...

- Greatest likelihood of success against least harm
- How proportional the response will be (given threat/risks)
- Safety of the public, your own safety and the sanctity of all life
- Agency mission and values (CDM core)

The Critical Decision-Making Model



Step 5: Act, Review and Re-assess



Execute the plan, then ask yourself ...

- Did I achieve the desired outcome?
- Is there anything more I need to consider?
- What lessons did I learn?

If the incident is not resolved, then "spin the model"

The Critical Decision-Making Model



“Spinning the Model”

- Information collection is ongoing
- As new information comes in ... threats, risks and options can change
- “Spinning the model” means re-assessing, fine-tuning your decision-making



The Critical Decision-Making Model



***You expect me to do this?
And in tense and dynamic situations?***

- Nothing prevents officers from taking immediate action
- When there is time, CDM provides a useful structure for weighing options, making decisions
- Very similar to what SWAT teams already do
- Over time, it becomes second-nature ... like driving a car



The Critical Decision-Making Model



Benefits of the CDM

Better decisions up front

- "I didn't have time to think" – very few situations where that is really the case
- CDM helps you gather information, assess threats, weigh options

Helps to explain your actions after the fact

- Enhances officer credibility
- Protects officers in court

Crisis Recognition And Response

ICAT: Integrating Communications,
Assessment, and Tactics



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32

Crisis Recognition And Response



Recognizing a Person in Crisis

Crisis Recognition And Response



Behavioral Crisis: A Definition

- 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

Adapted from the Seattle Police Department



Crisis Recognition And Response



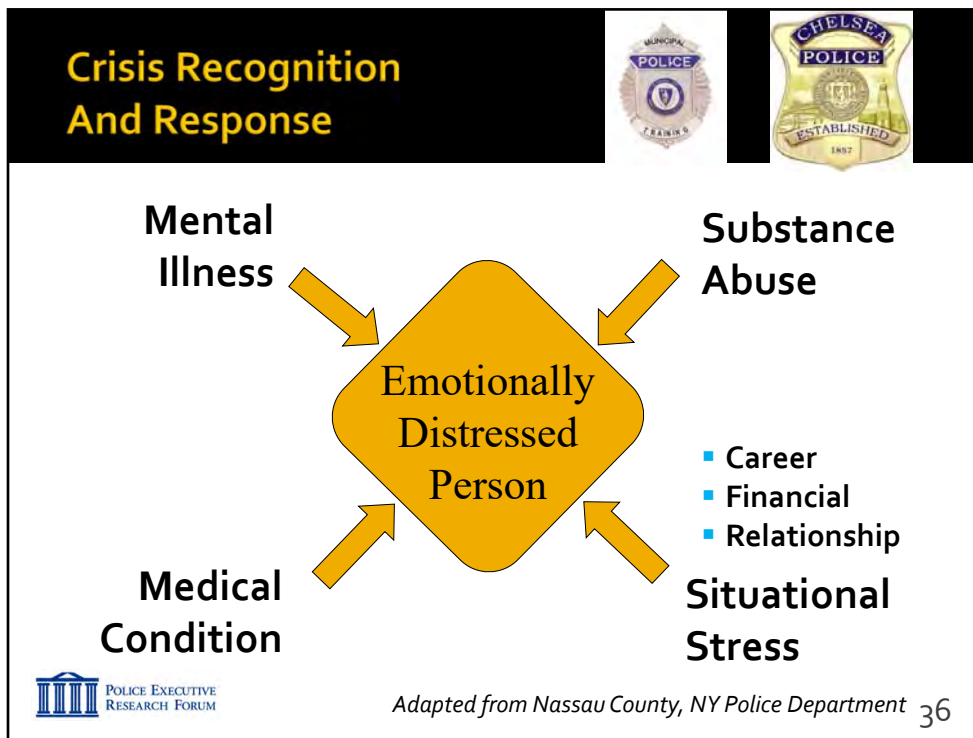
■ Why Should I Care?

- People in crisis need help
- Crises can impact public and officer safety
- It's our job – to serve and protect
- Reflects mission, values & ethics – sanctity of life
- **Could be your family or loved one



35

Call on Jeff Thompson



Call on Jeff Thompson

Crisis Recognition And Response



■ Persons with Intellectual and Development Disabilities

- Autism spectrum disorder
- Cerebral palsy
- Epilepsy
- Developmental delay

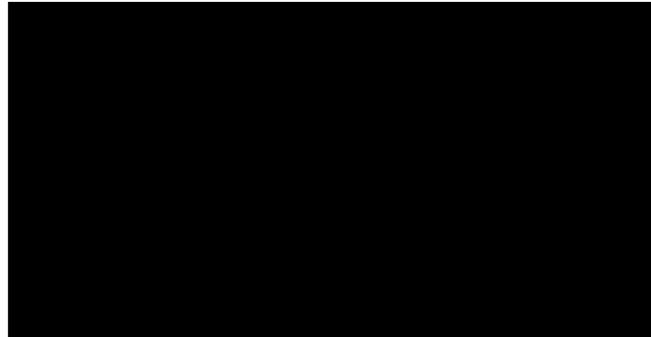
May result in difficulties in communication, adaptive living skills, self-direction, mobility.



37

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Crisis Recognition And Response



Stimming – Buckeye, AZ



38

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Crisis Recognition And Response



■ Persons with Physical Disabilities

- Deaf/hard of hearing
- Blind/low vision
- Muscular Dystrophy
- Multiple Sclerosis
- Stroke
- Alzheimer's
- Huntington's Disease
- Head/spinal cord injury

May make it difficult for people to hear, comprehend and follow directions – and to respond back to you.



39

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Crisis Recognition And Response



- **Persons with disabilities may exhibit same behaviors as EDPs**
 - Don't always assume it's mental illness
 - Could be one of many factors – or a combination of several
 - Focus on subject's behavior

Call on Jeff Thompson

Crisis Recognition And Response



- **Another Approach – Ask!**
 - Ask the person ...
 - Are you on medication?
 - Do you normally see a doctor?
 - Ask family members or friends nearby ...
 - Does the person have a mental health condition?
 - Ask Dispatch
 - Get more information, ask follow-up questions



41

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Crisis Recognition And Response



- **Why do you want to know what's behind someone's erratic behavior?**
 - Best approaches to help stabilize the situation
 - What communications strategies to employ
 - What additional resources you may need

Up-front awareness and recognition are key to a safe and effective response.



42

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Crisis Recognition And Response



Responding to a Person in Crisis



43

Crisis Recognition And Response



What the encounter looks like
from another perspective



44

Crisis Recognition And Response



KEY TAKEAWAYS

- Let the Person think they're in control
- Calm Down
- Picture friend or relative

45

Crisis Recognition And Response



■ Some Facts about People with Mental Illness

- Biological illness like heart disease or cancer
- Nobody "chooses" to develop a mental illness
- There is no cure, but many people stabilize to live full, productive lives
- Medications help, but they are not perfect and there can be episodes or side-effects

Adapted from Seattle Police Department



46

Crisis Recognition And Response



- **People with Mental Illness and the Criminal Justice System**
 - People with serious mental illness can be violent
 - But most people with mental illness are not, and never will be, violent
 - Jail is often not a helpful place to get stabilized
 - Most people, even in a behavioral crisis, respond positively to kind and patient behavior

*Sources: National Institute of Mental Health,
U.S. Department of Health and Human Services*



47

Crisis Recognition And Response



Crisis Intervention

- A process to assist individuals in finding safe and productive outcomes to unsettling events

Adapted from Police Training Institute

University of Illinois



48

Crisis Recognition And Response

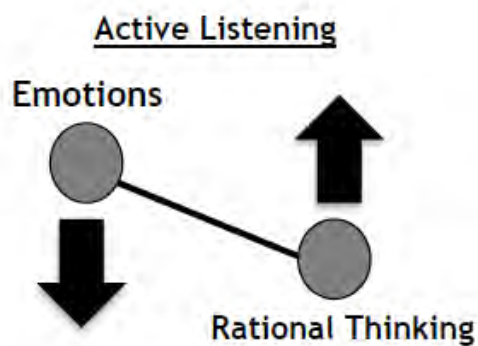


- **Two Principles Guiding Your Response**
 - Your mission is not to diagnose or treat/solve underlying issues
 - Your top priority is to verbally defuse and stabilize the situation, when feasible

Crisis Recognition And Response



■ Emotional–Rational Thinking Scale



Courtesy of Detective Jeff Thompson, NYPD

50

Crisis Recognition And Response



- **Three-Phase Response Process**
 - Ensure the scene is safe
 - Try to get the person stabilized
 - Begin the problem-solving process
(often by bringing in other resources)

Crisis Recognition And Response



■ **Trying to Defuse a Critical Situation Does Not...**

- Take away your discretion to make an arrest, where probable cause exists
- Restrict your ability to use force when faced with an imminent threat

***But these should be considered last resorts
whenever possible***

Crisis Recognition And Response



- **How To Approach Persons in Crisis – Some Practical Tips and Techniques**
 - Request backup & specialized help
 - Don't rush (unless immediate action needed)
 - Continually assess and re-assess
 - **Communicate, communicate, communicate**
 - Have a conversation
 - Clear and simple statements
 - Open-ended questions
 - Active listening



53

Crisis Recognition And Response



- **How To Approach Persons in Crisis – Some Practical Tips and Techniques (cont.)**
 - Watch your body language
 - Be aware of “hot buttons” and “hooks”
 - Consider “doing the opposite”
 - Always be respectful

Crisis Recognition And Response



- Your Goal: Make a Connection



55

<https://www.youtube.com/watch?v=jizOCTUlfV4>

Crisis Recognition And Response



■ Some Things Not To Do

- Don't join in the person's behavior
- Don't confuse the person
- Don't diminish the person
- Don't lie or deceive
- Don't automatically view non-compliance as a threat



56

Crisis Recognition And Response



■ Manage Your own Reactions

- Officers can experience similar physiological changes as a subject in crisis
- Important to consciously slow your breathing, move slowly and smoothly, and stay in control

Tactical Communications

ICAT: Integrating Communications,
Assessment, and Tactics



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58

Tactical Communications



Question to Consider

- **What makes a police officer a good communicator? What attributes must the officer possess?**

Tactical Communications



Five Universal Truths of Human Interaction

1. People feel the need to be respected
2. People would rather be asked than be told
3. People have a desire to know why
4. People prefer to have options over threats
5. People want to have a second chance

Source: Dr. George Thompson, Verbal Judo Institute



60

Tactical Communications



- **Active Listening Skills**
 - Follow the 80-20 rule
 - Listen to understand, not to respond
 - Reduce distractions
 - Demonstrate you are listening
 - Use silence to your advantage

Call on Jeff Thompson

Tactical Communications



- **Non-Verbal Communication Skills**
 - Project the right body language
 - Make eye contact
 - Use open-handed gestures
 - Modulate your tone of voice

Call on Jeff Thompson

Tactical Communications



- **Verbal Communication Skills**
 - Use team concept
 - Establish rapport
 - Ask open-ended questions
 - Provide clear, single questions / commands
 - Provide options



63

Call on Jeff Thompson

Tactical Communications



- **Emotional Contagion**
 - Your words and actions are contagious
 - What direction are you taking the encounter? Toward more chaos or ...

Voluntary Compliance

Concept courtesy of Det. Jeff Thompson, NYPD



64

Call on Jeff Thompson

Tactical Communications



Daytona Beach, FL

65

Link to video: <https://www.youtube.com/watch?v=MzbVm9UdSFg>

Tactical Communications



■ Quick Recap

- Active listening – listening to understand (not just respond)
- Non-verbal communications are key
- Dialogue, not debate
- Emotional contagion



66

Call on Jeff Thompson

Operational Safety Tactics

ICAT: Integrating Communications,
Assessment, and Tactics



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67

Operational Safety Tactics



Question to Consider

- What are key tactical considerations for patrol officers responding to a man with a knife incident?

Operational Safety Tactics



**The following footage
contains graphic images**

Man with a knife – San Diego, CA



69

Operational Safety Tactics



- **Pre-Response Considerations—
what to think about and do
before you arrive on scene**

Operational Safety Tactics



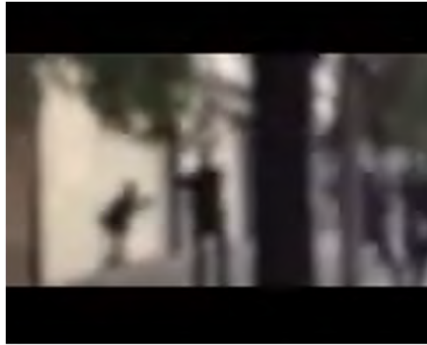
- **Pre-Response(step 1 CDM)**
 - Collect information
 - “Tactical pause” (when possible)
 - Develop a working strategy
 - Prepare/manage yourself
 - Be prepared to intervene with your partners



Operational Safety Tactics



**San Francisco: Mario
Woods incident
Dec. 2, 2015**



72

Link to video: <https://www.youtube.com/watch?v=v0ju6RQkNs8>

Side by Side Comparison



WHAT YOU MAY SEE



WHAT THE PUBLIC & FAMILY SEES



73

Operational Safety Tactics



- **Response**
 - First impressions – how do you want to start the interaction?
 - Continue gathering information
 - Respond as a team
 - Distance + Cover = Time
 - Tactical Positioning/Repositioning
 - Put yourself in a winnable situation
 - Have a “Plan B”

Operational Safety Tactics



- **Have a Plan B**
 - There are multiple opportunities for success
 - Spin the model
 - Get ready to move/tactically reposition
 - Assess your next step
 - If the Taser (or other less-lethal option) fails, then what?

75

Operational Safety Tactics



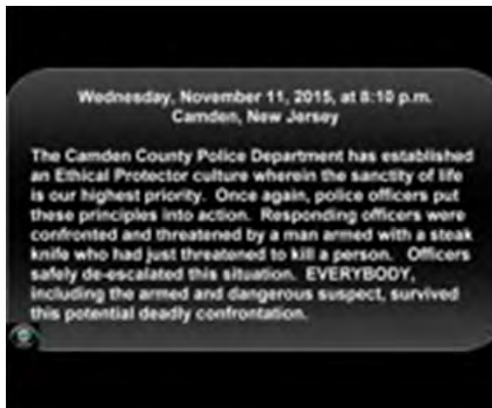
- **Response**
 - **Operate as a team**
 - **Everyone has a role**
 - **Stick to your role/Stay in your lane**
 - **Contact and cover**
 - **Formal and/or informal leader on the scene**

76

Operational Safety Tactics



Camden County (NJ): Man with a Knife Nov. 11, 2015



77

Link to video: <https://www.youtube.com/watch?v=MqH4E9UXX1o>

Operational Tactics



- **Tactical Positioning/Repositioning**
 - Don't draw a line in the sand
 - Maintain a position of advantage
 - Give yourself a "reaction gap"
 - This is not an arbitrary number!
 - "Tactical Mambo"
 - Reposition yourself/team as the situation evolves

78

Operational Tactics



- **Keep yourself in a winnable situation**
 - Isolate the subject
 - Communicate tactically
 - Keep your options open
 - Intervene only if there is an immediate threat

79

Chelsea PD Lobby Video

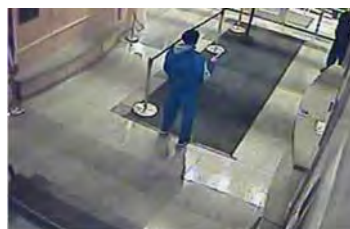
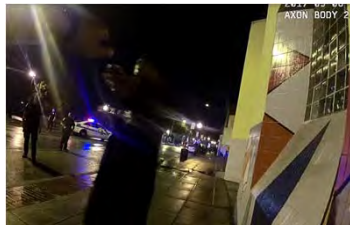


80

Operational Tactics



■ Tactics for Suicide by Cop Situations



81

Operational Tactics



Suicide by Cop



How does this change what we do tactically?

82

Operational Tactics



What are 3 things that would tip us off that this might be a suicide by cop scenario?

1. Voluntarily enters into confrontation
2. Will communicate suicidal intent
3. Act in a threatening manner forcing you to respond

83

Operational Safety Tactics



- **Post-Response**
 - After-Action Review basics
 - AAR ground rules
 - AAR process and format
 - AARs and the Critical Decision-Making Model

Integration & Practice

ICAT: Integrating Communications, Assessment, and Tactics



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RESEARCH FORUM



85

Integration and Practice



Critical Decision-Making Model



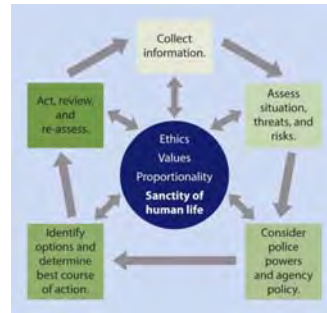
Integration and Practice



Critical Decision-Making Model

Benefits

- Better and safer decisions up front
- Better explanation of those decisions after the fact



Integration and Practice



Crisis Recognition and Response

Key Takeaways

- Recognizing someone in crisis helps shape your response
- Your role is not to diagnose and treat – it's to understand and begin to defuse
- Bring balance to the Emotional-Rational Thinking Scale
- Stabilizing/safely maintaining the scene until specialists arrive is a victory



88

Integration and Practice



Tactical Communications

Key Takeaways

- Active listening
 - 80-20 rule
 - Listen to understand, not respond
 - Demonstrate you are listening
 - Show empathy and respect

Integration and Practice



Tactical Communications

Key Takeaways

- Non-verbal communications
 - Body language
 - Eye contact
 - Open-handed gestures
 - Tone of voice

Integration and Practice



Tactical Communications

Key Takeaways

- Verbal communications
 - Team concept
 - Clear, single questions/commands
 - Ask open-ended questions
 - Provide options
- Emotional Contagion

Integration and Practice



Operational Safety Tactics

Key Takeaways

- Pre-response
 - Collect information
 - Slow down (“tactical pause”)
 - Develop a working strategy
 - Prepare and manage yourself

Integration and Practice



Operational Safety Tactics

Key Takeaways

- Response
 - Teamwork
 - Distance + Cover = Time
 - Tactical positioning/repositioning
 - Put yourself in a winnable situation

Integration and Practice



Operational Safety Tactics

Key Takeaways

- Post-Response
 - After-Action Reviews
 - Not grading past success or failure
 - Improving future performance

Integration and Practice



- During a **suicide by cop** situation
 - Officers must be extra vigilant to not escalate the situation
 - Distance + Cover = Time
 - Call for backup
 - Keep spinning the CDM and constantly assess the threat
 - Try not to let the subject force you to take action
 - Try not to initiate confrontation
 - Maintain communication to make a connection and begin crisis intervention

95

**Integration and
Practice**



**Thoughts?
Questions?
Observations?**



96