

Cleveland Division of Police
Command and Control Paradox
Instructor's Manual (version 2/7/17)

Slide 1 – Title

Slide 2 – Our purpose

- Start by emphasizing that mental health related crises require an approach that will differ from usual command and control procedures
- This session will involve discussion of:
 - How the officer's presence and approach to the situation can result in further escalation or de-escalation
 - How the brain and body react to threat vs. support
 - How to approach de-escalation in a mental health crisis
 - The ways in which a de-escalation approach can result in greater control and safety during a given call and in future interactions with a given citizen vs. a command and control approach

Slide 3 – It is a Wise Officer...

- Initiate a discussion – Ask the participants: "Is this statement true?"
- Additional points to discuss:
 - Can you look and act friendly and concerned while still being ready for anything?
 - Have officers have been injured or worse because of the treatment the subject got from a previous encounter with another officer who may have had little patience?
 - How might a positive or negative encounter with an officer impact future interactions with law enforcement?

Slide 4 – An Officer's Presense

- Start by asking the group what kinds of thoughts or reactions might people have when an officer enters a room
- Use the bullet points to prompt discussion

Key points:

- The presence of an officer can mean many things to those present depending on their history
 - Control, safety, someone to fear?
 - How might your own way of presenting yourself impact this?
 - What might a straight face, no emotion, matter of fact approach convey?
 - What might tone of voice, level of eye contact, flexibility vs. rigidity in speech convey?

Slide 5 – Command and Control

- With command and control the emphasis is on quickly gaining control of a situation to establish safety, but not necessarily on communicating a desire to help or understand
- The officer gives instructions based on his/her assessment of the situation and expects that there will be compliance. If not a command is used and finally a hands on to gain control

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- Go to discussion

Slide 6 – Discussion

- Have participants share opinions about real world situations where Command and Control makes sense and state why
- Ask for situations where this approach may not be as effective
- What about a mental health-related crisis might make C&C less able to safely gain control of a situation or do so with a minimum of force?
- Lead into discussion on the relevance of emotional states, perceived support, and behavior

Slide 7 – Emotional States in a Mental Health Crisis

- A person in a mental health crisis, by definition, is not able to cope with a given situation as well as when not in a crisis state
- They are unlikely to have as much control over their outward behavior as when in a less agitated state
- Briefly discuss each of the bullet pointed symptoms which the person may be experiencing and note how this can contribute to greater difficulty in self-control and/or responding appropriately to demands of the situation

Slide 8 – How a Crisis Can Escalate

- Start with discussion – We will be focused on learning to increase safety and control by lowering the distress, confusion, frustration of the person
- The presence of a supportive, concerned other is generally recognized as a key element in helping an individual to increase ability to de-escalate and regain a sense of basic control and calm
- In contrast, many other situational factors can have the opposite effect
- How might the following impact a person:
 - Making forceful demands before communicating concern, need to understand
 - Showing complacency – “this is the same drama at this house all the time”
 - A history of the person having had interactions with police
 - The person’s own difficulty in thinking clearly, not being able to put thoughts feelings into words, hallucinations, bizarre beliefs, anxiety
 - Family dynamics
 - Cultural issues
- Emphasize that a person’s ability to think clearly, accept direction, and use their best problem solving skills depends on their level of arousal
- Too little arousal or concern and a person may not attend to a problem, too much and the ability to think clearly and control actions becomes impaired.

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- During a mental health crisis in which a person displays a sense of being upset or overwhelmed, a key goal is to keep or return the level of arousal to a level that allows the person to think as clearly as they are able
- As distress increases, a “flight or flight” type response is more likely to occur

Slide 9 – Fight or Flight

- Fight or Flight refers to a biological process where the body reacts in multiple ways to a perceived threat
- How many have experienced this state – rapid heart beat, raised blood pressure, mind racing, a need to act, feeling “keyed up” or ready to “go off”
- Go through the bullet points with a brief explanation of each

Slide 10 – Fight or Flight

- Emphasize that fight or flight is a normal state under extreme circumstances and that it is the body's way of surviving a perceived immediate and serious threat
- Unfortunately, it may occur even if threat is not necessarily a true life threatening emergency as with extreme instances of frustration or related emotions
- Emphasize that once a person is in this state they are much harder to reason with or control – they are in an Action Mode, not a thinking mode
- Complicating factors
 - Symptoms of mental illness can occur or be exacerbated
 - Lack of insight into what is going on and being asked
 - Possible influence of delusions and hallucinations
 - Fear of the unknown-I need to protect myself
 - Need to save face in the community
 - Previous situations and associations with law enforcement

Slide 11 – Impact on the Officer

- Briefly discuss the high stress nature of police work
- Note the parallels to military service
- It has been estimated that an officer experiences from 10 to 900 situations in a career that could be considered traumatic or severely stressful
 - *(Rudofossi 2009, cited in Andersen and Papazoglou, International Journal of Emergency Mental Health and Human Resilience, Vol 17, no 3, 2015)*
- The same biological processes can and do impact officers
- As with military – can lead to serious impact on the body as well as the ability to react in the moment with the usual level of skill
- Review each bullet point
- Normalize the possibility of such impact on an officer and the need to seek out support and supervision accordingly as part of the job

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Slide 12 – Video of an officer visit to a distraught man in his home

- Ask officers for reactions
- What did they notice about the individual? (Upset, hallucinating, response to the caring tone of the officer)
- What about the officer's response seemed to work well? (Patience, body language, introducing self, empathy, communicating a desire to help etc.)

Slide 13 – The De-escalation Process

- Review each bullet
- Emphasis on patience, vigilance, communicating a desire to help

Slide 14 – The De-escalation Process

- Review each bullet point
- Emphasize respect, patience, a problem solving approach when possible
- Inquire as to family that can help?
- A case manager or counselor on call for the person?
- If a person has a place to go how will he get there?
- Question of hospitalization need – Call to Mobile Crisis Unit?
- Share what will be happening next

Slide 15– Role Play

- Call from 911. Person having mental health crisis on West 25th - interfering with traffic, trying to talk to people, etc. Merchants are complaining
- Have instructor play mildly distraught and confused adult
 - Apparently reacting to delusions related to his thoughts being broadcast through the internet
- Have participant play role of officer responding to the call
- Follow-up discussion
 - How does the volunteer approach the scene?
 - How did he/she communicate-verbally and non verbally?
 - How did it differ from usual command and control
 - Did anyone observe any safety issues that may have needed to be resolved?
 - What did the responding officer do that helped the situation?
 - Was there something he/she could have done differently
 - Ask the officer – what were you thinking as you came into the situation?
 - If needed, run the role play a second time with a new officer/participant
 - Revisit relevant aspects of discussion from 1st role play

Slide 16 – Summary

- Re-state the following

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- In a mental health crisis the aim is to establish safety by de-escalating the level of emotional arousal occurring, and/or avoid escalation to a higher level and eliciting basic cooperation from the person in a non-traumatic way
- In all cases the officer must practice ongoing vigilance
- Techniques centering on vigilance combined with patience, respect, active communication and a helping/caring approach are central to de-escalation
- A de-escalation approach can provide a greater level of control and safety than a command and control approach in many situations involving a mental health-related crisis

Slide 17 – Closing Thoughts

- Draw attention to slide
- Briefly discuss and encourage participants to aim for positive outcomes for citizens in a mental health crisis - They will set the stage for future interactions that are more effective and safer for all involved
- Go to Post-test