CITY OF OCEANSIDE

POLICE

2020 Advanced Officer Training Plan

- De-Escalation & Crisis Intervention (8 HOURS)
  - Course outline
  - PowerPoint

- Community Oriented Policing (1 HOUR)
  - Course outline
  - PowerPoint presentation

- Transient Update (.5 HOUR)
  - Course outline

- Blood Borne Pathogen Update (.5 HOUR)
  - Course outline
  - DVD Video presentation – *Bloodborne Pathogens: Protecting Law Enforcement*

- Less Lethal Systems Certification (4 HOURS)
  - Course outline
  - PowerPoint presentation

- Patrol Tactics: Officer Rescue Scenarios (5.5 HOURS)
  - Course outline
  - Scenario outlines

- TASER 7 Transition and Certification (3 HOURS)
  - Annual Conducted Electrical Weapon (CEW) User Update Version V21
    https://www.axon.com/training-resources

- Drone Observer Course (1 HOUR)
  - Course outline
  - PowerPoint presentation

- Title 15 Jail Holding Facility Training (8 HOURS)
  - Course Outline

- Basic Drug Interdiction Training & SES Update (1.5 HOURS)
  - Course Outline
  - PowerPoint presentation

- First Responder Awareness & FIT (1 HOUR)
  - Course outline
  - PowerPoint presentation

- Victim Compensation Board & Victim Resources (15 min.)
  - CalVCB Law Enforcements Role Briefing Video
    https://victims.ca.gov/lawenforcement/
  - First Responder Card - handout

- POST First Aid Course (4 HOURS)
  - Completed online through the POST Leaning Portal at https://lp.post.ca.gov/

- POST First Aid Practical Applications (4 HOURS)
  - Guidelines from POST
    https://post.ca.gov/Portals/0/post_docs/training/First_Aid_Requirements/LP_Skills_Guidelines.pdf

OCEANSIDE POLICE DEPARTMENT
PRINCIPLES OF DE-ESCALATION
EXPANDED COURSE OUTLINE
CCN# 2030-21153-19 (8 HOURS)
REVISION: 12/29/2019

0800 - 0810	Welcome and Course Goals.
0810 - 0835	Relationship Between Mental Health & Officer Safety
0835 - 1115	**Pre-Engagement** Laws and Core Concepts of De-Escalation, Exploration of a Critical Decision Making Model, Time/Distance, Officer Safety, 5 A's, PATROL, Resources/PERT
1115 - 1145	Lunch
1145 - 1300	**Engagement** Crisis Management through Communication, Mental Health, Stigma, Excited/Substance Intoxication Delirium, and Documentation
1300 - 1400	**After the Call** Officer Wellness, Emotional Intelligence and Stigma
1400 - 1615	**Interactive Scenarios** Mental Health and Crisis Intervention, Roleplay and Interactive Practical De-escalation Application Concepts Training
1615 -1630	Training Debrief

SECTION ONE

- Administration of Post-test
- Participant Sign-In Sheet

Welcome, Goals of Course, Relationship Between Mental Health and Officer Safety
The San Diego County De-Escalation and Crisis Management Training is designed to provide deeper insight and enhanced training to promote de-escalation techniques, crisis management and controlling options while keeping our community, officers and person with whom we are interacting safe by utilizing best practices to minimize the chance of injury to all. This de-escalation and interpersonal communication training includes tactical methods that use time, distance, cover, and concealment, to avoid escalating situations that may lead to violence.

This course includes and discusses the key concepts of de-escalation per POST, including defining de-escalation, core concepts of de-escalation, areas of peace officer performance where de-escalation concepts may assist, exploration of a critical decision-making model, time, officer safety, and documentation.

This 8-hour class is designed to be mobile and be taken directly to the regional agencies and delivered at their respective departments using the MILO Mobile Situational Awareness Training System.

For the purpose of this course, De-Escalation is taking action or communicating verbally or non-verbally during an encounter in an attempt to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the use of higher level control techniques with the overall objective of bringing the situation to a successful resolution. De-escalation may include the use of such techniques as command presence, advisements, warnings, verbal persuasion. This de-escalation and interpersonal communication training includes tactical methods that use time, distance, cover, and concealment in the attempt to de-escalation that will not put the safety of the community or the officers in jeopardy.

For the purpose of this course, Crisis Intervention deals with a person in crisis, which is defined as a person whose level of distress or mental health symptoms has exceeded the person's internal ability to manage his/her behavior or emotions. A crisis can be precipitated by any number of things, including an increase in the symptoms of mental illness despite treatment compliance; non-compliance with treatment, including a failure to take prescribed medications appropriately; or any other circumstance or event that causes the person to engage in erratic, disruptive or dangerous behavior that may be accompanied by impaired judgment.

For the purpose of this course, Force Options are the choices available to peace officers to overcome resistance, effect arrest, prevent escape, or gain control of the situation. These regional agency-approved options include, but are not limited to, pain compliance techniques, control holds, takedowns, carotid restraint, chemical agents, conducted energy weapons, restraint devices, impact weapons, kinetic energy weapons, and firearms.

While there is no way to anticipate every conceivable situation or exceptional circumstance officers face or specify the exact amount or type of reasonable force to be applied in any situation, each officer is expected to make such decisions in a professional, reasonable, impartial, and safe manner.

The California legislature noted that individuals with physical, mental health, developmental, or intellectual disabilities are significantly more likely to experience greater levels of physical force during police interactions, as their disability may affect their ability to understand or comply with commands from peace officers. It is estimated that individuals with disabilities are involved in between one-third and one-half of all fatal encounters with law enforcement.

This training incorporates the most current information and contemporary professional judgment to provide a framework of critical issues and suggested practices from which participating agencies can supplement their own use-of-force policies.

13519.10. (a) (1) The California Peace Officers Standards of Training (POST) Commission recommends the implementation of courses of instruction for the regular and periodic training of law enforcement officers in the use of force. The guidelines and course of instruction shall stress that the use of force by law enforcement personnel is of important concern to the community and law enforcement and that law enforcement should safeguard life, dignity, and liberty of all persons, without prejudice to anyone.

The San Diego Regional Law Enforcement Community recognizes and respects the value of all human life, having this as its highest priority. It is the policy and practice of this Region to train its law enforcement personnel in the use of the safest, most humane restraint procedures and force options currently available.

SECTION ONE
Relationship Between Mental Health and Officer Safety
Mental Health and Officer Involved Shootings

1. San Diego County Case Study Analysis of Cases Reviewed by the San Diego County District Attorney's Office
    a. Year 1993 – Year 2012
    b. Drugs and/or mental health issues were very common in the subjects.
    c. Either some evidence of drug use and/or mental health concerns was present in 81% of the cases (290 of 358 total).
    d. Sixty-six percent (242) of the subjects had drugs in their systems, including many with multiple substances in their system (18 subjects being under the influence of three or more drugs).
    e. There was a total number of 346 drugs (including alcohol) found in the systems of the 242 subjects.
    f. Methamphetamine/amphetamine was by far the predominant drug connected to the officer-involved shootings.
    g. Subjects are mostly male, age 18-32, and have mental issues and/or were under the influence of drugs, with methamphetamine/amphetamine being the most common.
    h. The large majority of shootings did not involve less than lethal force prior to the shooting.
    i. In 19% (67) of the incidents, the subject made statements or behaved in a way that was considered "suicide-by-cop" (meaning it appeared clear the subject wanted police to shoot him or her).
    j. Immediately prior to the OIS, some officers used a less than lethal (LTL) option in an attempt to subdue the subject.
    k. In 80% of the cases (286), no LTL force was used prior to the shooting.

l. Nearly two-thirds of the incidents occurred within three minutes or less of arrival on scene with many almost immediately.
m. A firearm was the most common (40%) type of weapon the subject possessed.
n. Patrol (uniformed) officers are most at-risk for becoming involved in a shooting, and more than half the time, it was in response to a radio call.

2. Journal of Forensic Science
   a. 25% of all OIS involve Suicide by Cop subjects.
   b. 80% of subjects were armed with a weapon.
   c. 60% of subjects had a loaded functional firearm.
   d. 48% fired at officers
3. FBI Behavioral Sciences Unit Study
   a. Year 1991 - 2000.
   b. 62 offenders who killed a police officer also committed suicide during the same event.
   c. Clear nexus between suicidal / homicidal behaviors.
4. Suicide by Cop Indicators (Force Science Institute)
   a. Subject often initiates police response (behavior or 911 call).
   b. Claims to have committed or about to commit a violent injurious act.
   c. Claims to possess a weapon.
   d. Stages scene to entice police approach.
   e. Launches a 'Blitz' attack at police to force a response

Laws

- The U.S. Supreme Court in Graham v. Connor, 490 U.S. 386 (1989), acknowledged that the "reasonableness" test in analyzing the use of force is "not capable of precise definition or mechanical application." For that reason, in determining whether an officer's use of force is reasonable in a particular case, it is necessary to evaluate the facts and circumstances confronting the officer at the time that force was used. All of the surrounding circumstances will be considered, including whether the subject posed an imminent threat to the safety of the officer or others, the severity of the crime at issue, and whether the suspect actively resisted arrest or attempted to flee.

- Penal Code 834a "If a person has knowledge, or by the exercise of reasonable care, should have knowledge, that he/she is being arrested by a peace officer, it is the duty of the such person to refrain from using force or any weapon to resist such arrest."

- Penal Code Section 835a authorizes an officer to use *necessary* (2019 yr. SB 230) force to make a lawful arrest, prevent an escape, or to overcome resistance. Officers are not required to retreat or desist from their efforts by reason of resistance or threatened resistance of the person being arrested. A peace officer who makes or attempts to make an arrest need not retreat or desist from his/her efforts by reason of resistance or threatened resistance on the part of the person being arrested; nor shall an officer be deemed the aggressor or lose his/her right to self-defense by the use of reasonable force to effect the arrest, prevent escape or to overcome resistance (Penal Code§ 835a).

- Mental Health Laws
    - §5150 - When you have probable cause to believe that a person is, as a result of a mental health disorder, a danger to himself/herself, a danger to others, or gravely disabled, you are empowered to detain the person for a safe and orderly transport to an LPS (Lanterman-Petris-Short Act) facility for a mental health assessment.
    - §5151 - Psychiatric assessment conducted by a licensed behavioral health professional at an LPS facility to determine if the person you transported requires psychiatric detention (§5150).
    - §5152 - The actual hospital admission and up to 72-hour "hold" determined as a result of the
    - §5150.05 – Discuss the importance of obtaining (if available) and incorporating credible third-party information during §5150 determination process.
    - Voluntary versus Involuntary status
        - Defend why it is inappropriate to transfer someone to a hospital on a "voluntary" basis if they meet §5150 criteria for detention.

Core Concepts of De-Escalation

Law enforcement is guided by the overarching principle of reverence for human life in all investigative, enforcement, and other contacts between law enforcement and members of the public. When law enforcement is called upon to detain or arrest an individual who is uncooperative, is actively resisting, may attempt to flee, poses a danger to others, or poses a danger to him or herself, they should, if feasible, consider tactics and techniques that may persuade the individual to voluntarily comply or may mitigate the need to use a higher level of force to resolve the situation safely.

Some situations require an immediate response, while other situations allow officers/deputies the opportunity to communicate with the individual, refine tactical plans, and, if necessary, call for additional resources. The actions of first responders will be weighed against the information known, the seriousness and gravity of the situation, the individual's actions and, when feasible, efforts to de-escalate the situation.

Core Concept of de-escalation:

- Self-control
- Effective communication
- Scene assessment and management
- Force Options
- Time

Reality vs Perception

1. Reality vs Perception (*Force Science Institute*)
    a. Use of any physical force compared to all police/ public interactions
        i. 99.70% of police/public interactions result in no force.
        ii. 0.30% of police/public interactions result in force. (<1/2%)
    b. Use of any physical force compared to all arrests
        i. 98.50% of all arrests result in no physical force.
        ii. 1.50% of all arrests result in any physical force.
    c. Frequency of deadly force compared to all arrests.
        i. 0.003 % (Three thousandths of a percent) of all arrests results in deadly force.

2. Current Perception Paradigm: Society's perception of police
    a. Police need De-escalation Training because:
    b. Police are "heavy handed".
    c. Police don't know how to talk to people.
    d. "Us" vs. "Them".
    e. Police are quick to use force.
    f. Police "talk down" to people.
    g. Police are arrogant/non-empathetic.
    h. De-escalation is a new concept in law enforcement
    i. False perception because LE has been practicing de-escalation from the onset.
3. Training Paradigm Shift
    a. From Lawful to Necessary
    b. Does not mean force will not be required when the concept demands it.
    c. Sometimes officers need to quickly and decisively intervene with force in order to prevent a situation from escalating.
    d. Enhanced training in de-escalation and the use of less-lethal tools may reduce the need for officers to use deadly force, save lives, and improve public trust and confidence in law enforcement, while reducing the likelihood of injury to the public and increasing officer safety.

Define De-Escalation

- De-escalation is the process of using strategies and techniques intended to decrease the intensity of the situation.
- "De-escalation" refers to a range of integrated strategies and tactics used by officers to lower the intensity of potentially volatile situations with the aim to reduce the necessity or level of force required for successful resolution while ensuring officer and public safety is optimized." *Force Science Institute*

Areas of Peace Officer Performance Where De-Escalation May Assist:
The principles of de-escalation can provide effective tools during contacts with the public and result in improved decision-making, reduction in situational intensity, and outcomes with greater voluntary compliance.

- De-escalation concepts may assist an officer in:
    - Gaining voluntary compliance
    - Defusing a situation
    - Mitigating unintended consequences
    - Officer and public safety
    - Police legitimacy

De-Escalation, Crisis Management and Control Options utilizes all available resources to include:

- De-Escalation Techniques
- Tactical Communications
- Tactics
- Less-lethal Options
- Tools on the belt
- K-9
- Tactical withdrawal
- Physical Coercion/ Control Techniques
- Crisis Management and Control Options enhances proper tactics/ officer safety.
    - The outcome does not reward reckless or dangerous tactics.
    - Often improper tactics result in the escalation of a situation or the application of deadly control techniques

SECTION TWO

Pre-Engagement-_Exploration of a Critical Decision Making Model, Time/Distance, Officer Safety, 5 A's, PATROL, Resources/PERT

Section Two will Explore the Following Areas:

- Information Collection
- Threat and Risk Assessment
- Law and Policy
- Consideration of Options
- Planning
- Action and Reassessment
- Respect for Human Life and Dignity

Dispatch/Communication Unit

- Discuss the Role of Dispatch
- Explain the relationship of "dispatch priming" and "emotional intelligence."
- Explain the importance of being able to communicate with dispatch to clarify the important factors prior to arriving on scene

Any officer/deputy faced with an individual who appears to be in crisis, if feasible, develop a plan prior to taking action. The plan should include but not limited to:

1. Prior or current violent behavior
2. Current factors driving this crisis
3. Prior police contacts and what has helped
4. Triggers
5. Current mental health diagnosis
6. History of mental health
7. Current substance use
8. History of substance use
9. Current medications
10. Additional officers/deputies
11. Sufficient resources

12. PERT
    a. If the situation allows and the individual does not pose an immediate threat to officers, the public, or he/she, de-escalation techniques may allow officers/deputies the opportunity to communicate with the individual, refine tactical plans, and contact other resources as needed. Contact the Psychiatric Emergency Response Team (PERT) if the person is suspected of suffering from a mental illness. *Note, the PERT teams are not negotiators. The PERT clinician may be able to provide the officer/deputy mental health information involving the individual.*
        i. PERT provides emergency assessment and referral for individuals with mental illness who come to the attention of law enforcement through phone calls from community members or in-field law enforcement request for emergency assistance.
        ii. PERT pairs licensed mental health clinicians with uniformed law enforcement officers/deputies. Clinicians work out of individual law enforcement divisions and respond in the field with their law enforcement partners. The PERT team evaluates the situation, assesses the individual's mental health condition and needs, and, if appropriate, transports individual to a hospital or other treatment center, or refers them to a community-based resource or treatment facility
        iii. PERT Referral Form
13. CNT/ENT
14. Less lethal options
15. Etc.

Five A's

- **Assessment** – Constantly occurring
    - Identify what the threat is?
    - What weapons are involved?
    - What are their capabilities?
    - What is their motivation?
    - What are our capabilities?
    - What crime do we have, if any?
    - Is this a mental health crisis?
- **Assemble**
    - Ask for resources
    - Know your capabilities and limitations
    - Other officers (more officers can reframe subject mindset. They may perceive the situation to be non-winnable.
    - Resources may include: less lethal, PERT, K9, etc.
    - Format a plan
- **Anticipate**
- **Announcement**
    - Communicating with everyone involved in the plan
- **Act**

An individual acting in a strange and/or violent manner often results in a police response. If the individual is in a mental health or substance use crisis, use the Tactical De-escalation Techniques: **PATROL**

1. Planning
    a. Use dispatched information and knowledge to develop initial response.
    b. Adapt plan as additional information becomes available.
    c. Coordinate the approach
2. Assessment
    a. Suspect non-compliant, if so why?
    b. Deliberate – Resisting or attempting to escape
    c. Inability to comprehend (Physical, Mental, or other impairments
3. Time
    a. Distance
    b. Time allows tactics to be developed and refined
    c. Time allows for communication and for resources to be called
    d. Effects on the decision-making process
4. Redeployment and/or Containment
    a. Control the situation by adjusting positioning
    b. Change tactics as necessary
    c. Redeployment should not give suspect any advantage
5. Other Resources
    a. Call for assistance as needed
    b. Additional officers/resources
    c. K-9
    d. Less lethal
    e. Arrest team
    f. SWAT/SED
    g. ENT/CNT
    h. PERT
    i. Face to face
    j. Bullhorn
    k. Cell phone
    l. Etc.
6. Lines of Communication
    a. Maintain communication with suspect, witnesses and family

<u>SECTION THREE</u>

On Scene - Effective On-Scene Skills, Crisis Management, Mental Health, Stigma, Excited/Substance Intoxication Delirium and Documentation

Some situations require an immediate response, while other situations allow officers/deputies the opportunity to communicate with the individual, refine tactical plans, and, if necessary, call for additional resources. The actions of first responders will be weighed against the information known, the seriousness and gravity of the situation, the individual's actions and, when feasible, efforts to de-escalate the situation.

Mental Health

Depression

Definition: Depression is a fairly common mood disorder. A condition that has mental and physical symptoms that can interfere with an individual's ability to function day to day.

Symptoms may include, but are not limited to:

- Isolation
- Sadness, inactivity, and self-negative talk
- Feelings of guilt, hopelessness, helplessness, or pessimism
- Loss/increased appetite
- Fatigue, decreased energy
- Loss of motivation/interest in activities
- Crying spells
- Chronic pain
- Decreased/increased sleep
- Restlessness or irritability
- Difficulty concentrating or making decisions
- Thoughts of death (including gestures, attempts or threats of suicide, such as "Things/people would be better off without me

Bi-Polar

Definition: Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day to day tasks.

Symptoms may include, but are not limited to:

People having a manic episode may:

- Feel very "up," "high," or elated
- Increased energy/activity levels
- Feel "jumpy" or "wired"
- Trouble sleeping
- Talk really fast about a lot of different things/Highly distracted
- Agitated, irritable, or "touchy"
- Feel like their thoughts are going very fast
- Think they can do a lot of things at once
- Engaged in high-risk behaviors such as excessive shopping/gambling, or have mul sexual partners or not practicing save sex

People having a depressive episode may:

- Feel very sad, down, empty, or hopeless
- Very little energy
- Decreased activity levels
- Trouble sleeping- too little or too much
- Feel like they can't enjoy anything
- Feel worried and empty
- Trouble concentrating
- Forgetful
- Eat too much or too little
- Feel tired or "slowed down"
- Thoughts of death (including gestures, attempts or threats of suicide, such as "Things/people would be better off without me.")

Schizophrenia

Definition: Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem as though they have lost touch with reality.

Symptoms may include, but are not limited to:

- bizarre delusional thinking
- hallucinations
- incoherent, disconnected thoughts, and speech
- expression of irrational fear
- deteriorated self-care
- poor reasoning
- strange and erratic behaviors
- trouble focusing or paying attention
- limited verbal or facial expressions

Post-Traumatic Stress Disorder (also known as Post-Traumatic Stress Injury)

Definition: Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a traumatic event or in which grave physical harm occurred or was threatened to the individual or someone close to them. These events may be cumulative over a person's lifetime or career.

These events may include, but not limited to:

- combat or military exposure
- Adult/child sexual, physical/verbal abuse
- terrorist attacks
- serious accidents, such as a car wreck
- natural disasters, such as a fire, tornado, hurricane, flood, or earthquake

Symptoms may include but not limited to:

- Recurring memories or nightmares of event (flashbacks)
- Sleeplessness
- Loss of interest/numbness
- Anger or irritability
- Hypervigilance or on guard
- Startled response
- Survivor's guilt
- Isolation
- Self-medication using drugs/alcohol

Stigma

- Discuss the meaning of stigma (e.g., a mark of disgrace or shame associated with a particular circumstance, quality, or person) and contributors:
  - Media and Hollywood depictions
  - Cultural implications
  - Societal views
  - Your personal views on mental illness and your attitude about your law enforcement department's psychological services program
- Elaborate about the consequences of stigmatization (e.g., social isolation, a barrier to seeking help, fear, mistrust, prejudice and discrimination)
- Describe the perspective of stigma and view of law enforcement response of consumers living with severe and persistent mental illness and their family members/supports

Excited/Intoxication Delirium

Excited Delirium, also referred to as Agitated Delirium, is a medical emergency characterized by an acute onset of extreme agitation and bizarre and/or combative behavior. This medical emergency is often associated with a number of underlying factors such as controlled substances, or mental illness. A person in a state of Excited Delirium is at an increased risk of sudden death.

Persons in a state of delirium may present a serious threat to the public, to officers, and to themselves. Officers should be familiar with signs and symptoms of this condition when determining the best tactical response. This Bulletin provides guidelines for addressing these challenges as part of the Department's overarching principle of reverence for human life.

Recognition of Signs/Symptoms:

Officers are not trained to diagnose medical conditions but should become familiar with the signs, symptoms, and behaviors of a person in a state of Excited Delirium. The state of Excited Delirium is recognized as a medical emergency and an ambulance shall be requested as soon as practicable.

Individuals in a state of Excited/Substance Intoxication Delirium may exhibit extreme agitation and a combination of the following signs, symptoms, and behaviors:

- Extremely violent/aggressive behavior
- Disrobing in public/nakedness
- Unresponsiveness to police presence
- Excessive strength (out of proportion)
- High tolerance to pain
- Constant or near constant physical activity
- Attracted to bright lights/loud sounds
- Attracted to/destructive of glass/reflective objects
- Rapid breathing
- Profuse sweating
- Keening (unintelligible animal-like noises)

When an individual exhibits signs of delirium, paramedics shall be requested as soon as practicable, so paramedic personnel can assess the individual and provide the needed emergency medical treatment

Documentation

- 5150 Detention Form – Application for Assessment
  - Detainment Advisement
  - LPS Facility
  - Person's condition brought to the law enforcement's attention
  - What causes you to believe the person is danger to self/others or gravely disabled
  - Notifications:
    - Weapons
    - Crime, pending charges

SECTION FOUR

After the Contact: Officer Wellness/Emotional Intelligence

- Statistics
  - Every 44 hours a LEO commits suicide
  - 22 active duty and veterans commit suicide each day
  - Studies show the suicide statistics do not differ with size of agency
  - Top Five reasons for suicide in LE
  - Ongoing marital/family issues
  - Culture of law enforcement
  - Critical incident triggered trauma
  - Cumulative stress/trauma
  - Major depression
- Self-care
  - Holmes Rahe Life Stress Survey
  - Over 150 points
  - Over 300 points
  - Adverse Childhood Experiences (ACE)
  - Ripple Effects of Trauma
- Explain how you maintain wellness.
  - Healthy support system
  - Create balance between work and personal life
  - Stress reduction takes practice
  - Self-awareness
  - Exercise, diet and rest
  - Financial health
  - Annual physical and dental check ups
- When do you get in your peer's business?
  - Behavior changes?
  - Attitude changes?
  - Reactions in the field on calls?
  - Coming to work under the influence?
- Stigma
  - Suffering in silence
  - Compare officer acceptance of seeking mental health services when you started your law enforcement career versus today
  - Provide a response to the following: *"Any officer that has a highly distressful reaction or is traumatized by a field incident probably should not be in law enforcement."*
  - Confidentiality
  - Breaking the silence by destroying current culture where LEOs cannot admit they need help
- Resources
  - Describe your departments wellness program regarding how to access services, fees involved, and confidentiality
  - Psychologist or other licensed mental health professional
  - Chaplains and Peer Support
  - EAP
  - Asher Model
  - Safe Call Now
  - Others?

SECTION FIVE

Crisis Management and De-escalation concepts using the MILO Mobile Situational Awareness Training System, Roleplays and Interactive Table Top Exercise

Interactive Table Top Exercise

Table top exercise is on de-escalation concepts and the legal issues involving the use of force, including current legislation impacting California law enforcement. The training includes on-scene assessment, emergency response, overview of a crisis response involving mental illness, substance use, and/or homelessness.

Major learning activity is to enhance skill set. This activity is designed to provide students the opportunity to demonstrate officer safety while effectively interacting with a person in crisis and the reporting party. This experiential learning will occur via a small group table top of a field scenario and will identify 1) a reporting party and 2) a person in distress experiencing a crisis. Instructors will monitor/evaluate for officer safety while a mental health professional monitors/evaluates for active listening and de-escalation communication skills.
The instructors will evaluate the participants on:

- Radio communication
- Officer safety
- Active listening and de-escalation communication skills with the reporting
- party and person in crisis.

MILO Mobile Situational Awareness Training System – Officer Safety Promotes Situation Awareness and Tactical Positioning

The MILO Range simulation training prepares the students for the stress of a real emergency, whether it's a straight-forward crisis intervention or a disaster scenario.

The MILO Simulator - This activity is designed to provide students the opportunity to demonstrate officer safety while simultaneously identify crisis situations and effectively interact using active listening and de-escalation skills. This experiential learning will occur in a dual officer response (contact and cover) video scenario. Instructors will monitor/evaluate for officer safety while a mental health professional monitors/evaluates for communication skills related to the identification and response to the crisis presentation. The instructors will evaluate the participants on:

- Radio communication
- Officer safety
- Active listening and de-escalation communication skills with the reporting party and person in crisis.

Roleplays

The role play training prepares the students for the stress of a real emergency.
The Role Play - This activity is designed to provide students the opportunity to demonstrate officer safety while simultaneously identify crisis situations and effectively interact using active listening and de-escalation skills. This experiential learning will occur in a dual officer response (contact and cover) scenario. Instructors will monitor/evaluate for officer safety while a mental health professional monitors/evaluates for communication skills related to the identification and response to the crisis presentation. The instructors will evaluate the participants on:

- Radio communication
- Officer safety
- Active listening and de-escalation communication skills with the reporting party and person in crisis.

SECTION SIX
Training Debrief

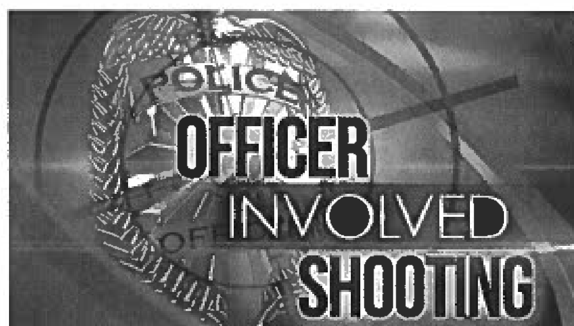
1. Discussion of personal learning takeaways
2. Administration of Post-test
3. Course Evaluations
4. Participant Sign-out

Mental Health & Officer Involved Shootings

De-escalate!!!!

Goals of this Course

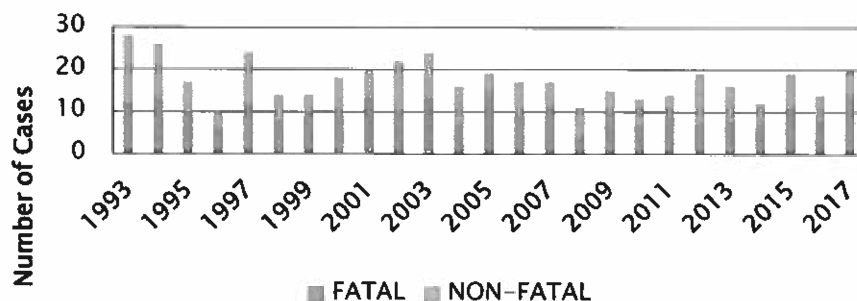
- Present the 25 year (1993-2017) study to exam the statistics and better understand the dynamics of officer-involved shootings in San Diego County.



Case Statistics

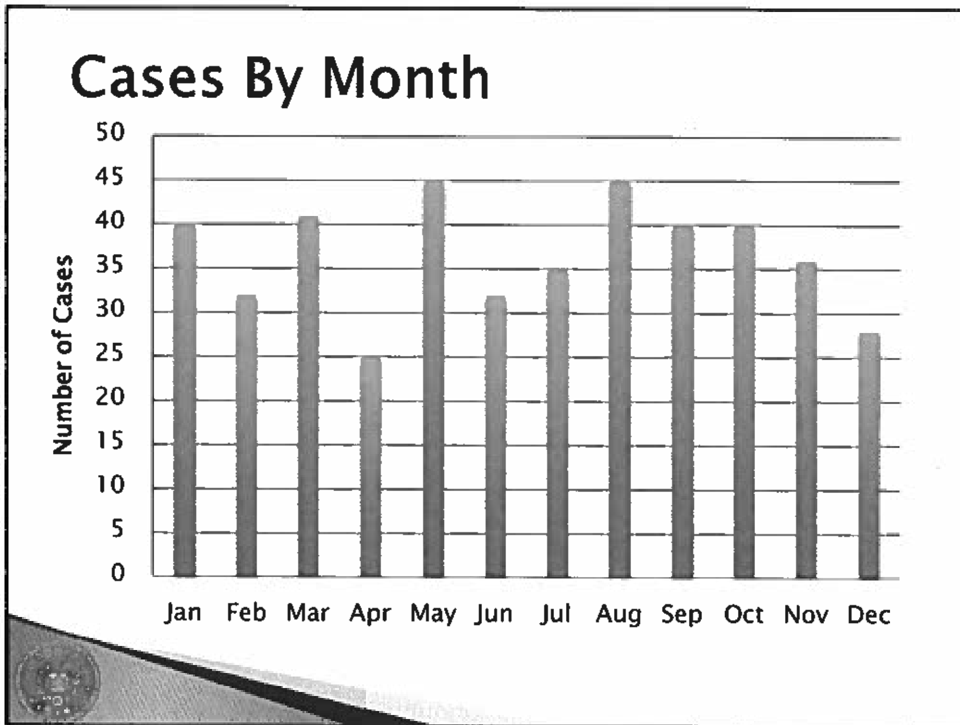
- 21% of incidents (94) were considered "suicide-by-cop"
- 12% of incidents (53) → at least 1 officer was injured/killed
  - 5 incidents → 2 officers were injured
- 10% of incidents (45) → at least 1 citizen was injured during the incident
- 3% of incidents (13) → a K-9 was injured/killed

Cases By Year (Fatal & Non-Fatal)



Cases By Year (Fatal & Non-Fatal)

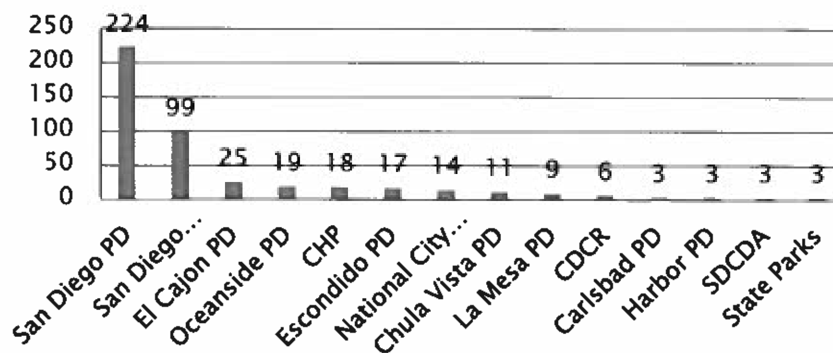
- Total for 25 years → 439 Cases with 451 Subjects Shot
  - Case counted as fatal if 1 subject was killed;
    - 6 cases had 1 subject killed and at least 1 injured.
- Average number of cases per year = 17.6



Cases by Day of Week & Time of Day

Hour	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
5 a.m.	1	1					3	5
6 a.m.	1	1		1		1		4
7 a.m.	1	1	2	4	1	4	1	14
8 a.m.	4	1		3	5	1	2	16
9 a.m.	2	4	4	3	2	8	4	27
10 a.m.	1	1	2	4	3	3	2	16
11 a.m.	2	3	5	4	5	2	2	23
Noon	4	1	6	2	4	2	5	24
1 p.m.	2	1	4	2	1	3	4	17
2 p.m.	2	4	4	2	4	1		17
3 p.m.		3	2		3	2	4	14
4 p.m.	2	5	1	1		1		10
5 p.m.			5	2	1	3	2	13
6 p.m.	5	3	4	5	5	4	3	29
7 p.m.	2		2	5	3		7	19
8 p.m.		1	1	4	4	6	6	22
9 p.m.	5	4	2	5	1	3	5	25
10 p.m.	1	1	4	6	4	5	6	27
11 p.m.	2	2	2	3	3	4	4	20
Midnight	2	3	2	3	5	12	4	31
1 a.m.	3	5	3	1	5	3	6	26
2 a.m.	3	4	1	1	1		3	13
3 a.m.	4	1	2	1	4	1	3	16
4 a.m.	1		1	1	3	2	3	11
Total	50	50	59	63	67	71	79	439

Cases by Agency



- Of the 439 incidents, [418] had 1 agency involved; [14] had 2 agencies; [6] had 3 agencies; and [1] incident involved 4 agencies.

Cases by Agency

- There were [2] incidents for Cal DOJ & CBP, and [1] incident for each of the following: Anaheim PD, Coronado PD, Costa Mesa PD, OC Sheriff, Probation, Riverside County SO, San Diego County Marshal, US Marines, US Marshal, US NCIS, and UCSD PD.

Number of Officers Involved

No. of Officers Present	Number of Officers Shooting					TOTAL
	1	2	3	4	5 or More	
1	101					101
2	92	44				136
3	26	20	14			60
4	16	4	4	7		31
5	7	3	3	2	2	17
6	7	4	5	3	3	22
7	1		3		2	6
8	4	2	3	3	1	13
9	1	2		1	1	5
10 or More	8	4	1		3	16
Unknown	13	11	4	1		32
Grand Total	**276**	**94**	**37**	**17**	**15**	**439**

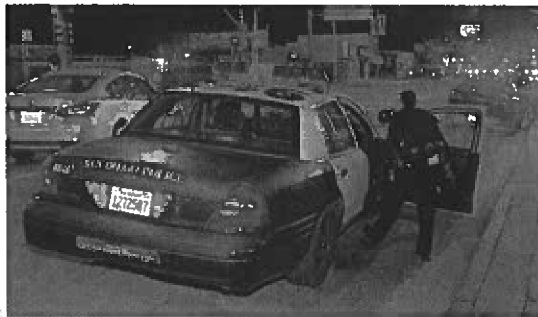
- 23% of the cases had 1 Officer present who did the shooting.
- 21% of the cases had 2 Officers present with only 1 shooting.

Race/Gender of Officers

Race	Male	% of Male	Female	% of Female	Total	% of Total
Asian/Filipino	23	3%	1	4%	24	3%
Black	34	5%	1	4%	35	5%
Hispanic	94	13%	5	18%	99	13%
Pacific Islander	4	1%	1	4%	5	1%
White	512	72%	19	68%	531	72%
UNKNOWN	46	6%	1	4%	47	6%
Grand Total	713		28		741	

Additional Officer Information

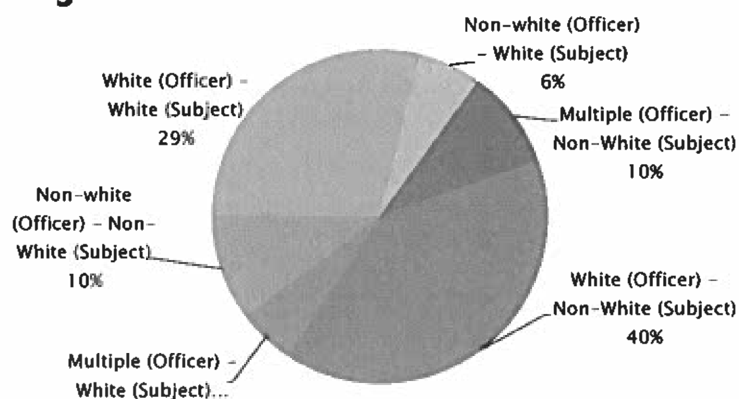
- Assignments (known for 728 officers): 87% patrol/uniformed officers; 6% plain clothes; 5% tactical operations (e.g. SWAT); and 1% off-duty
- Age (known for 362 officers): ranged from 21 to 63, with the average age of 35.6
- Number of years on the force (known for 436 officers): ranged from less than one year to 41 years, with an average of 9.6 years



Race/Gender of Subject

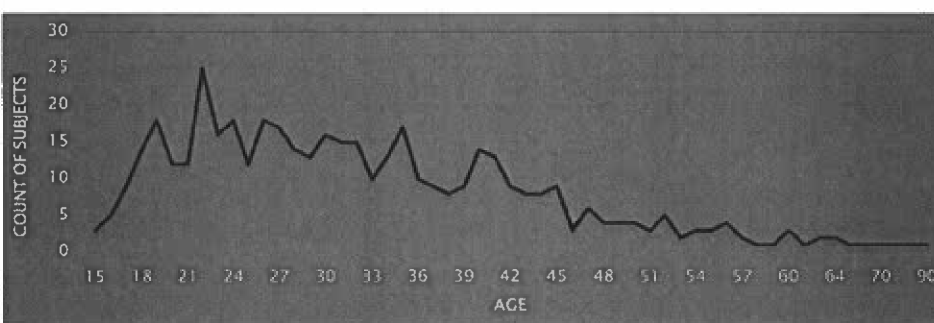
SUBJECT RACE	Male	%	Female	%	Total	%
Asian/Filipino	13	4%	1	4%	14	4%
Black	67	20%	2	8%	69	19%
Hispanic	128	37%	5	21%	133	36%
Pacific Islander	3	1%	n/a	n/a	3	1%
White	119	35%	16	67%	135	37%
Other/Unknown	13	4%	n/a	n/a	13	4%
Grand Total	343	~	24	~	367	~

Subject & Officer Race



- 416 shootings in which both the officer(s) and subject(s) race were known.
  - "Multiple" means there were multiple officers, and at least one was non-white.

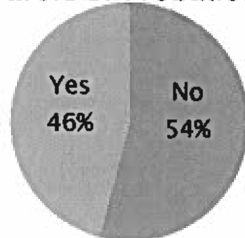
Age of Subject



- Age and gender are known for 448 males and 24 females
- Average age was just under 33 years old
- 53% of subjects were between the ages of 18 - 32

Characteristics of Subjects

Was Subject on Parole or Probation?



Parole/Probation Status was known for 366 subjects.

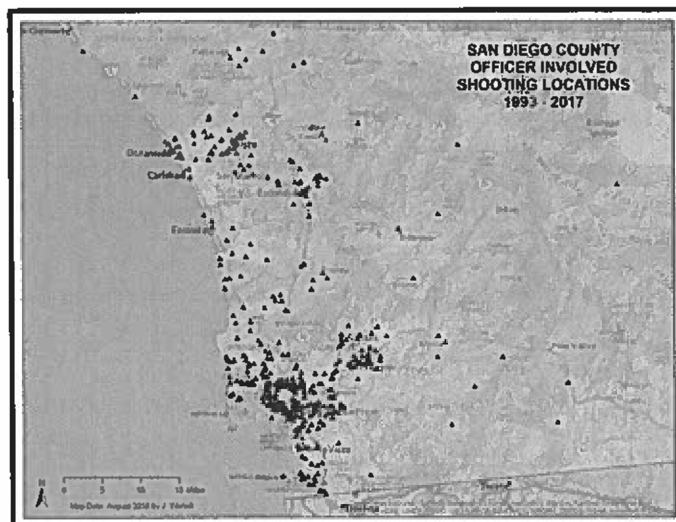
Was Subject in the Military?

Military Status was known for 220 subjects.

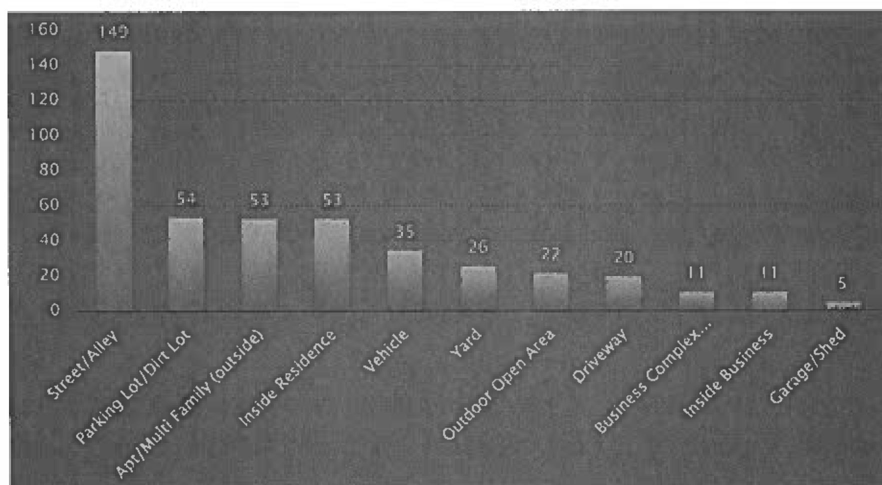
Cases by City

CITY/COMMUNITY	CASES	CITY/COMMUNITY	CASES
Alpine	5	La Mesa Unincorp	1
Bonita	1	Lakeside	5
Bonsall	1	Lemon Grove	3
Pendleton/San O	2	National City	11
Campo/Pine Valley	2	Oceanside	27
Carlsbad	3	Pala	2
Chula Vista	12	Poway	4
Del Mar	2	Ramona	2
El Cajon	20	Rancho Santa Fe	2
El Cajon Unincorp	5	San Diego	219
Encinitas	5	San Marcos	4
Escondido	21	Santee	7
Escondido Unincorp	2	SD South Bay	17
Fallbrook	6	Solana Beach	2
Imperial Beach	1	Spring Valley	8
Jamul	1	Valley Center	3
Julian/Santa Ysabel	2	Visa	19
La Mesa	8	Vista Unincorp	4

Locations of OIS



Type of Location



"Less Lethal" Used

LESS THAN LETHAL USED	CASES
Chemical Spray	25
K-9	20
Taser	19
LTL Shotgun	18
Baton	10
Baton, Chemical Spray	2
Baton, Chemical Spray, Taser, LTL Shotgun, Nunchakus	1
Baton, Taser, K-9	1
Chemical Spray, Nunchakus	1
LTL Shotgun, K9	1

- In 78% of the cases (341), no "less-lethal" force was used prior to the shooting.
  - For purposes of the study, "less lethal force" includes the weapons above but does not include attempts at physical restraint, control holds, etc.

Initial Call Type

CALL/CRIME TYPE	CASES
Traffic-related	56 (13%)
Family/DV	45 (10%)
Robbery	37 (8%)
Warrant/Suspect Contact	37 (8%)
Gun	28 (6%)
Assault	25 (6%)
Mental	25 (6%)
Shots Fired	23 (5%)
Burglary	18 (14%)
Person w/Knife	17 (14%)

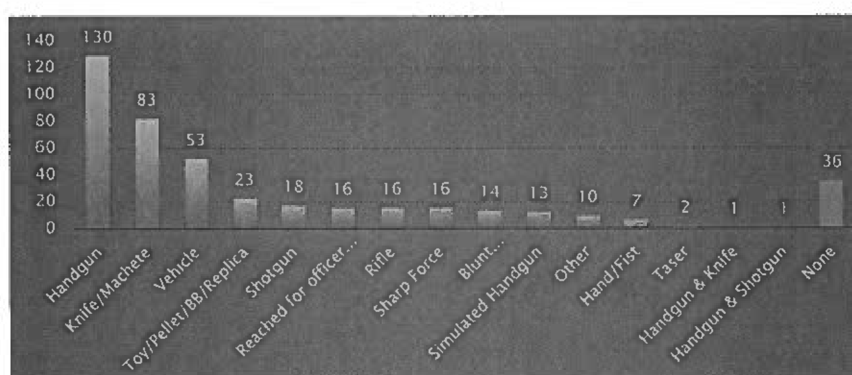
Call/crime type is the type of call or crime that the initial officer was responding to or handling. Only the 10 most common were included.

Initial Contact

INITIAL CONTACT TYPE	CASES
Radio Call	253 (58%)
Self-Initiated	64 (15%)
Traffic	37 (8%)
Patrol	36 (8%)
Follow-up Inv	33 (8%)
Citizen Contact	12 (3%)
Other	4 (1%)

Initial contact type is how/why the officer was at the scene. Self-initiated by the officer includes patrolling and making traffic and pedestrian stops.

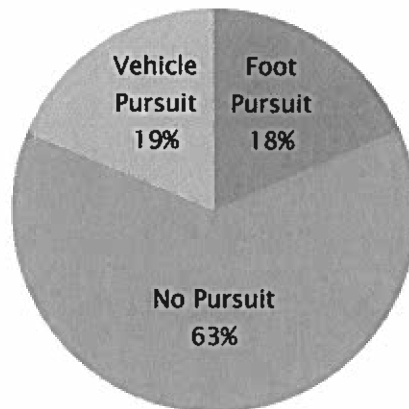
Weapons of Subjects



Weapons of Subjects

- For incidents in which no weapon was found, the reason for the shootings were:
  - furtive movement (28),
  - accidental discharge (6),
  - violent gang member running at another officer (1);
  - prison inmate involved in a violent assault on another inmate (1).

Pursuit Involvement

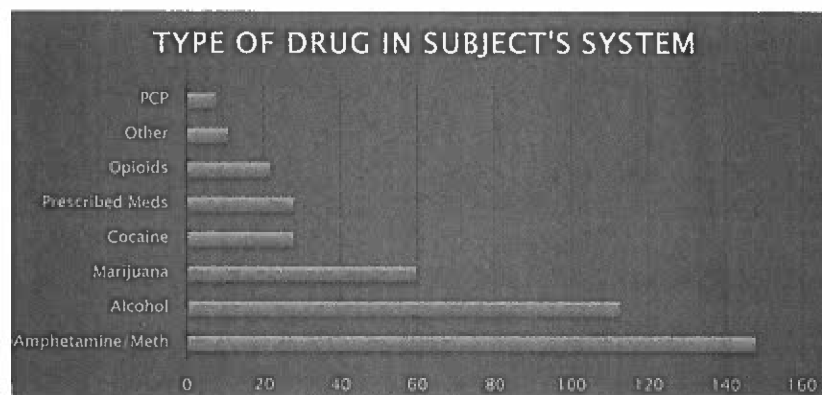


- Several incidents involved both a vehicle and a foot pursuit
- 1 vehicle pursuit where the subject and officer were on bicycles

On-Scene Arrival

- Data for time elapsed between when the first officer arrived on-scene and when the shooting occurred exist for 423 incidents
  - 34% occurred at the time of on-scene arrival
  - 66% occurred within 5 minutes or less of on-scene arrival
  - 92% occurred within 1 hour of on-scene arrival
  - Average time for the 388 cases within 1 hour was 5.9 minutes

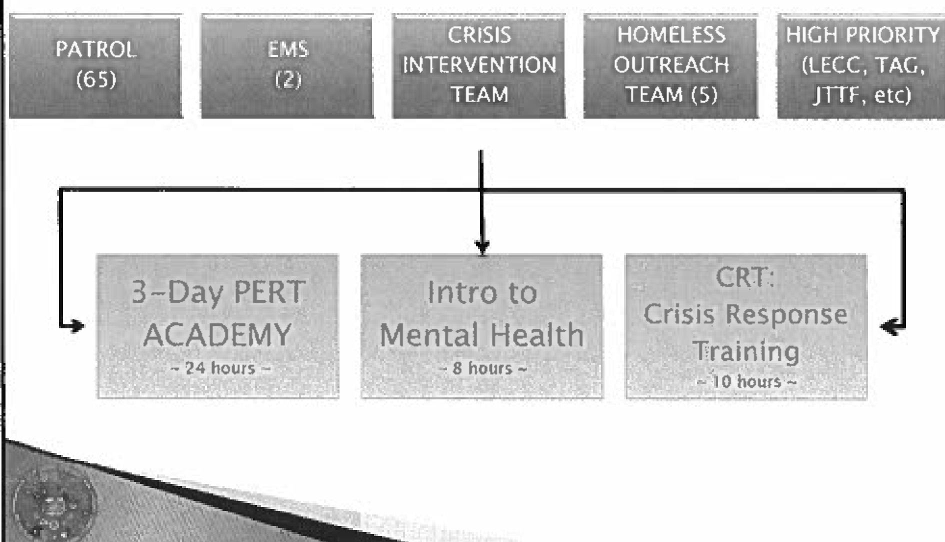
Narcotics & Mental Health



Narcotics & Mental Health

- 79% of the incidents included subjects with drug and/or mental health issues.
- 65% of the subjects had narcotics in their system.
- 62 subjects had documented mental health issues.
  - 74 subjects were exhibiting unstable behavior at the time of the incident.
- 65 subjects had both mental health issues and were under the influence of one or more drugs.
- There were 418 drugs found in the systems of 291 subjects.
  - 21 subjects were under the influence of 3 or more drugs.

PERT Services

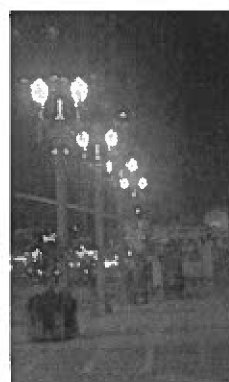


San Diego County OIS Trends

- Close to 75% of shootings occurred within 3 min or less upon officers arrival.
- Firearm was most common type of weapon used by subject(s).
- Patrol officers are most at risk of becoming involved in a shooting.
  - 50% of OIS were in response to a radio call.
- Close to 50% of subjects were on probation/parole.
- A pursuit (foot or vehicle) preceded the shooting in 38% of OIS cases.

San Diego County OIS Trends

- OIS are more likely to occur in the evening or late at night on a Friday or Saturday.
- OIS are most likely to occur during a traffic or domestic disturbance call.
- The average age of the officer was 35 years old, with an average of 10 years law enforcement experience.
- Most subjects are male, age 18-32, with mental health issues and under the influence of meth.



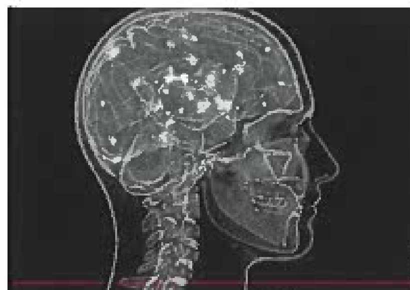
National Statistics

- 25% of all OIS involve Suicide by Cop (Journal of Forensic Science)
- 80% of OIS subjects were armed with a weapon.
  - 60% of OIS subjects had a loaded, functional firearm.
    - 19% simulated having a firearm.
  - 48% fired at officers.

SOURCE: Suicide by Cop Among Officer Involved Shooting Case: Kris Mohandie PhD.
J. Reid Meloy PhD, et al. Journal of Forensic Science, March 2009, Volume 54, No. 2

FBI Behavioral Sciences Unit 1991-2000 Study

- 62 offenders who killed a police officer also committed suicide during the same event.
- Clear nexus between suicidal/homicidal behaviors.



Suicide by Cop Indicators

- Subject often initiates police response (by either behavior or 911 call)
- Claims to have committed or is about to commit a violent act
- Claims to possess a weapon
- Stages scene to entice police approach
- Launches "blitz" attach to police to force a response

Suicide by Cop...

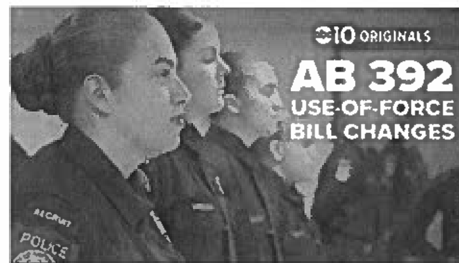
Laws and Training Mandates

Laws and related Case Law

1. AB 392
2. SB 230
3. Graham v. Connor
4. Penal Code Section 834a
5. Penal Code Section 835a

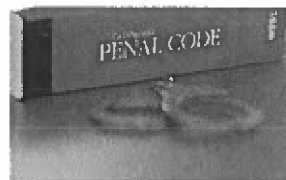
AB 392

- California Assembly Bill 392 was signed into law by Gov. Newsom and takes effect Jan 1, 2020.
- This bill was paired with SB 230
- This Bill amends Ca. PC 835a, which regulates the use of force by Peace Officers in Ca.



What are the changes to 835a

- No significant changes to current law
- Maintains Graham v. Connor standard
- Addition of verbiage already in current case law
- P.C. 196 Justifiable Homicide by a peace officer
  - Refers to provisions in 835a P.C.
  - Tennessee v. Garner
- P.C. 835a (d) Tactical Repositioning or other de-escalation tactics
  - Alternatives and considerations



SB 230

- With the passage and implementation of SB 230, California will be the first state in the nation to:
  - Mandate every California law enforcement officer to receive the most robust training in the nation strictly designed to minimize the use of force.
- Require every law enforcement officer to adhere to specific, publicly available guidelines for when they are authorized to use force.

SB 230

- Establish specific policy requirements across all law enforcement departments on de-escalation, rendering medical aid, proportional use of force and more.
- Standardize detailed reporting requirements for all instances when force is used.
- Specify that use of force policies and training are considered in legal proceedings.

Penal Code Section 834a states

"If a person has knowledge, or by the exercise of reasonable care, should have knowledge, that he is being arrested by a peace officer, it is the duty of such person to refrain from using FORCE or any WEAPON to resist such arrest."

Penal Code Section 835a

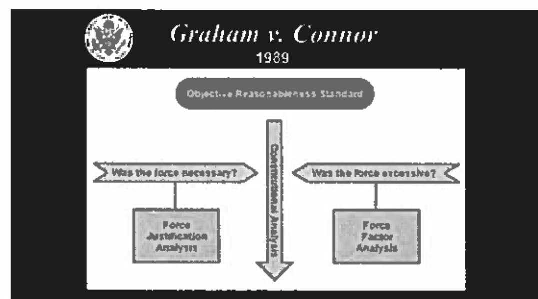
"Any officer who has reasonable cause to believe that the person to be arrested has committed a public offense may use reasonable force to effect an arrest, to prevent escape or to over resistance."

Penal Code Section 835a

"A peace officer who makes or attempts to make an arrest need not retreat or desist from his efforts by reason of the resistance or threatened resistance of the person being arrested; nor shall such officer be deemed an aggressor or lose his right to self-defense by the use of reasonable force to effect the arrest or to prevent escape or to overcome resistance."

Graham v. Connor

In 1989, the United States Supreme Court decided the case of Graham v. Connor, 490 U.S. 386, (1989), which established that a peace officer's use of force, under the Fourth Amendment, would be judged using the "objective reasonableness" standard.

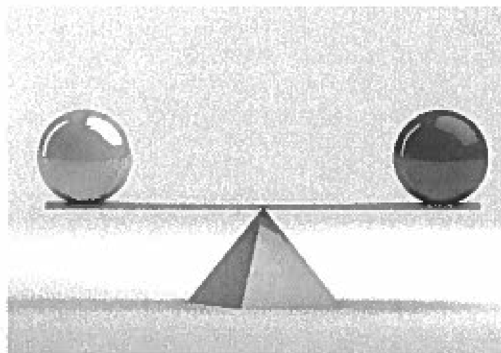


Objective Reasonableness

1. Must be fact specific
2. Based on the totality of the circumstances
3. At the time that the force was used
4. Judged from the perspective of a Reasonable Officer on the scene
5. Rather than with the 20/20 vision of hindsight

Reasonable Officer Standard

Would another officer facing like of similar circumstances act in the same way or use similar judgment?



Graham Factors

1. Whether the suspect posed an immediate threat to the safety of the officers or others

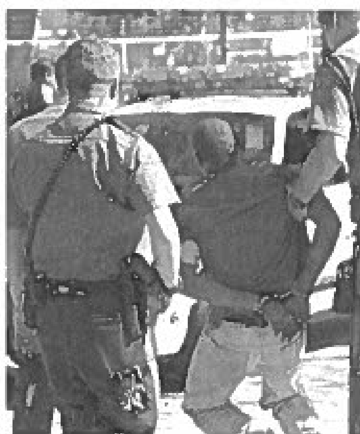
2. The severity of the crime at issue

3. Whether the suspect was actively resisting arrest

2. Whether the suspect was attempting to evade arrest by flight

Definitions

- Levels of Resistance
  - Compliant Behavior
  - **Passive Resistance**
  - Active Resistance
  - Assaultive Behavior
  - Life Threatening Resistance



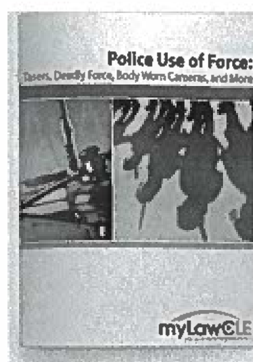
Duty to Intervene..

- Any officer present and observing another officer using control technique that is clearly beyond that which is objectively reasonable under the totality of the circumstances shall, when in a position to do so, intervene to prevent the use of unreasonable or inappropriate techniques being used.

Duty to Intervene..

- An officer who observes another officer using a technique that exceeds the degree permitted by law or is outside agency policy or procedure should promptly report these observations to a supervisor.

Duty to Intervene

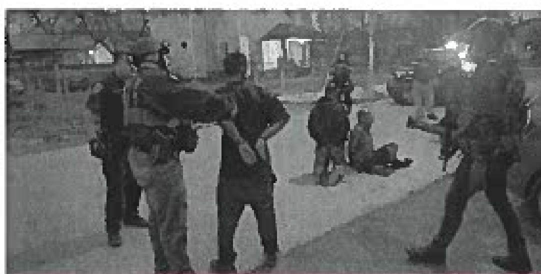


- Department Policy
- Legal obligations?
- Moral obligations?
- Act to prevent unreasonable or inappropriate technique
- Reporting Responsibility Considerations

Intervention Tactics

- How
- When
- Why

What is your obligation after you intervene?

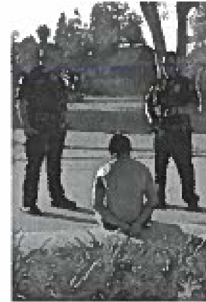


Mental Health Laws

Welfare and Institutions Codes

- WIC 5150
  - Probable Cause; Due to a Mental Health Disorder
    - Danger to Self
    - Danger to Others
    - Gravely Disabled
  - PEACE OFFICER
    - Detention with the Intent to Transport for Further Evaluation
    - Safe and Orderly Transfer (WIC5150.2)
  - To an LPS Facility
    - A Facility in Compliance with the Lanterman-Petris-Short Act; approved by the State Department of Health Care Services

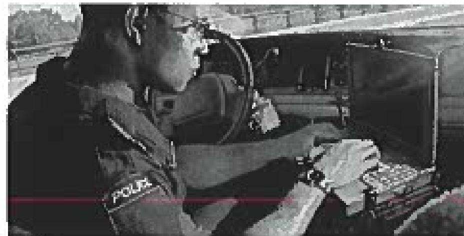
WIC 5150 Advisement



- My name is _________.
- I am a _____(peace officer/mental health professional)_____.
- with _____(name of agency)_____.
- You are not under criminal arrest, but I am taking you for an examination by mental health professionals at ____(name of facility)__________-.
- You will be told your rights by the mental health staff.

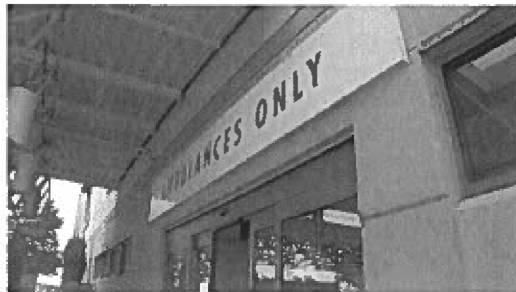
WIC 5150.05

- When Assessing for Detention, Peace Officer SHALL
  - o Consider available relevant information about the historical course of the person's mental disorder
    - Statement of Mental Health Treatment Provider
    - Statement by Family Members
    - Other CREDIBLE source of Information
- When Delivering the Individual to the Facility
  - o Clearly Articulate WIC 5150 and WIC 5150.05 Criteria (WIC 5150.2)



WIC 5150 - 5151

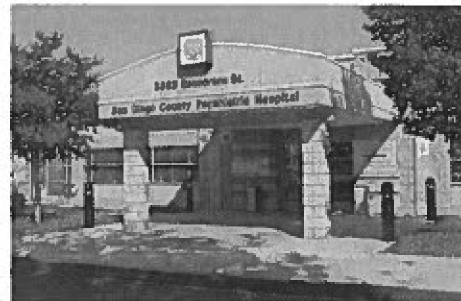
- WIC 5150.1
  - LPS Facility CANNOT
    - Tell Peace Officer to take the Individual to Jail
    - Prevent Peace Officer from Entering the Facility
    - Require Peace Officer to remove Individual without Assessment



WIC 5150.2

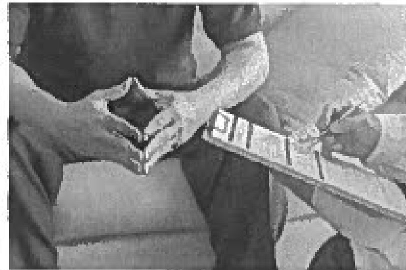
- WIC 5150.2
  - Peace Officer SHALL NOT be detained at the facility longer than necessary to complete WIC 5150 paperwork and facilitate Safe and Orderly Transfer

  - Paperwork SHALL include detailed information concerning the Peace Officer's Probable Cause for detention



WIC 5151

- WIC 5151
  - Prior to admittance, the facility shall assess the individual for involuntary detention
  - Facility may detain an individual for evaluation and treatment for a period not to exceed 72 hours



WIC 5152

- WIC 5152
  - Individual admitted for evaluation and treatment
    - Shall receive evaluation as soon as possible
    - Shall receive appropriate treatment for the entire time they are held
    - Shall be released prior to the 72 hours if evaluation reveals they no longer need involuntary evaluation or treatment
  - Prior to 72 hours, one of the following must happen:
    - Referral for Care and Treatment on a Voluntary Basis
    - Certified for Intensive Treatment
    - Conservator or Temporary Conservator Appointed

WIC 5152.1

- WIC 5152.1
  - At the time of transfer, the Peace Officer may request in writing (on 5150 paperwork) to be notified upon the individual's release due to the filing of a criminal complaint
    - Limited to name, address, date of admission and date of release

WIC 5153–5154

- WIC 5153
  - When possible, officers retrieving an individual from the hospital shall dress in plain clothes and drive an unmarked vehicle
- WIC 5154
  - Peace officer SHALL NOT be held civilly or criminally liable for any actions of the individual released during or at the end of the 72-hour period

Firearms Prohibition

- 5 Year Prohibition (CA)
  - All criteria must apply:
    - Detained pursuant to WIC5150
    - Assessed/Evaluated pursuant to WIC5151
    - Admitted pursuant to WIC5152
      - ***Danger to SELF or OTHERS only- Grave Disability does not apply***
- Lifetime Prohibition (Fed)
  - Anyone held pursuant to:
    - WIC5250 (AFTER initial hold per WIC5150 or WIC5200, certified for UP TO 14 days hold for evaluation/treatment; DTS, DTO or GD)
    - WIC5260 (continued danger to take their own life; additional UP TO 14 days)
    - WIC5270.15 (continued as Gravely Disabled and not able/willing to accept voluntary treatment)

Questions?

Core Concepts of De-Escalation

Objectives:

- Current Paradigm
- Define De-Escalation
- Crisis Management and Control Options
- Reality Vs. Perception
- Enhanced Training
- Core Concepts of De-Escalation
- Officer Safety

Current Paradigm

- Police need De-escalation Training because:
  - Police are "heavy handed"
  - Police don't know how to talk to people
  - "Us" vs. "Them" Mentality
  - Police are quick to use force
  - Police "talk down" to people
  - Police are arrogant/non-empathetic

De-escalation Defined

Define De-Escalation

- The use of strategies and/or techniques to gain voluntary compliance from a subject in order to gain or maintain control of an incident while reducing the need for physical coercion.
- These strategies and/or techniques are used to increase time and distance from the subject while attempting to establish effective communication.
- We do more than just De-Escalation...We do **Crisis Management**.

The Goal of De-Escalation

- To enhance law enforcement's ability to manage people by building on tactics and skills already in place to establish rapport and gain influence to achieve control of the situation.
- To teach officers how to recognize and appropriately address the behavior of a person in a time of crisis.
- **The subject's behavior guides the officer's response.**

Principles of De-escalation

- Provide effective tools during interactions with the community.
- Result in improved decision-making.
- Reduction in situational intensity.
- Outcomes with greater voluntary compliance.
- Bottom Line……
  - De-escalation is a process of using strategies and techniques intended to decrease the intensity of the situation.

False Perception

- De-escalation is a new concept to law enforcement.
- We have always practiced de-escalation…
  - Talking suspects into handcuffs
  - Traffic Stops
  - Police Pursuits
  - Personal Relationships, etc.

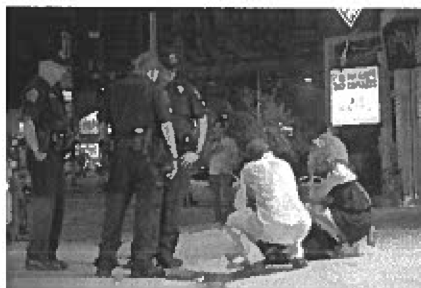
Reality vs Perception:
Force Science Institute

- Use of any physical force compared to all police/ public interactions
  - **99.70%** of police/public interactions result in no force.
  - 0.30% of police/public interactions result in force. (<1/2%)

Reality vs Perception (Continued):
Force Science Institute

- Use of any physical force compared to all arrests
  - **98.50%** of all arrests result in no physical force
  - **1.50%** of all arrests result in use of physical force.

- Frequency of deadly force compared to all arrests.
  - **0.003** %. (Three thousandths of a percent)



Training Paradigm Shift..

- Not every situation can be resolved with verbal communication, persuasion or encouragement.
- Officers need to quickly and decisively intervene in volatile situation in order to prevent a situation from escalating further.
  - Officers should avoid creating further urgency

Suicide by Cop...

Training Paradigm Shift (Continued)..

- Suspects on average were able to fire in just **0.38** second after initial movement of their gun.

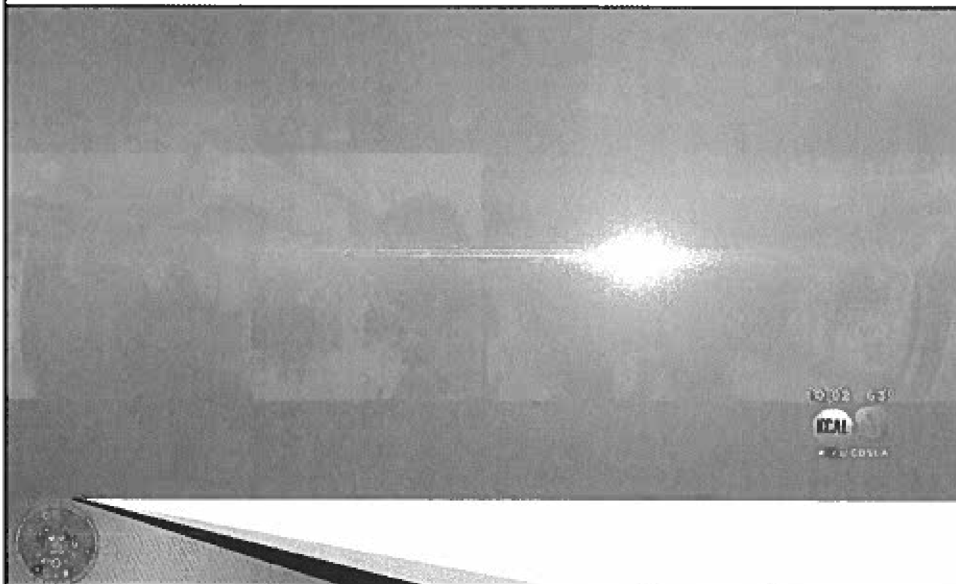
- Officers fired back in an average of **0.39** second after the suspect's movement began.
  - Gun on the side suspects fired in an average of 0.36 second
  - Officer at 0.38
  - Gun on their head suspects fired in an average of 0.40 second
  - Officer at 0.40. (*Force Science Institute)*

Video discussion

De-escalation concepts may assist in:

- ➢Gaining voluntary compliance
- ➢Defusing
- ➢Mitigating unintended consequences
- ➢Officer and public safety
- ➢Police legitimacy

LAPD Video

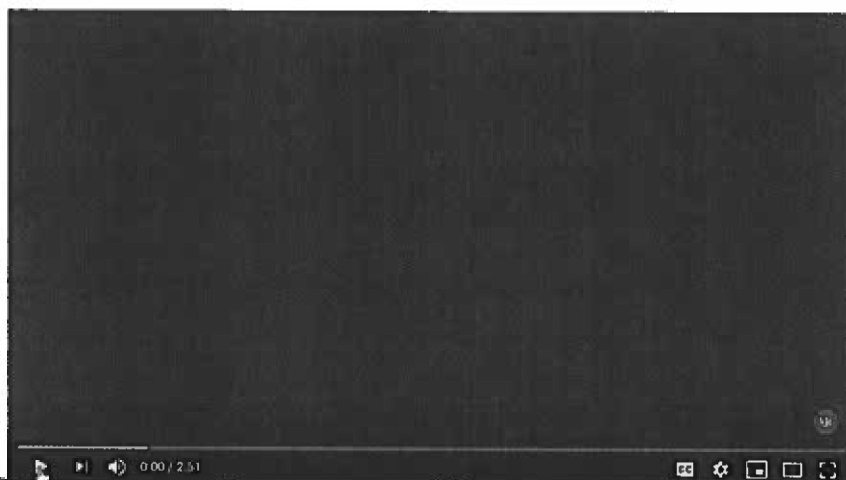


QUESTIONS

Effective On-Scene Skills to Ensure a Safe Resolution

Sgt. Larry Leiber SDPD

Athens, GA.



Pre-Engagement

- How do we get our work:

1. Dispatched (Radio Call)
2. Flag down
3. Observation
4. Self Initiated/Pro-active/Follow-up

Pre-Engagement

- These are considerations before we arrive at the scene.

1. Weapons, weapons, weapons!!
2. Location - Does anybody know my location? Did it change once I arrived? Update if needed.
3. Suspect(s)
4. Type of incident or Crime if any?
5. Do I need to intervene right now?

Remembering the Process!

- 5 A's
- A – Assessment
- A – Assemble
- A* – *Anticipate/Plan
- A – Announcement
- A – Act

ASSESSMENT SHOULD NEVER END!

- P.A.T.R.O.L
- P – Planning
- A – Assessment
- T – Time
- R – Redeployment
- O – Other resources
- L – Line of communication

ASSESSMENT SHOULD NEVER END!

5 (FIVE) A's

ASSESSMENT

- Officer Safety is #1 PRIORITY!
- Weapons (Identify what the threat is if any)
- Suspect(s) – Location, Number, Description, Direction of travel, Behaviors/Actions, Time fled scene, Inability to comprehend, Vehicle
- Areas to avoid while making an approach
- Cover and Concealment
- Cover Units
- Location of innocent victims or citizens
- Resources needed (LL, ENT, PERT, K9, Swat)
- CONTAINMENT?

5 (FIVE) A's

➢ ASSEMBLE

- Stage or Immediate response
- While assembling, continue to gather information from dispatch, RP, Witnesses, Etc.
- Containment (Inner/Outer Perimeters)
- Establish Eyes On or Updated Intelligence
- Planning/Contingencies
- Proper placement and utilization of Less than Lethal tools and resources

5 (FIVE) A's

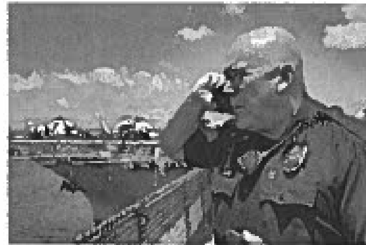
➢ *ANTICIPATE/PLANNING

- Plan how you are going to handle the problem
- Anticipate suspect possible actions and have a contingency plan in place to address it
- Communicate all plans (Situational Update)
- Mirror plans on back side of problem if needed
- Do not rush or make hasty decisions
- Isolate the Suspect(s)
- Resources and capabilities
- Negotiate (Better for them to come to us!)
- NEVER STOP ANTICIPATING AND PLANNING!

5 (FIVE) A's

➢ ANNOUNCEMENT

- Advise dispatch with updates and plans
- Advise officers with updates and plans
- Announce and Identify yourself as L.E. to suspect
- If feasible, advised suspect reason for the arrest
- Advise Suspect(s) your plans if they do not comply with given orders



5 (FIVE) A's

➢ ACT

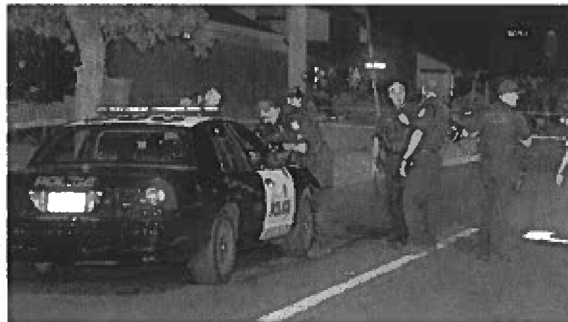
- You are ACTING on the response of the suspect(s)
- You are executing the discussed plans
- You are constantly re-assessing and adapting your plans if needed.
- SLOW DOWN, THINK AND CONTROL THE SCENE!

OFFICER SAFETY AND CITIZEN SAFETY IS #1 PRIORITY!

P.A.T.R.O.L.

➢ Planning

- Use dispatched information and knowledge to develop initial response.
- Adapt plan as additional information becomes available.
- Coordinate the approach.



P.A.T.R.O.L.

➢ Assessment

- Suspect non-compliant, if so why?
- Deliberate – Resisting or attempting to escape.
- Inability to comprehend (Physical, Mental, or other impairments).

P.A.T.R.O.L.

Time

- Distance + Cover = Time
- Time allows tactics to be developed and refined.
- Time allows for communication and for resources to be called.

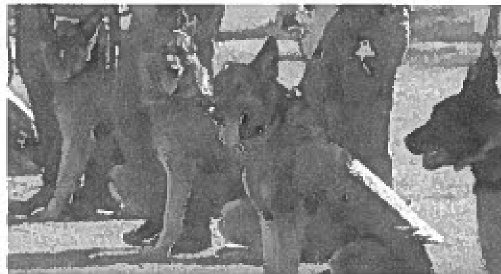
P.A.T.R.O.L.

Redeployment

- Control situation by adjusting positioning
- Change tactics as necessary
- Redeployment should not give suspect any advantage

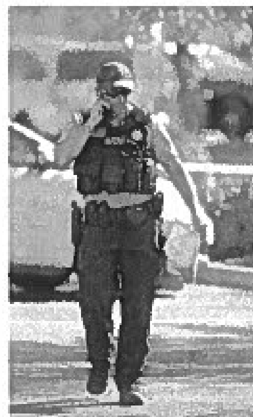
P.A.T.R.O.L.

- Other Resources
  - Call for assistance as needed (SED, CNT, K9, LL, etc.)
  - Lines of communication
  - Maintain communication with suspect, witnesses, family, etc.



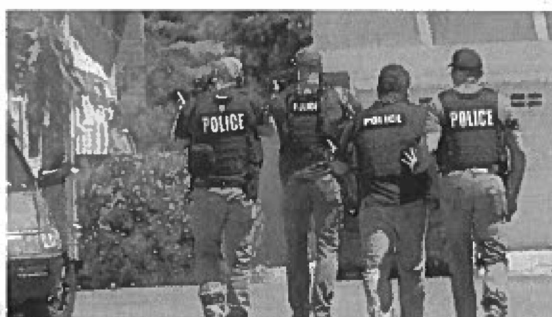
P.A.T.R.O.L.

- Lines of communication
  - Maintain communication with suspect, witnesses, family, etc.



Tactical Redeployment OR Tactical Withdrawal

- Tactical Redeployment
  - Use tactics to reduce likelihood of injury
  - Time and distance
  - Redeployment should not enable a subject to gain a tactical advantage, arm himself/herself, or flee and pose a greater danger to the public or officers.



Tactical Redeployment OR Tactical Withdrawal

- Tactical Withdrawal
  - Negative stigma with Officers/Deputies
  - Can we walk away?
  - Will there be a high likelihood of death or serious bodily injury if we push this issue?

LAPD 5150

QUESTIONS?

Active Listening

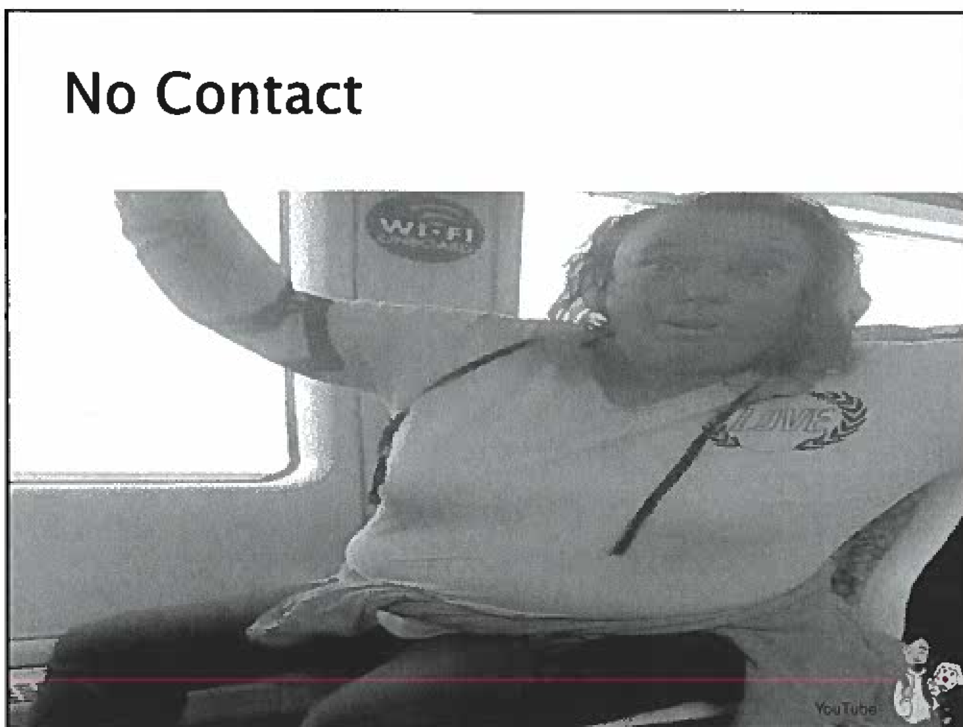
Active Listening

- In order to influence behavioral change you must be able to make contact

Force Science Inc.

No Contact

No Contact



Emotional Intelligence

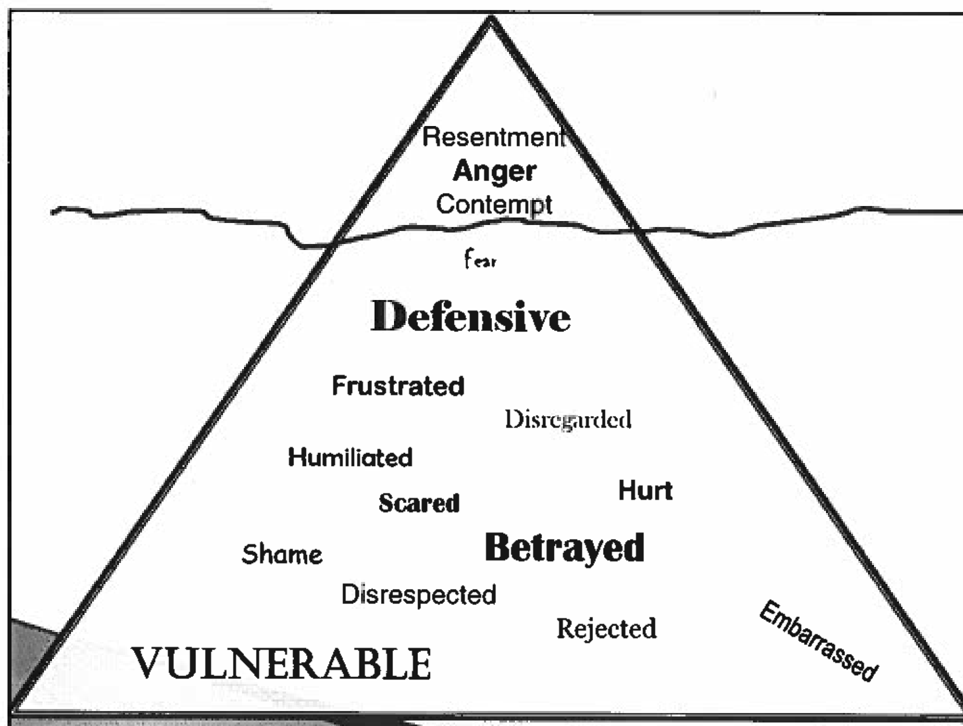
- Self Awareness
- Self (Management) Regulation

Emotional Intelligence-Dr. Daniel Goleman

Emotional Intelligence

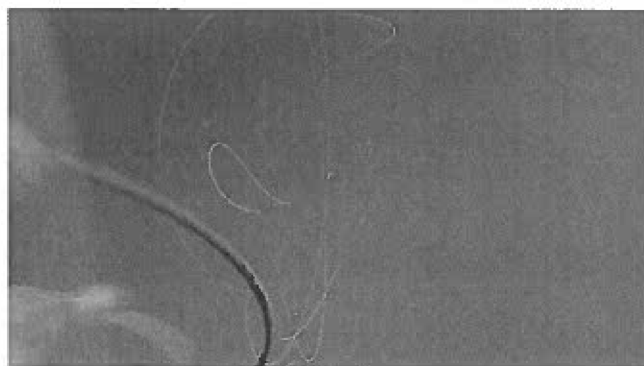
While you focus on the subject's emotions and behaviors...
Notice your own thoughts, emotions, and how they are effecting your behaviors.

Adapted from Force Science Inc.


Resentment
Anger
Contempt
Fear
Defensive
Frustrated
Disregarded
Humiliated
Scared
Hurt
Shame
Betrayed
Disrespected
Rejected
Embarrassed
VULNERABLE

Active Listening

- Introduce yourself
- Say why you are there, and you are there to help
- Eye Contact/body language
- Speech and tone
- Label the person's emotion
- Open ended questions
- Paraphrase

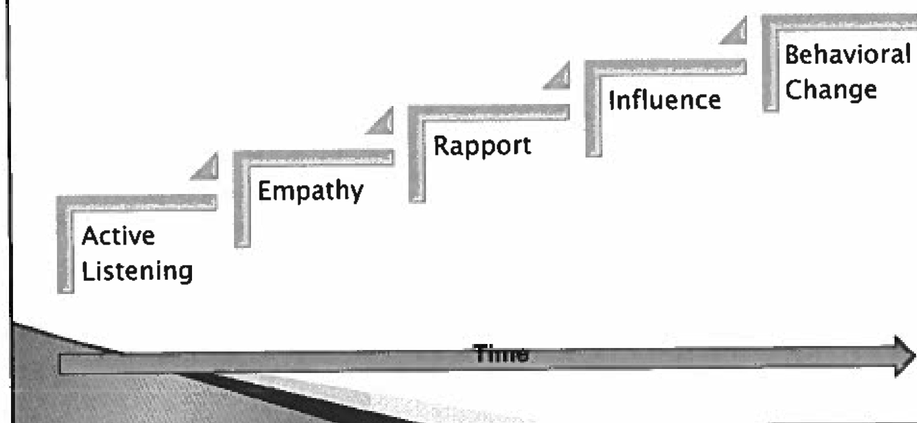


Big Bang Theory

Active Listening

- Introduce yourself
- Say why you are there, and you are there to help
- Eye Contact/body language
- Speech and tone
- Label the person's emotion
- Open ended questions
- Paraphrase

Behavioral Change



Five Universal Truths

People Typically:

- Feel the need to be respected
- Would rather be asked than be told
- Have a desire to know why
- Prefer to have options over threats
- Want to have a second chance

Dr. George Thompson, Verbal Judo Tactics and Techniques

Excited Delirium

- Delirium – acute transient disturbance in consciousness, orientation, cognition
- Excited Delirium – Delirium combined with combative, agitated, violent behavior

Gary Vilke, M.D.
UCSD Health

Excited Delirium: Hx

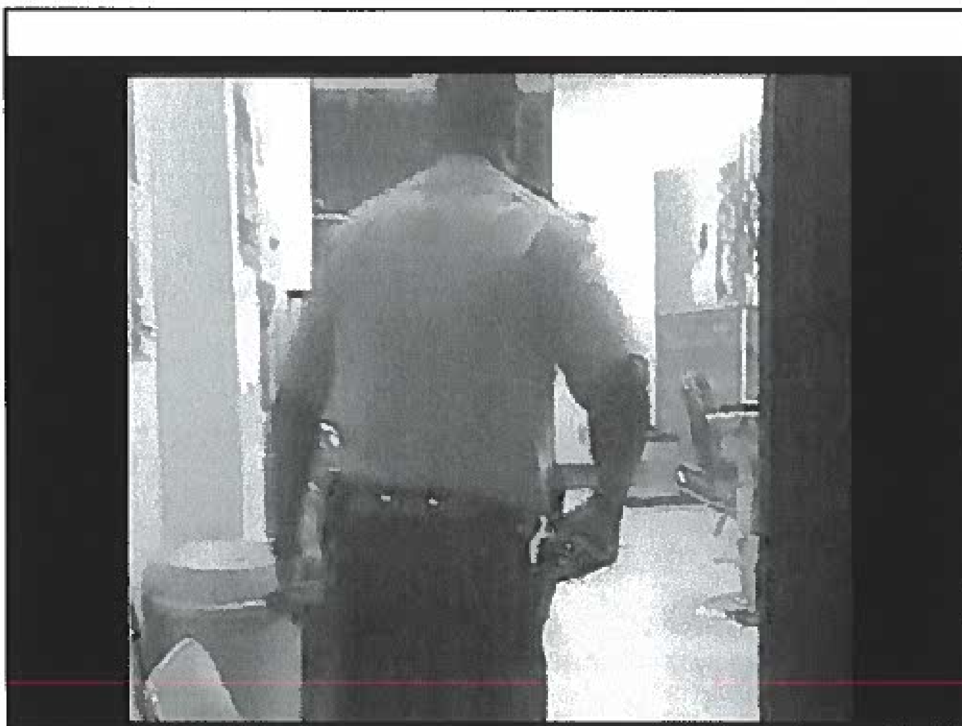
- Bell's Mania, 1840s
- Reports"disappear" in mid-late 1960s
- Back in mid 1980s in cocaine users
- Here to stay, apparently

Not Always Fatal

Stratton Study

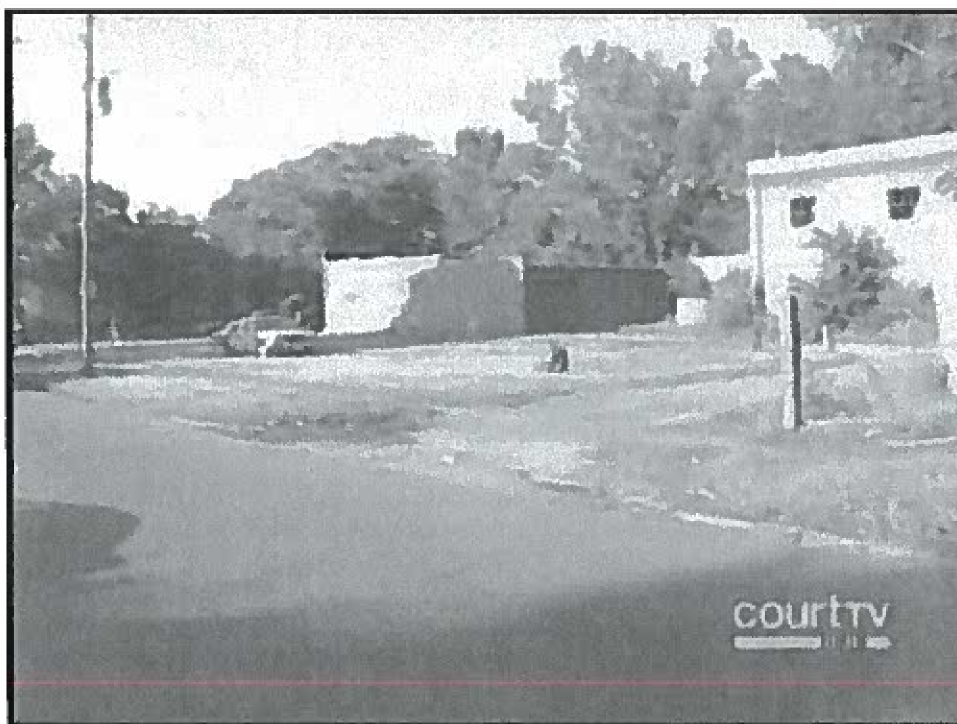
- 216 cases of "Excited Delirium" individuals restrained in the prone position 18 died (11% death rate)
- High incidence of underlying cardiac disease
- This is from where the estimated death rate in ExDS of 11% comes.

SJ Stratton, et al: Factors associated with sudden death of individuals requiring restraint for excited delirium. Am J Emerg Med, May 2001.



Excited Delirium Symptoms

- Unlimited endurance
- superhuman strength
- reduced sense of pain
- muscle rigidity
- violently resists- capture, restraint
- Hallucinations
- intense paranoia
- extreme agitation
- disoriented
- delusional
- scattered ideas
- easily distracted
- psychotic appearance
- "just snapped", "flipped out"
- screaming for no apparent reason
- talking to imaginary people
- grunting guttural sounds
- pressured, loud, incoherent speech,
- irrational speech



Can you pick out the patient?

Now pick out the off-duty Officer?

Now pick out the off-duty Officer?

Excited Delirium

Appleton Police
Department
Jefferson Street Incident
June 15, 2009

Excited Delirium Treatment

- Early recognition
- Medical Emergency!
- Calming as much as possible
  - Verbal de-escalation?
- Control quickly and efficiently
- Careful monitoring

The Impact of Trauma on Law Enforcement Are We Ready To Go 10-7?

Introduction

- Federal Aviation Administration (FAA)

Statistics

- 206+ suicides to date in 2019 (www.Bluehelp.org)
- 9 suicides in NYPD this year alone
- 6 suicides in Chicago PD within last 8 months (3/19)

VERIFIED SUICIDES TO DATE

2019 – 206
2018 – 169
2017 – 168
2016 – 143

Numbers include retired officers (30 in 2019)

*The numbers do not necessarily indicate an increase in suicides. They do, however, indicate an increase in reporting to Blue H.E.L.P. For clarification, contact@bluehelp.org

Statistics

- "Every 44"… a recent study discovered that every 44 hours an officer dies by suicide.
- **"The Killer You Never See: Police Are Dying by Suicide More Often Than in the Line of Duty — Why?"**
- Statistics show the number of suicides do not differ with size of agency… all are affected, big and small.

Statistics

➢ TOP FIVE – Police Suicide

- Ongoing marital /family issues
- Culture of Law Enforcement (can't be "weak")
- Critical Incident triggered trauma
- Cumulative Stress
- Major Depression

Goals of this Course

- To talk about the importance of <u>Self Care</u>
- To talk about the <u>Stigma</u> that promotes suffering in silence
- To identify <u>Resources</u> for assistance because we all need them
- To realize it's "Ok to NOT be Ok..."

Self Care

- Holmes-Rahe Life Stress Inventory
- 0-150
- 150-300 50%
- 300+ 80%

- **Now add…**
- Work related stress - our "normal" isn't so much

Self Care- ACE Study

"An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a rough childhood… the rougher your childhood, the higher your score." NPR

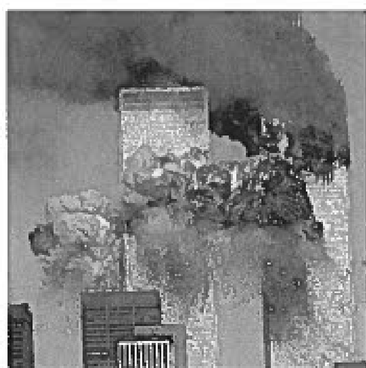
10 point evaluation
(7-10 extremely high)

Self Care- ACE Study

- Remarkably predictive in terms of life outcomes: poor health and disease, emotional issues, depression, abusive relationships, risky behavior, chronic disease, substance abuse and addiction, eating disorders, even future traumatic events.
- Generally, as your ACE score increases your risk for disease, social and emotional problems also increases. Mental, physical, psychological and even spiritual development can be stunted and hindered, putting individuals at risk through the entire lifespan.

Self Care

- The Ripple Effect of Trauma



Self Care- Maintaining Wellness

- Have a healthy support system
- Create balance work/life
- Stress reduction takes practice
- Self awareness- our body reactions are connected to our thoughts
- Quit taking it personal

Self Care- Maintaining Wellness

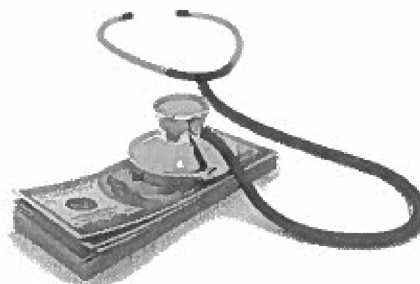
- Connectivity and engaged
- Creating balance and doing what you love
- Exercise, diet, nutrition and sleep
- Financial health
- Humor- (Gallows humor IS normal)
- Annual mental and physical checkups
- "You aren't going crazy… You are going normal"

Self Care- Maintaining Wellness

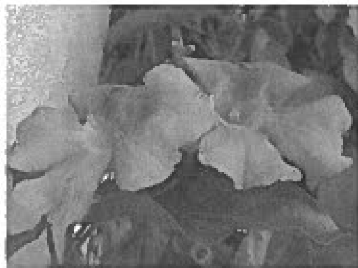
- Have a healthy support system
- Create balance work/life
- Stress reduction takes practice
- Self awareness- our body reactions are connected to our thoughts
- Quit taking it personal
- Connectivity and engaged

Self Care- Maintaining Wellness Continued

- Creating balance and doing what you love
- Exercise, diet, nutrition and sleep
- Financial health
- Humor- (Gallows humor IS normal)
- Annual mental and physical checkups
- "You aren't going crazy... You are going normal"



"Self Care

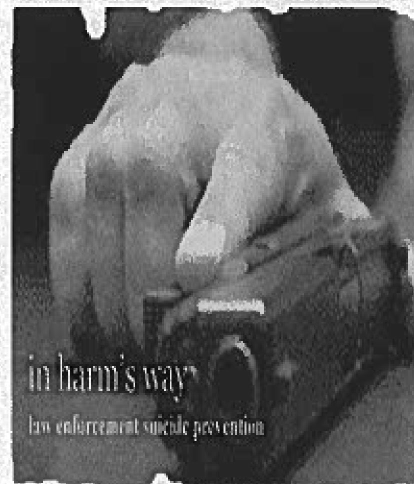


If you don't schedule time for yourself, you'll end up living by default, constantly reacting to what's important to everyone else rather than what's important to you."

Self Magazine-Monaghan

Stigma
When do you get in your peer's business?

- Behavior changes?
- Attitude changes?
- Sleeping on the job
- Danger to themselves?
- To others?
- Reactions in the field
- Coming to work under the influence?



Stigma

- When else? Are we intruding…?

- Relationship/family problems?
- Depression/anxiety?
- Organizational stress?
- Post critical incident stress?
- Substance and alcohol abuse?

Stigma- Suffering in Silence

- "Any officer that has a highly distressful reaction or is traumatized by a field incident probably should not be in law enforcement."
  - True or False? Why?

- Compare officer acceptance of seeking mental health services when you started your law enforcement career versus today

Stigma– Confidentiality

- Communications are confidential unless:

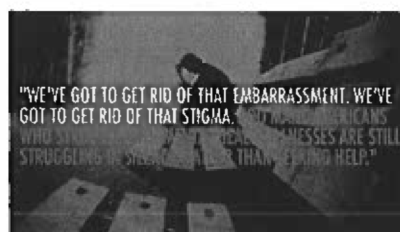
- A threat to themselves or others
- Committed a crime
- Compelled by a court

Stigma– Breaking the Silence

- One cannot "snap out of it".

- The best way to stop suicide is to destroy the current culture where police officers cannot admit they are human.

- Just because you can't see it doesn't mean it's not there.



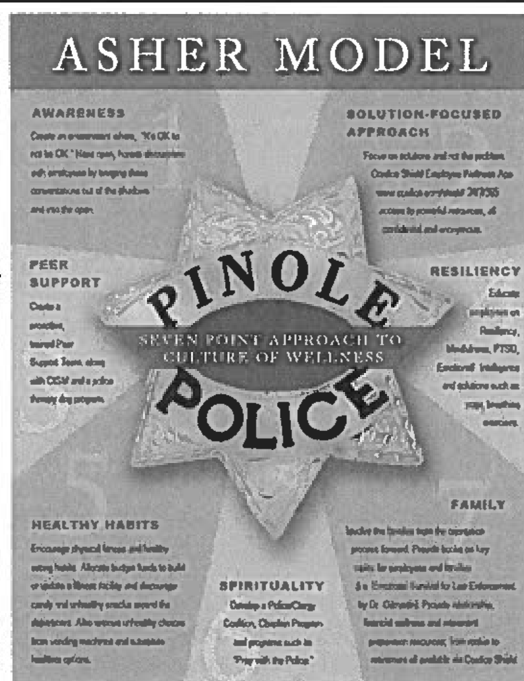
Resources

Group Exercise:
Describe your departments wellness program regarding how to access services, fees involved, and confidentiality

- Psychologist or other licensed mental health professional
- Chaplains: Chuck Price, Herb Smith, Wes Anderson
- Peer Support
- EAP

Resources

- Asher Model- A Seven Point Approach to Creating a Culture of Wellness,
  - Pinole Chief Neil Gang
- https://www.cordico.com/2019/08/12/close-calls-the-emotional-close-calls/



Resources

- Safe Call Now (206) 459-3020
  - Safe Call Now is not EAP. By Washington
  - State law, information shared with Safe Call Now cannot be obtained by law enforcement agencies no matter where you call from.

Resources

- Dr. David Black, President and Founder of Cordico.
- Dr. Black was presenting his CordicoShield Officer Wellness App;
- A tool that would provide 24/7/365 access to powerful resources right at our employees' fingertips with total anonymity and confidentiality.
- Something of merit that targets solutions, not just addresses the problem. Chief John Carli of the Vacaville Police Department stated, "This is a game-changer, and there's nothing else like it."

Resources

- Wellness Course Available To All Active California Law Enforcement
- POST CERTIFIED
- Free for attendees
- One-Day Class - Coronado, CA
- Available Class Dates
- November 4, 2019 -
- November 5, 2019 -
- November 6, 2019 - 8 a.m. to 5 p.m.

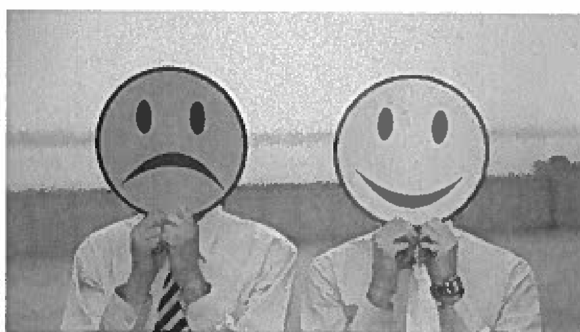
Recap- SEAL TEAM Season 2 Finale

- Jason's eulogy:
  - Injuries
  - Surgeries
  - Divorces
  - Other adversities
  - Swanny

Mental Health Concepts

Bi-Polar Disorder

- Also was known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day to day tasks.



Bps.org.uk

Bi-Polar Symptoms - Manic

People having a manic episode may:

- Increased energy/activity levels
- Trouble sleeping
- Talk really fast about a lot of different things/Highly distracted
- Agitated, irritable, or "touchy"
- Think they can do a lot of things at once
- Engaged in high-risk behaviors such as excessive shopping/gambling, or have multiple sexual partners or not practicing save sex

Manic Episode

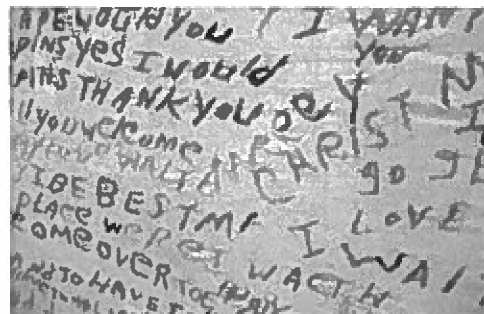
Bi-Polar Symptoms -Depressive

People having a depressive episode may:

- Feel very sad, down, empty, or hopeless including thoughts of death
- Very little energy
- Trouble sleeping- too little or too much
- Feel like they can't enjoy anything
- Trouble concentrating
- Eat too much or too little

Schizophrenia

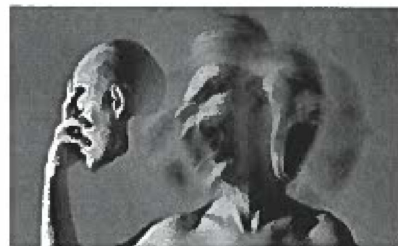
- Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem as though they have lost touch with reality.



Schizophrenia Symptoms

Symptoms may include, but are not limited to:

- bizarre delusional thinking
- hallucinations
- incoherent, disconnected thoughts, and speech
- expression of irrational fear
- deteriorated self-care
- poor reasoning
- trouble focusing or paying attention



Depression Disorder

- Definition: Depression is a fairly common mood disorder. A condition that has mental and physical symptoms that can interfere with an individual's ability to function day to day.

Additudemag.com

Depression Disorder Symptoms

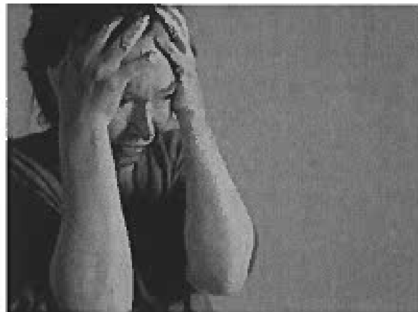
- Isolation
- Sadness, inactivity, and self-negative talk
- Feelings of guilt, hopelessness, helplessness, or pessimism
- Loss/increased appetite
- Fatigue, decreased energy
- Loss of motivation/interest in activities

Depression Disorder Symptoms Continued

- Crying spells
- Chronic pain
- Decreased/increased sleep
- Restlessness or irritability
- Difficulty concentrating or making decisions
- Thoughts of death and suicide

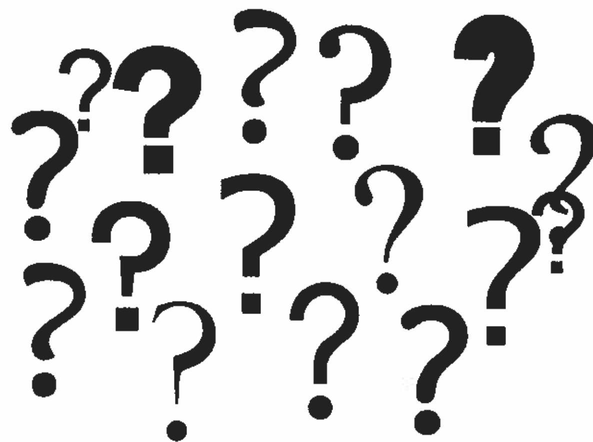
Post-Traumatic Stress Disorder – PTSD (Also known as Post-Traumatic Stress Injury)

Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a traumatic event or in which grave physical harm occurred or was threatened to the individual or someone close to them. These events may be cumulative over a person's lifetime or career.



PTSD Symptoms

- Recurring memories or nightmares of event (flashbacks)
- Sleeplessness
- Loss of interest/numbness
- Anger or irritability
- Hypervigilance or on guard
- Startled response
- Survivor's guilt
- Isolation
- Self-medication using drugs/alcohol


Questions?

Communicating with Persons in Crisis
When trying to relate or communicate with an individual in crisis, these tactic and attitudes may assist you in the contact.

TACT: Tone/Atmosphere/Communication/Time

Tone

- Be calm and non-confrontational
- Be respectful
- Be patient, attentive and reassuring
- Be truthful
- Avoid taking what is said personally

Atmosphere

- Reduce distractions
- Keep the scene calm and controlled
- Maintain personal space and move slowly
- Observe verbal and non-verbal clues
- Where possible, allow the person to pace

Communication

- Speak calmly and slowly; repeat yourself if necessary
- Listen and respond to feelings, not content
- Give firm, simple and clear directions
- Help the person focus on your voice
- Make your actions and expectations clear

Time

- Slow down
- Assess the problem and develop a plan
- Give the person time to "hear" you (process)
- Give the person time to vent
- Use the time to obtain appropriate resources

Tips to Communicating with Someone Who Is Suicidal
A person who is suicidal needs someone who will listen with acceptance. The following list provides some helpful "dos" with corresponding "don'ts" when trying to communicate with an individual who is feeling suicidal.

Do's and Don'ts

DO

- Listen
- Accept the person's feelings
- Take the person seriously
- Accept the emotional state of the person
- Ask for the reason for not wanting to live
- Ask why he/she has chosen to live until now
- Show you care by listening and accepting
- Accept the person's life perspective
- Be understanding
- Try to help the person build realistic hope

Don't

- Don't say, "Don't talk like that"
- Don't say, "You shouldn't feel that way"
- Don't minimize what is being said
- Don't try to cheer him/her up
- Don't make assumptions
- Don't let their response become the focus
- Don't be judgmental
- Don't be shocked or preachy
- Don't scold
- Don't make promises you can't keep

Excited Delirium Syndrome

"Excited Delirium Syndrome" is a medical crisis that may be due to several underlying conditions. Subjects can demonstrate some or all the indicators below in law enforcement settings. More indicators will increase the need and urgency for medical attention.

- Extremely aggressive or violent
- Constant or near constant physical activity
- Does not respond to police presence
- Attracted to/destructive of glass/reflective
- Attracted to bright lights/loud sounds
- Naked/inadequately clothed
- Attempted "self-cooling"
- Hot to the touch
- Rapid breathing
- Profuse sweating
- Keening (intelligible animal-like noises)
- Insensitive to/extreme tolerant of pain
- Excessive strength (out of proportion)
- Does not tire despite heavy exertion

IDENTIFY

Observe, record and communicate the indicators related to the syndrome.

CALL FIRE/EMS

Handle primarily as a medical emergency.

CONTROL

Control and/or restrain subject as soon as possible to reduce risks to prolonged struggle.

Information from the Excited Delirium (ExD0 Panel Workgroup (April 2011), The NU Technology Working group (TWG) on Less-Lethal Devices and the Weapons and Protective Systems Technologies Center