

Responding to Disruptive and Dangerous Behavior



in Mental Health & Emotional Crises



BEHAVIORAL SCIENCE APPLICATIONS
The Human Face of Homeland Security™

About the Presenter

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- Responder

- '93 & 9/11 WTC attacks
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Our Program

- Mental Health & Emotional Crises: Scope, Prevalence, Common Types & Symptoms
- Preserving Dignity While Responding to Behavioral Crises: Modifying Approach & Tone
- Verbal & Non-verbal De-escalation Skills
- Linkage to Appropriate Resources & Supports
- Managing the Emotional Impact on Responding Personnel



Our Objectives

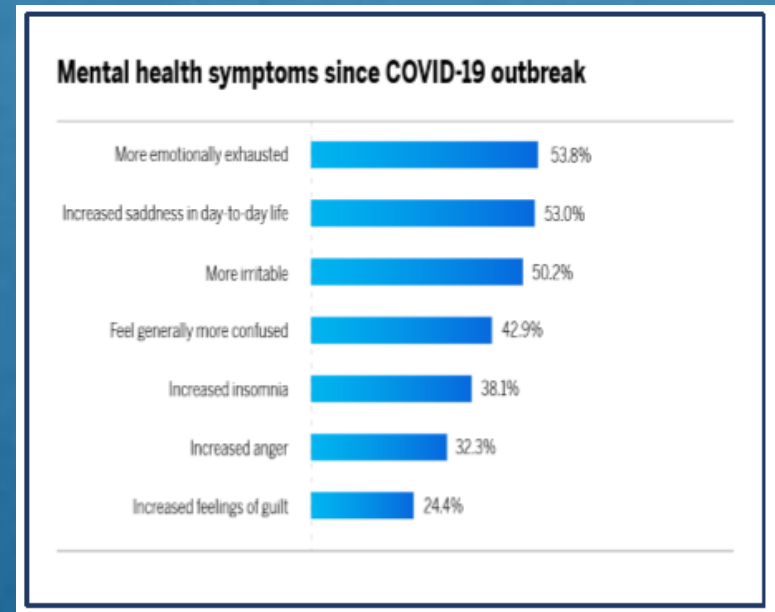
- Understanding, recognizing and safely responding to behavioral health emergencies.
- Acquire sufficient knowledge and skills to be able to identify situations where immediate assistance and referral is needed to respond to a distressed individual.
- Develop and enhance competencies to respond effectively and compassionately to behavioral and mental health crises.
- Adopt a **preparedness mindset** to improve crisis response.



Concerning Trends [1]

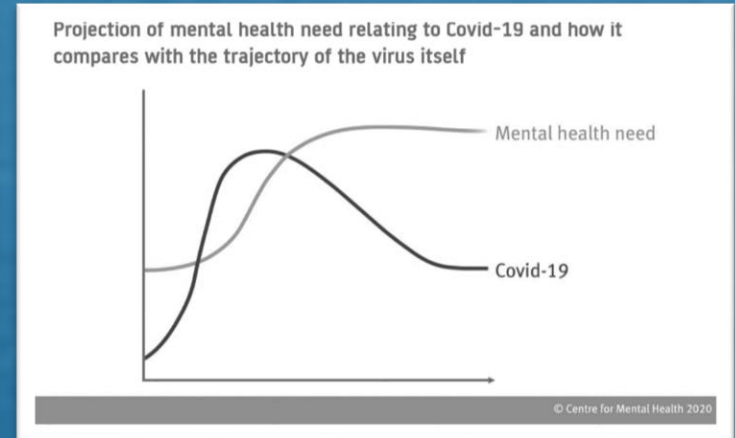
- The American Psychological Association's annual Stress in America poll indicates that the COVID-19 pandemic has already resulted in significant mental health distress with nearly half (48%) of those surveyed stating that their level of stress has increased compared with before the pandemic.
- Those who believe their mental health has suffered include:
 - Gen Z adults (46%)
 - Gen Xers (33%),
 - Millennials (31%),
 - Boomers (28%),
 - Older adults (9%)

Baseline mental health has declined during the COVID-19 pandemic.



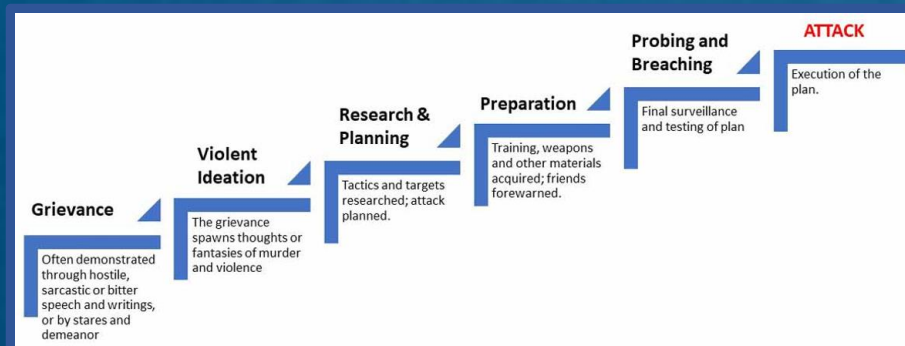
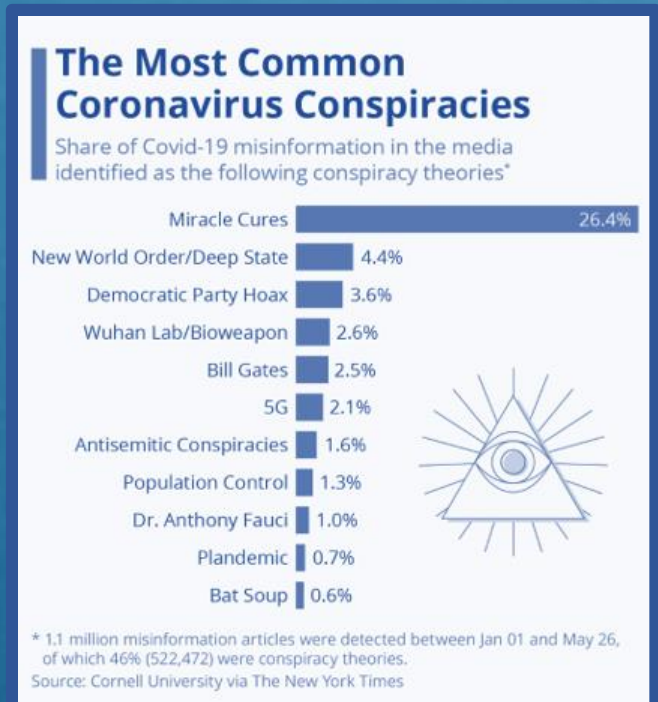
Concerning Trends [2]

- Research on post-pandemic mental health effects suggests a dramatic increase in the need for mental health care even well after the disease is controlled.
- For example, research in the UK by the National Health Service and Centre for Mental Health predicts that levels of **demand will likely reach two to three times that of current capacity** within the 3 to 5-year post-pandemic window.
- It is foreseeable that the mental health impact of the pandemic may linger for years, even decades after the medical risk has been contained.
- **The mental health consequences of the pandemic are just beginning to surface and will likely emerge to be as great or greater than the challenges of managing the medical risks of COVID-19.**



Water Cooler Politics & Conspiracies

- **Keep in mind:** Extreme beliefs and behaviors can approach or cross a red line—they may not simply reflect strong feelings, but rather be seen as potential pre-incident indicators of risk or possible signs or symptoms of mental illness.
- Extreme beliefs and conspiracy theories are often tinged with a sense of **grievance**—the thought that something is wrong and there is someone to blame. In the threat assessment field, **grievance is recognized as an entry point to the pathway to violence.**
- Attitudes and beliefs can result in hostile communications from angry outsiders, or further intensify disagreements between employees, as well as develop into ill will towards an organization and its leaders.



Anticipating Post-Pandemic Stressors

- We must also be cognizant of and prepared to address the multiple stressors hitting the community in the short period of time that may weigh on peoples' coping mechanisms.
- The current unprecedented situation may compound and magnify emotional reactions with fear, frustration, anger, and distrust.



Anticipating Post-Pandemic Stressors [1]

- Stress, anxiety, and paranoia are recognized factors contributing to the risk of disruptive behavior and violence.
- Many people struggling with:
 - Pressure to return to in-person attendance
 - Changing daily routines, including commuting
 - Strong feelings/anger related to mask and/or vaccine compliance
 - Distrust of the motives or messages of leaders in business and/or government
 - Pandemic fatigue/Emotional exhaustion
 - Grievances toward employer mandates and policy changes
 - Possible terminations related to non-compliance with vaccine mandates
- These factors can lead to resentment, hostility, or other negative sentiment directed towards others at home, in the community and in the workplace.



Anticipating Post-Pandemic Stressors [2]

- Isolation
- Increased financial stressors
- Close quarters with roommates, spouses/partners, children (all who may be working/schooling from home)
- Fear of illness/death from pandemic
- Recent illness/losses due to illness
- Uncertainty
- Anger, frustration
- Exacerbation of existing mental health/substance abuse problems

Consider the effects
of Pandemic Fatigue



A Necessary Skill Set

- Verbal de-escalation is an important subject for safety in the community, our workplaces, even in Houses of Worship. It can move a person from the edge of committing a violent act to the position of making a controlled decision.
- Verbal de-escalation uses words to prevent a disruptive person from becoming violent. It is the most frequently used response when dealing with disruptive people.
- **There are no magic words to calm people down. Verbal de-escalation is a set of science-based guidelines used by people of emotional intelligence.**
- If you take a less authoritative, controlling, confrontational approach you will have more control. Give a person a sense of control so they don't feel their only choice is to resort to violence.



Understanding Behavior: *Lewin's Equation*

$$B = f(P, E)$$

Behavior is a Function
of Person and Environment



A Dynamic & Complex Environment



Threats to Your Safety

- Complacency and inattention can be fatal, especially in a place where you “*feel comfortable.*”
- Be mindful of the cognitive biases that can increase risk:
 - Normalcy Bias: *The belief that things will always function the way things normally have functioned.*
 - Optimism Bias: *The belief that we are more likely to experience good over bad events.*
 - Recency Bias: *The tendency to weigh recent events more heavily than earlier events.*



The Gift of Fear

- As a sensory mechanism, intuition is as highly evolved as sight, smell, touch, etc.
- Fear is natural, purposeful and can be harnessed in the interest of our safety and survival.
- Failure to use your intuition increases the risk of danger.



Recommended Reading

“The Gift of Fear”
Gavin de Becker



Universal Behavioral Precautions

Just as we apply General Precautions to risks such as blood borne pathogens, we must apply Universal Behavioral Precautions when dealing with unfamiliar people and even people we know during difficult emotional times.



Keys to Situational Awareness

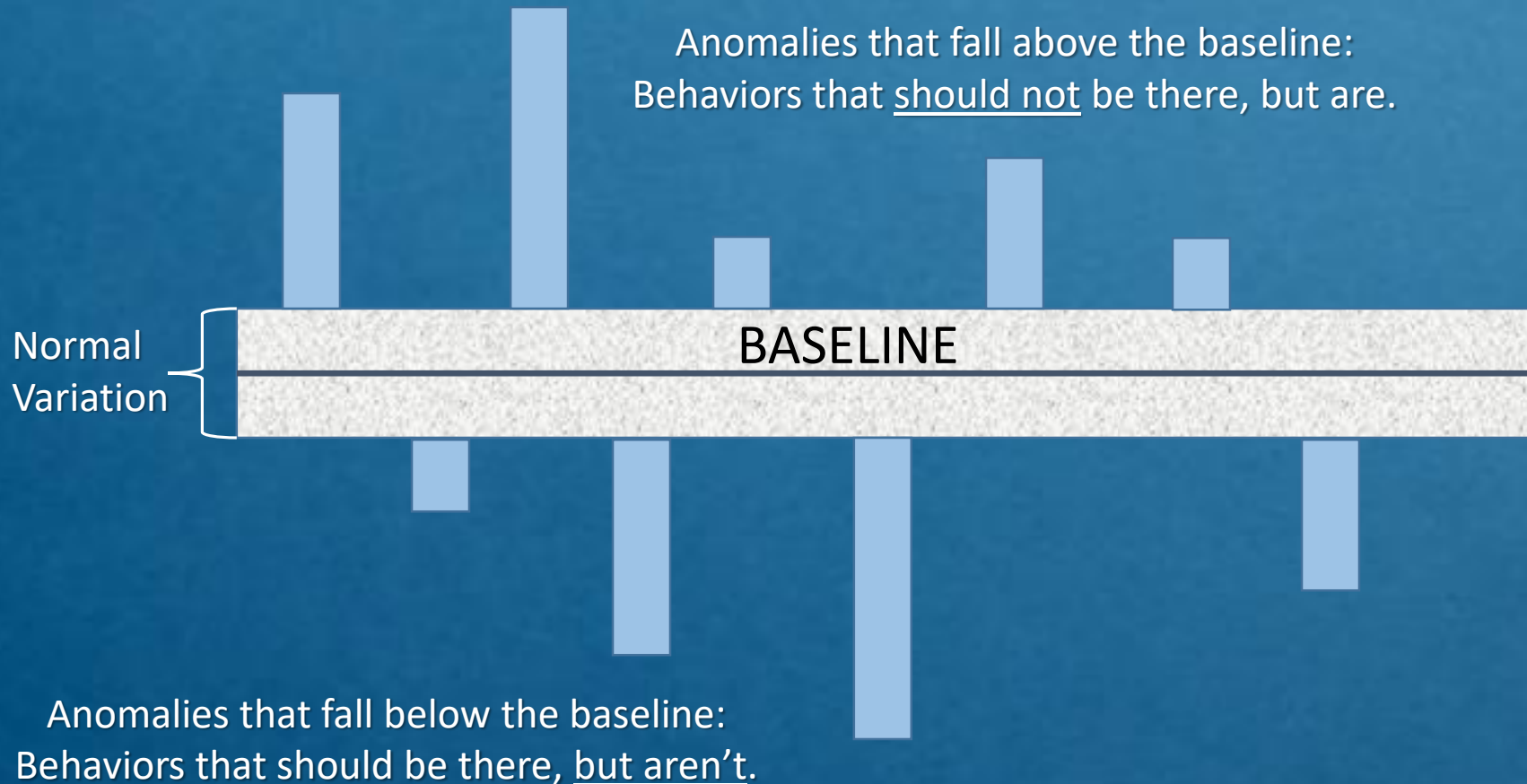
- The ability to monitor baseline.
- The ability to recognize change from baseline.
- What is different today? People, objects, a gut feeling?
- Don't keep it to yourself:
 - See Something,
 - Say Something,
 - Do Something!



Be aware of the two R's:
Risks & Resources



Baseline and Anomalies



Why Do People Become Disruptive?

People often become disruptive due to personal crises. If a person perceives a situation has exceeded her ability to cope, the emotional anguish becomes intolerable. Examples of personal crises include:

- **Family Problems**: failing marriage, children acting out, arguments with in-laws.
- **Financial Problems**: foreclosure, job loss, difficulty affording basic needs or paying bills.
- **Substance Abuse**: alcoholism and other forms of addiction put tremendous strain on people.
- **Mental Health & Medical Conditions**: chronic pain, frightening diagnoses, terminal illness, mental illness.

Always remember: a personal crisis does not mean a weakness in faith or character. Everybody experiences hard times. Remain compassionate and humble.



An Important Distinction

- **Behavioral Emergencies** are powerful reactions to extreme or shocking life events. They are a response to a real or perceived threat that can be overwhelming or disabling.
- **Mental Health Emergencies** are psychiatric crises in which the individual has or is developing a diagnosable mental illness which is in an acute phase, overwhelming or disabling the individual.
- In this program, we will introduce key concepts and action steps for both.

Behavioral and Mental Health Emergencies are not mutually exclusive. Someone can have a mental illness and also experience a sudden, shocking life event. It is important to understand both scenarios and the possibility of both simultaneously influencing a persons reaction.



Mental Health vs. Mental Illness

- Although the terms are often used interchangeably, mental health and mental illness is not the same thing; but they are also not mutually exclusive.
- **Mental health** is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
- **Mental illness** is a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors, and can be managed using approaches comparable to those applied to physical disease (i.e., prevention, diagnosis, treatment and rehabilitation).



Common, but Misunderstood [1]

- A mental disorder, also called a mental illness or psychiatric disorder, is a behavioral or mental pattern that **causes significant distress or impairment of personal functioning.**
- Mental illnesses are very common. about 1 in 4 adults -- suffers from a diagnosable mental disorder in a given year.
- Mental illnesses do not discriminate; They affect people of every age, race, gender and culture in every part of the world.
- **By 2020, mental health and substance abuse disorders will surpass all physical diseases as a cause of disability worldwide**
(SAMHSA, 2014)

Mental Health Disorder Statistics. John Hopkins Medicine.
<https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics#:~:text=An%20estimated%2026%25%20of%20Americans,substance%20abuse%20and%20anxiety%20disorders.>



Mental Health Is Not Static

- It is important to remember that mental health and mental illnesses are not static; they change over time depending on many factors.
- Some of the factors that influence mental health include:
 - Levels of personal and workplace stress
 - Lifestyle and health behaviors
 - Exposure to trauma
 - Genetics
- When the demands placed on any individual exceed their resources and coping abilities, their mental health will be negatively affected.



Mental Health Exists on a Continuum

- Like all other aspects of our health, mental health exists on a spectrum.
- Many individuals move across this spectrum over their lifetimes.
- Increased stress, discontinuation of medicines, and other triggers lead to increased distress and dysfunction.
- This distress and dysfunction, in certain vulnerable individuals, may lead to increased risk for harm.
- What you observe will vary depending on the nature and severity of the disorder.



Recovery from Mental Illness

- Mental illness is much like diabetes, heart disease and a broken leg — one can live with it and recover from it, but recovery does not mean “cure”
- Recovery is not an end state; it does not mean that the individual no longer has depression, schizophrenia or another mental illness
- Recovery means that the person has stabilized and regained their role in society



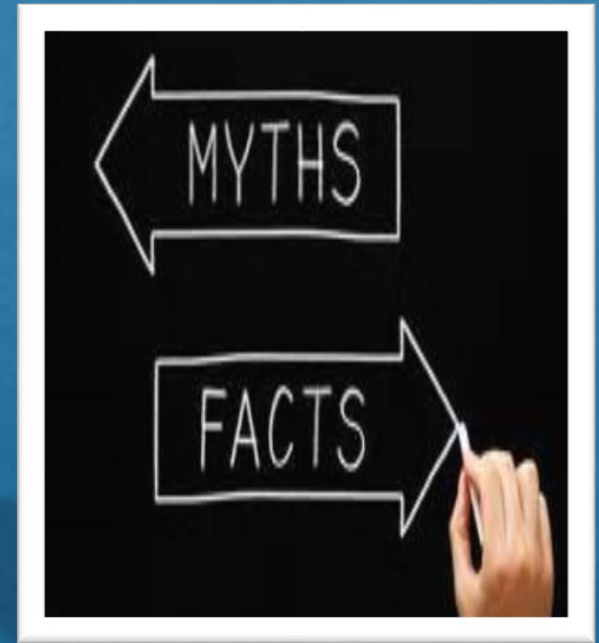
The Media & Public Perception

- Most media stories do not mention that people with serious mental illness are **not** violent. (McGinty, Webster, Jarlenski & Barry, 2014).
- The media can fuel misunderstanding, discrimination and fear.
- The media often reports on the most extreme situations, not the common ones, creating the perception that mental illness only/always involves severe crisis situations.

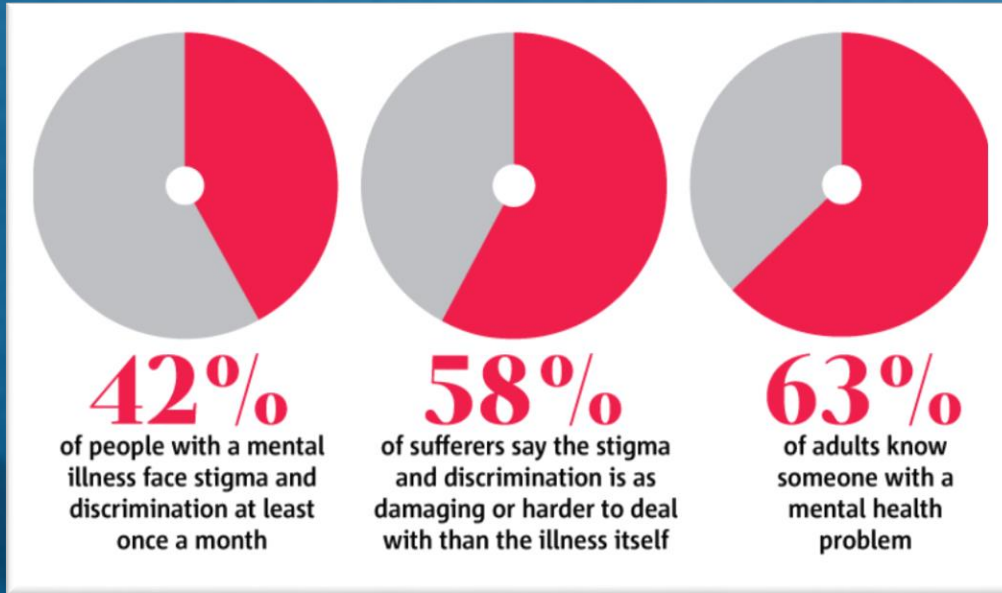


The Facts About Mental Illness ^[1]

- Many factors contribute to mental health and substance abuse disorders, including biological factors, physical illnesses, and experiences with trauma and abuse.
- Weakness and laziness have nothing to do with the causes of mental illness and substance abuse.
- People with mental illness and substance abuse disorder can and do recover.



The Facts About Mental Illness [2]



Perception and stigma are the greatest barriers to treatment



Co-Existing Diseases: Physical and Mental Disorders [1]

- 68% of adults with mental health disorders have a medical condition
- 28% of adults with a medical condition have a mental illness
- Almost half of the U.S. population suffers from chronic diseases and conditions



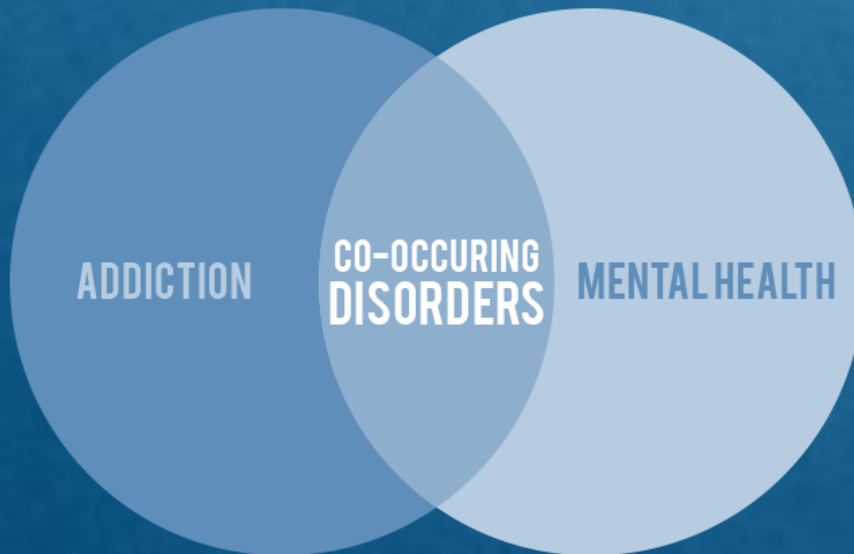
Co-Existing Diseases: Physical and Mental Disorders [2]

- Factors that put a person at risk for chronic illnesses also increase risk for mental illness.
- Coexisting diseases are becoming increasingly common.



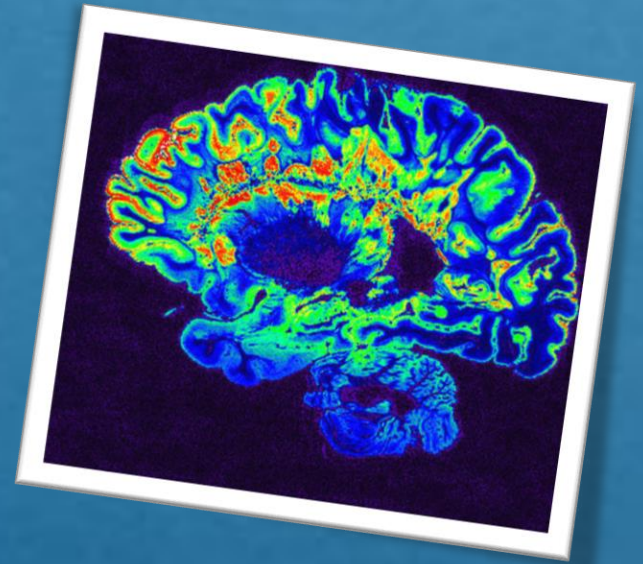
Co-Occurring Diseases: Substance Abuse & Mental Disorders

- People with mental disorders are more likely to also have a substance abuse disorder.
- Co-occurring mental health and substance abuse disorders are common.



The Roots of Mental Illness

- The brain is the primary organ of concern. Malfunction is related to an interruption in the normal flow of neurochemicals affecting the brain and central nervous system.
- Mental illnesses develop from malfunction or disruption within the brain and nervous system.
- These chemicals and their action within the brain regulate thoughts, feelings and behavior through the continual flow of impulses along pathways of nerves throughout the brain and body (neuronal pathways).



Types of Mental Illnesses

- There are nearly 300 different mental illnesses listed in the American Psychiatric Association's manual of disorders.
- Mental health disorders are categorized by how they affect an individual's thoughts, feelings and behavior.
- It is not important to know all of the types of disorders, but four types of behavioral health disorders are of greater interest to potential supporters in the workplace since they are the most common.



Types of Crises

- Loss of Reality (LOR)
- Loss of Hope (LOH)
- Loss of Control (LOC)
- Loss of Perspective (LOP)



Each of these can be caused by mental illness, substance abuse, and/or an “organic” process, that is medical or physiological in nature.



Loss of Reality

- Withdrawn
- False Beliefs
- Disorganized thinking
- Hearing/Seeing things
- Odd behaviors or mannerisms
- Suspicious/paranoia/fearful
- Highly distractible/disoriented



Loss of Hope



- Sad/Anguish
- Overwhelmed
- Emotional Pain
- Fatigue/helpless
- Suicidal talk/gestures
- Crying/deep despair



Loss of Control

- Manipulation
- Impulsiveness
- Destructiveness
- Irritability/Hostility
- Anger/Argumentative
- Anti-social/oppositional



Loss of Perspective

- Euphoric/Energetic
- Physical discomfort
- Restlessness/Pacing
- Verbal/Rapid speech
- Apprehension/Dread
- Grandiose/Ambitious
- Anxiety/Nervous/Panic



Mental Illness and Violence

- **People with mental illnesses are no more likely to be violent than anyone else in the general population.**
- Only a small number of people with a mental illness contribute to the overall rate of violence in the U.S.
- People with serious mental illness are far more likely to be the victims rather than the perpetrators of violent crime.

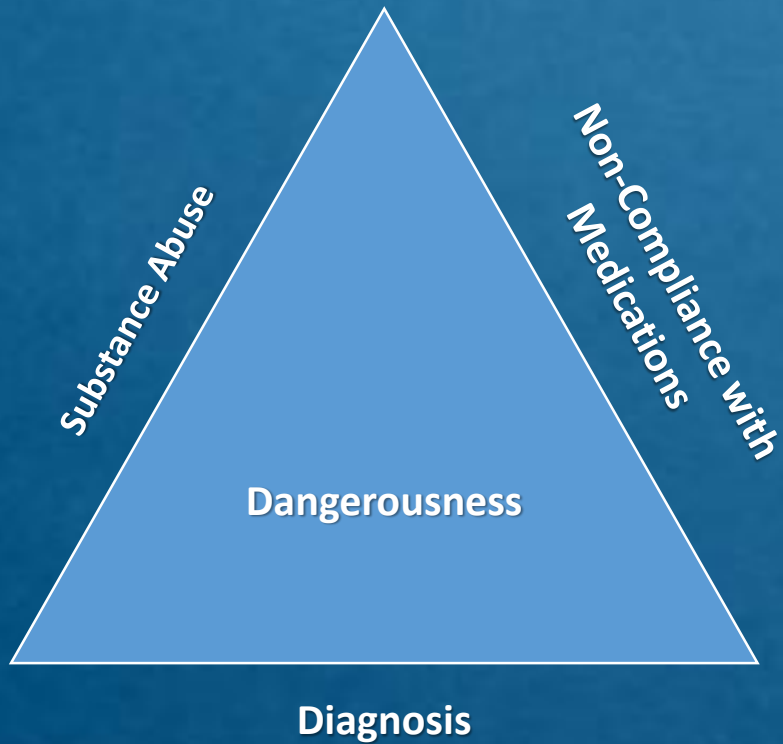
Steadman, H.J., Mulvey, E.P., Monahan, J., Robbins, P.C., Appelbaum, P.S., Grisso, T., et al. Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Arch Gen Psychiatry* . 1998 ; 55(5): 393 – 401.

Scott, C.L. & Resnick, P.J. (2006). Violence risk assessment in persons with mental illness. *Aggression and Violent Behavior*, 11, 598-611.

Glied, S., & Frank, R. F. (2014). Mental illness and violence: Lessons from the evidence. *Am J Public Health*, 104:e5–e6.



Mental Illness & Dangerousness



10 Signs of Behavioral Health Problems

1. An unhealthy or unkempt appearance/abnormal appearance
2. Mood swings, emotional rollercoasters, and erratic behavior
3. Easily irritated, frustrated, or angered
4. Taking or needing a lot of time off
5. Changes in eating or sleeping behaviors
6. Moments of confusion or an inability to solve a problem
7. Unnecessary fear, worry, or anxiety
8. A decrease in or lack of productivity
9. Withdrawal from social situations, especially with friends, family and co-workers
10. Abuse of drugs, alcohol, or other vices



Precipitants to Behavioral Health Emergencies

A behavioral health emergency is usually the result of extreme stress, fear, or anxiety. There are many reasons that someone can experience a behavioral health emergency, including:

- Any type of loss, including the loss of a loved one
- Relationship changes with a loved one or significant other
- Work stressors, such as losing a job
- Trouble in school
- Trauma, natural disasters, terrorism
- Racial, ethnic, religious or other prejudice or intolerance
- Mental health treatments, including medications, no longer working
- Stopping medications or treatment



Difficulty Staying on Medications

- Consistent use of medications can be a major problem for individuals with mental health disorders.
- There are several reasons why some individuals have difficulty staying on medications:
 - The person is unaware of their condition and does not think they need medication
 - Alcohol and/or drug abuse
 - Poor relationships with mental health provider



10 Most Common Reasons for Stopping Medications

1. Side effects
2. Fear of dependence
3. Fear of losing the “self”
4. Cost
5. Not feeling included in medication decisions
6. Mania addiction*
7. Sense of shame
8. Misdiagnosis/ Misinformation
9. Fear around performance at work
10. No noticeable improvement

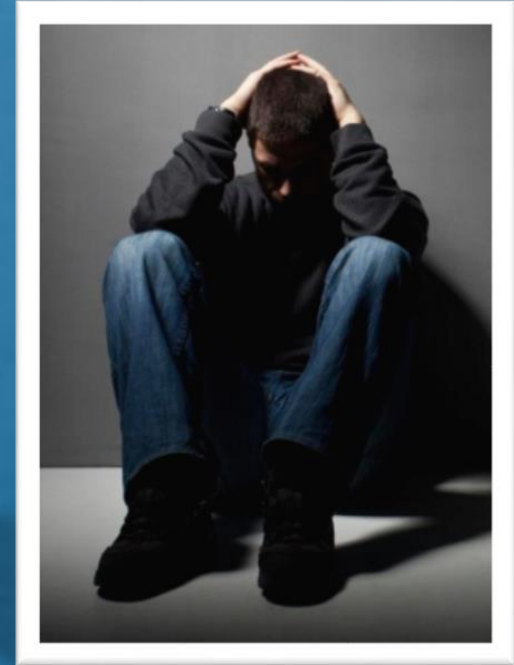


**Unwilling to lose the euphoric feelings/energy associated with mania.*



Signs of a Behavioral Health Emergency

- A behavioral health emergency is defined as an acute disturbance of behavior, thought or mood which if untreated may lead to harm, either to the individual or to others in the environment.
- The signs of a behavioral emergency include extreme agitation, threatening self-harm or suicide, yelling or screaming, lashing out, irrational thoughts, throwing objects and other volatile behavior. The person may seem angry, irrational, out of control and unpredictable or illogical.



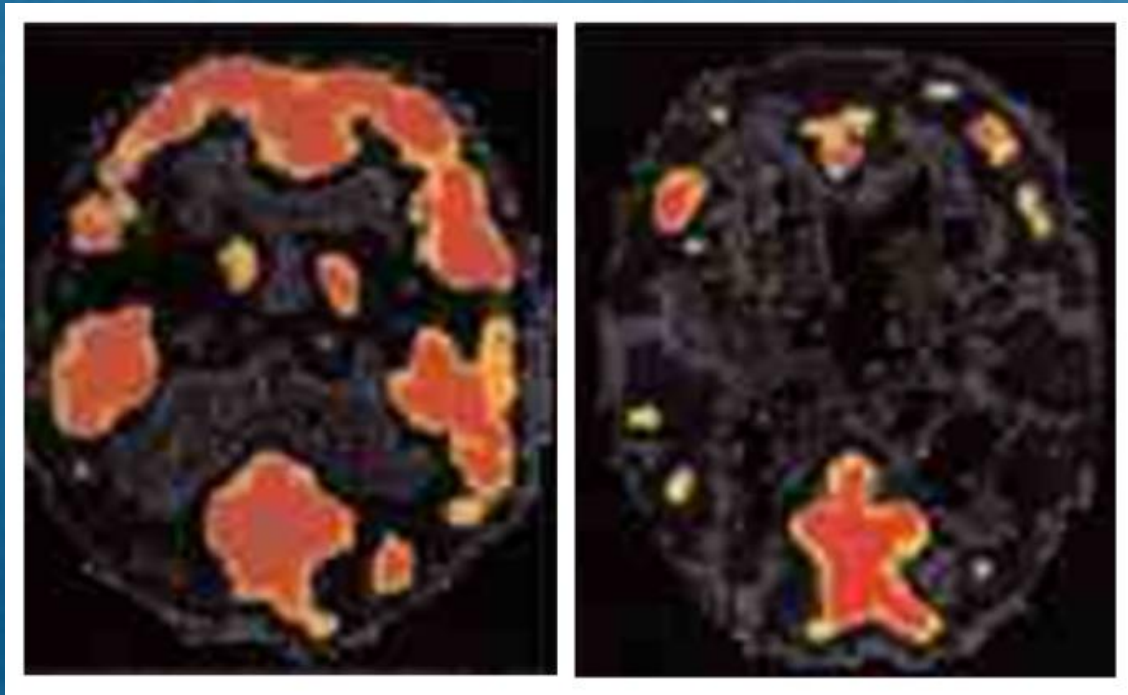
Challenges in Providing Support

Individuals in a behavioral health crisis may have difficulty communicating, taking direction or controlling their behavior. This may make it difficult for an someone to engage the distressed individual.

- Trouble with focus and attention
- Difficulties with memory, thinking, or concentrating
- Reduced speech
- Blunted emotions
- Social withdrawal
- Illogical/rambling speech
- Bizarre, delusional or tangential thoughts or speech
- Irritability/angry outbursts
- Hyper vigilance/paranoia
- Difficulty concentrating
- Jumpy/exaggerated startle reflex



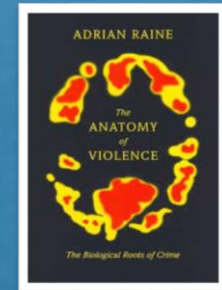
The Physiology of Rage



Control

Rage

PET scan detects glucose metabolism in various parts of the brain illustrating activity/non-activity.



Recommend Reading:
“The Anatomy of Violence” Adrian Raine, April 2013.



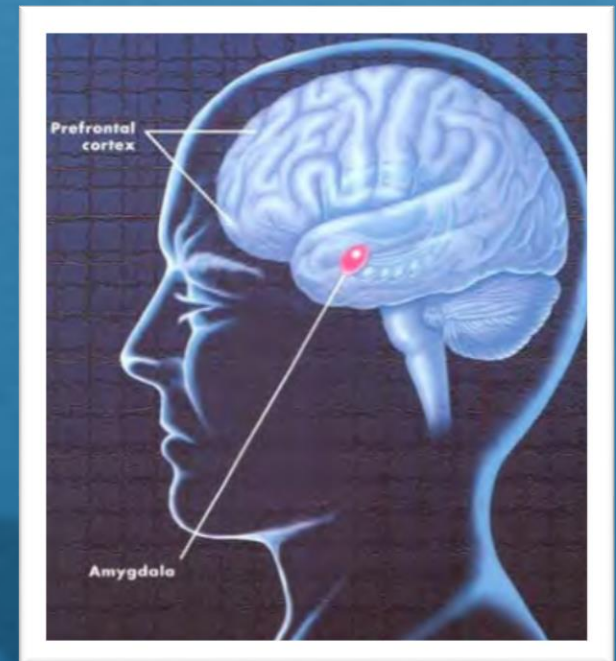
The Brain's Response to Anger & Rage

When stressed, fearful, angry or enraged, we tend to experience greater activation of our limbic system, also known as the “*emotional brain*.”

This can influence:

- Problem solving
- Decision making
- Judgment
- Logic
- Reasoning
- Impulse control
- Verbal processing

All critical functions to resolve a crisis



Initial Assessment

Our initial action is to determine if you are dealing with a:

- Bad Guy?
- Bad Guest?
- Bad Day?

Each requires a different approach.



Where to Start

When encountering an individual who appears distressed, disturbed, or disruptive:

- Call or ask others to call for Security or other assistance
- Don't crowd the individual, move others away for privacy
- Introduce yourself-clarify your intentions
- Ask for and use the individual's name if you are not familiar
- Use supportive acknowledgement
- Establish positive eye contact
- Minimize background distractions
- Sound concerned, caring, interested
- Stay optimistic about a positive outcome
- Use non-verbal cues
- Allow venting; deflect personal insults, etc.
- Give the individual time to think and decide



Tips for Providing Support ^[1]

- Approach the individual in a calm, non-threatening manner.
- Avoid excitement (loud noises, sudden movements, disperse a crowd if one has gathered).
- Use short, clear, direct sentences.
- Remain calm and give firm, clear instructions.
- Refrain from making complicated or unreasonable demands.
- Do not deceive the person.
- Ignore verbal abuse and verbal provocation.



Tips for Providing Support ^[2]

- Respect the individual's perceptions; don't try to convince them that things aren't so bad.
- Respond to delusions and hallucinations by addressing the individual's feelings rather than what they are saying.
- Listen non-judgmentally.
- Provide reassurance, promote hope, but don't minimize the person's suffering.
- Be persistent about the need for professional help; rejecting help is a characteristic of depression.
- Be vigilant for hints or clues of suicidal thinking.



TIPS FOR PROVIDING SUPPORT [3]

- Repeat yourself as necessary without frustration; Be patient and allow more time for responses.
- Remain centered— don't take provocations personally. Understand the symptoms for what they are - part of an illness.
- Respond to delusions and hallucinations by talking about the person's feelings rather than what they are saying.
- Remember: Human behavior is dynamic and subject to change, even during a single encounter. It is important to continue to monitor an individual's behavior for the potential to both escalate and de-escalate, sometimes with little warning.



Proactive Proportional Response

Know when to act. A person may be acting dangerously but not directly threatening any other person or themselves. If possible, give them time to calm down. This requires patience and continuous safety evaluation. Use force only when it is necessary to protect yourself and others.



Our focus is on responding, not reacting to the situation.



An important Distinction

Making a Threat vs. Posing a Threat

- Individuals can make threats with no intention or ability to act.
- Individuals can pose a threat without ever making a threat.
- Individuals can both make threats and pose threats to your safety.



Reading Body Language

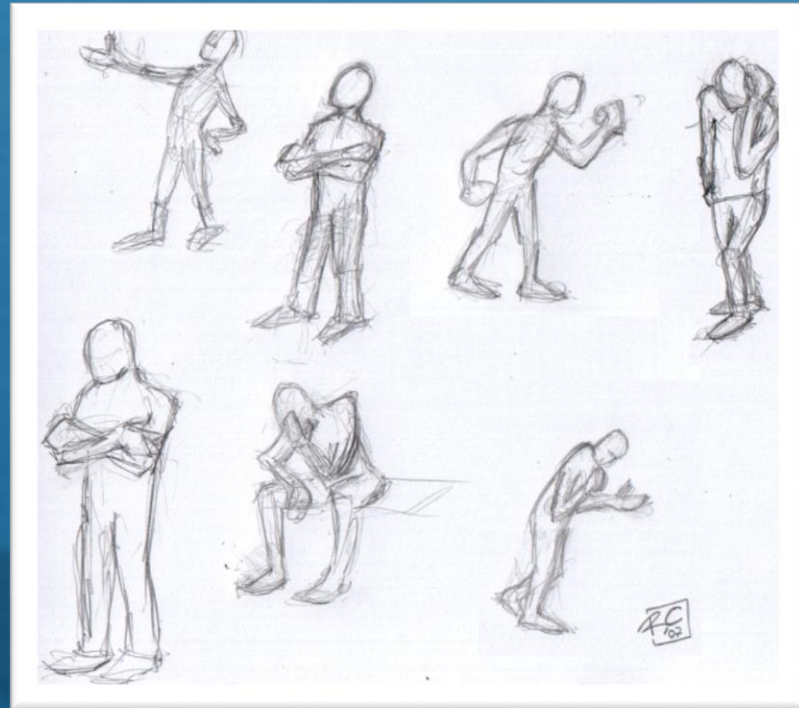
The sympathetic over-arousal lead to raised, high-pitched voice and rapid speech.

- Red (Flushed) or White/Grey (Pale) skin tone
- Sweating
- Pacing, restless, or repetitive movements
- Trembling or shaking
- Clenched jaws or fists
- Encroaching/invading personal space
- Exaggerated or violent gestures
- Change in voice
- Loud talking or chanting
- Shallow, rapid breathing
- Scowling, sneering or use of abusive language
- Glaring or avoiding eye contact



Non-verbal Warning Signs [2]

- Eye movements
- Head movements
- Facial expressions
- Breathing
- Shoulders
- Arms/hands



If there is a discrepancy between verbal and non-verbal indicators. . .
believe the non-verbal.



Pre-Attack Indicators [1]

- **Scanning**: When a Subject is observed paying attention to the surrounding area rather than the worker.
- **Target Glance**: The obvious preoccupation an Subject will have with a particular area of the Reponder's body or with any potential weapon.
- **Eye Blinks**: Average eye contact: About every three seconds-Average non-arousal blink rate: 20 times per minute. Under stress blink rate patterns change: Either blink rapidly (40 to 60 times per minute), or they will slow their blink rate down drastically (two to four times per minute).



Pre-Attack Indicators [2]

- **Flanking**: The movement to the rear or side of a work by one or more of the Subjects being engaged. Flanking is an attempt to find a position suitable for a successful attack.
- **Hesitation in Response**: Often, when intensely engaged in the process of internal thought, a person's response time to questions becomes protracted. Measuring odds, determining a target and pondering the consequences of such an attack requires a tremendous amount of concentration.
- **Pugilistic Stance**: Also known as "*the fighting stance*," the pugilistic stance is almost always a precursor to an attack — or at least an indicator that one is being considered.



If You are Directly Confronted

If you are confronted, cornered or cannot otherwise move away from the individual of concern:

- Stay calm, and listen attentively.
- Maintain eye contact.
- Be courteous, and patient.
- Allow the other person to ventilate; don't argue or correct them.
- Keep the situation in your control.
- Signal teammate or passer-by that you need help.
- Watch for a possible chance to escape to a safe area.
- If the person has a weapon, keep talking, but follow instructions.
- Don't risk harm to yourself or others; never try to grab the weapon from the other person.
- Call 911 as soon as reasonably possible.



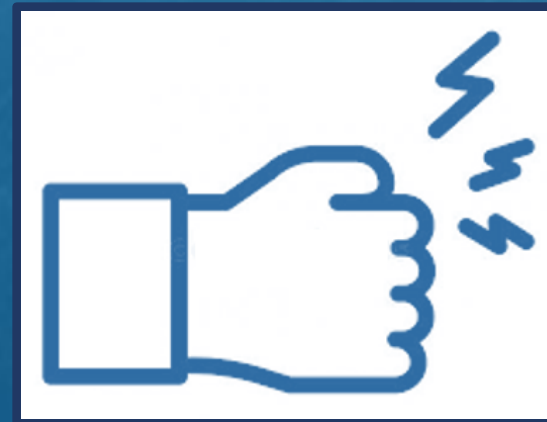
In Hostile or Violent Encounters

- Assess the situation, trust your instincts and intuition.
- **Respond, don't just react.** Think through your next moves.
- Get away—just get out of the situation, and move near other people.
- Engage bystanders—tell them what is happening and ask for help.
- If safe, take out your phone and take pictures/record the incident.
- As soon as you are able, call 9-1-1.

Your goal is always to escape to a place of safety as quickly as you can.

Look for the chance to escape and don't stop looking.

Escape as early as you can and run as hard as you can.



If You are Physically Attacked

- Scream, use an alarm or whistle.
- Protect your body and defend yourself by whatever means necessary.
- When defending yourself:
 - Never turn your back
 - Don't lower your guard or drop your head, this only increases your vulnerability and opens you up to further attack
 - Stay on your feet or get up quickly if knocked down
 - Remember your aim is to get away as quick as possible, use your legs
 - Look for the opportunity to escape and take it decisively

Remember:
**Your priority is
your safety, not
your pride!**

Physical defense is your last resort to either stay alive or to escape an attacker.

Therefore defend with everything you have and don't stop defending until you can safely get away.



Defining De-escalation

- **Escalation**: The cycle or stages in which an undesirable behavior worsens or becomes more intense, serious or potentially dangerous.
- **De-escalation**: Utilizing research-based positive behavioral supports and interventions to lessen and alleviate the risk of danger and returning to a state of calm.
- **Verbal De-escalation** is what is used during a potentially dangerous, or threatening, situation in an attempt to prevent a person from causing harm to us, themselves or others.



- **Communication is a key factor in the ability to de-escalate any situation.**



Goals of De-escalation

The four main goals of de-escalation give it its power:

- **Keep lines of communication open.** You'll gain insight into the situation including things that may calm the person.
- **Get the person talking.** Much of a disruptive person's frustration comes from feeling ignored or misunderstood. Also, when talking there is little chance for action.
- **Actively listening.** Make the person feel heard.
- **Maintain control through clear and calm communication.** You will be able to better control the situation by keeping the level of conversation quiet and calm.



Developing De-escalation Skills

There are a few key concepts to remember:

- Reasoning with an angry person is not possible. The first and only objective in de-escalation is to reduce the level of agitation so that discussion becomes possible.
- De-escalation techniques are inherently abnormal and counterintuitive. They go against our natural *'fight or flight'* reflexes.
- To be effective, we must remain calm and centered. We need to be professionally detached. Therefore these skills require practice to become useful. Practice in everyday encounters; don't wait for a crisis.



A Critical Concept

- Your task is not to control the agitated person; it is to influence them to control themselves by how you control yourself.
- First, make sure you're as calm as possible. An assured and calm demeanor on your part may help you interact effectively with a angry or agitated person.
- De-escalation involves establishing a connection that puts the person in crisis at ease and shows them that you're in a protective role.



Managing Your Response

Model these non-verbal behaviors:

- Control your breathing
- Control your voice
- Control your body language
- Control your vocabulary

Entrainment is using our natural tendencies to synchronize our behavior with those around us.

Anger, fear and stress are contagious, but so is calmness.



The mirror neuron system plays a key role in how we empathize with another person's joy and pain. There is a neuroscience explanation for how we connect with and influence each other.



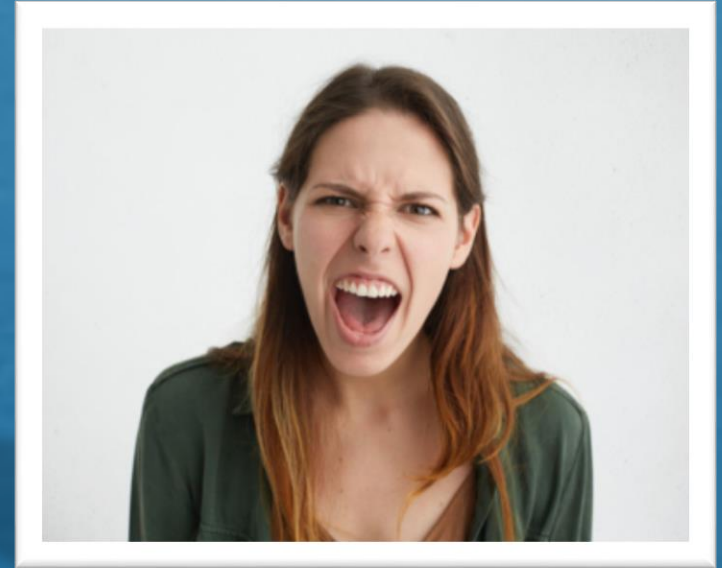
Recognize Personal Limitations

- Being a professional doesn't mean that must excel at everything- That's an unrealistic expectation.
- Know what your limits are. Know that sometimes it's not easy to address problems alone.
- Sometimes the most professional decision is to let someone else take over, if that's an option.
- De-escalation will not always work. Always attend to your own safety as well as the safety of the angry or agitated person.



Managing Hostile Encounters

- **Safety First**: Yours, theirs, anyone in the immediate environment.
- **Consider**: Are you the right person to intervene? Does this need an emergency response (i.e., 911)?
- **Clear your Mind**: Take a deep breath and give the hostile individual your full attention...but remain aware of what's happening around you.



Important Tasks

- Verbal de-escalation is not a formula or recipe.
- It requires judgment and flexibility, as well as the ability to read and respond to people in a dynamic interaction.
- Open clear lines of communication.
- Build trust and validate the individual's situation.
- Get the individual talking (not acting out) about their situation.
- Gather the necessary information for a positive resolution.



Remember the Dignity Domino!

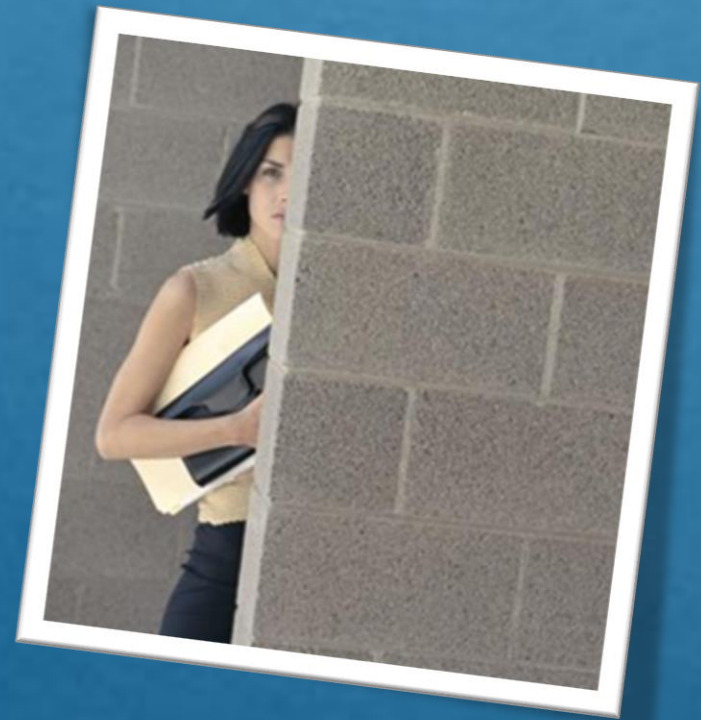
Rule #1: Preserve dignity!



Barriers to Effective Communication

Barriers to communication are the things that keep the meaning of what is being said from being heard:

- Pre-judging
- Not listening
- Criticizing
- Name-calling
- Engaging in power struggles
- Ordering
- Threatening
- Minimizing
- Arguing



Depersonalize Hostility

- It is important to remember never to take a person's or group's negative or aggressive behavior personally.
- There are reasons for the person's frustrations and behavior and 99.9% of the time, *you are not the reason.*
- If an individual or crowd taunts or insults you, don't respond, just move forward with your de-escalation or safety strategy; Don't engage or take the bait.
- Regardless of the person's actions, it is imperative that our reactions do not encourage or help justify further negative behaviors or responses.



Make the First Minutes Matter ^[1]

- Introduce yourself-clarify your purpose.
- Ask for and use the individual's name.
- Establish positive eye contact if possible.
- Minimize background distractions.
- Use non-verbal cues.
- Allow venting; deflect personal insults, etc.
- Get them to think; time to decide.



Make the First Minutes Matter [2]

- Sound concerned, caring, interested.
- Adjust personal space.
- Give more “*start*” requests than “*stop*” requests.
- Make non-emotional requests instead of emotional requests.
- Don’t worry about making mistakes.
- Stay optimistic about a positive outcome.

Avoid

- Arguing
- Moralizing
- Diagnosing



Limit Setting: *Step One-Set the Limit*

Example: “I understand that you are very angry about the situation and angry at me, but if you want to continue this conversation, you will have to stop (yelling, swearing, threatening, etc.)

If you’re not able to stop that, we will not be able to continue this discussion, but that is your choice.”



Limit Setting: *Step Two-Reinforce the Limit*

Example: *“I have asked you to stop (yelling, swearing, threatening, etc.) if you would like to continue this discussion.*

If you can't stop doing that, we will have to end this conversation. I will not ask you again. We can continue if you can control that behavior.”



**Remind the person that they are responsible
for their own actions**



Limit Setting:

Step Three- Enforce the Limit

Example: *“It doesn’t seem like you are able to stop (yelling, swearing, threatening) so we are not going to be able to continue this discussion. I am going to have to ask to leave. If you can’t leave on your own, we’ll have to ask for assistance in helping you leave. (Now, end the discussion).”*



Benefits of the 3-Step Process

Notes: This approach has several embedded goals:

1. Terminating the contact and refusing to have additional contact is due to the other's behavior, not your unwillingness to assist them. This places responsibility on the correct *party—the out of control person*.
2. You have demonstrated a willingness to work with the person and provided clear limits that would allow a conversation to continue if they wished to cooperate.
3. You did not simply end the conversation because you were angry or scared. You took control of the contact from someone who was obviously out of control.

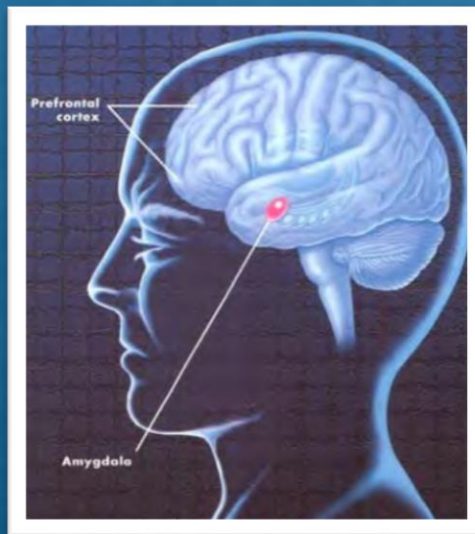


Back to the Brain

When stressed, fearful, angry or enraged, we tend to experience greater activation of our limbic system, also known as the “*emotional brain.*”

This can influence:

- Problem solving
- Decision making
- Judgment
- Logic
- Reasoning
- Impulse control
- Verbal processing



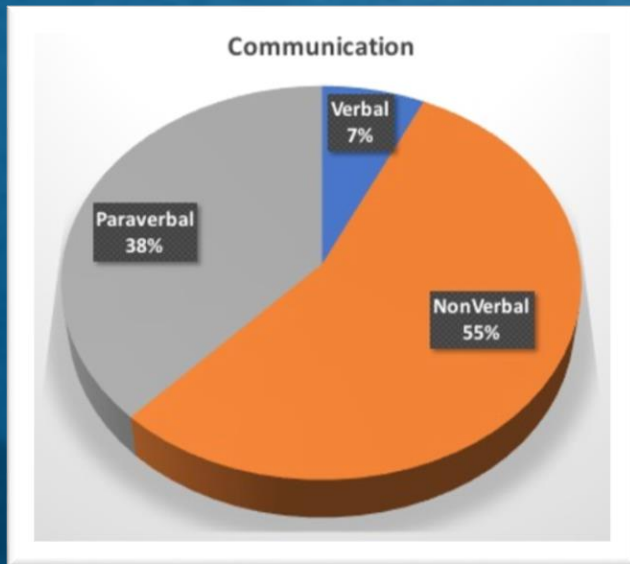
All critical functions to resolve a crisis



Non-Verbal Communication

As a general rule, the more agitated an individual becomes:

- The less able they are to process verbal information effectively.
- The more reliant they become on non-verbal communication.



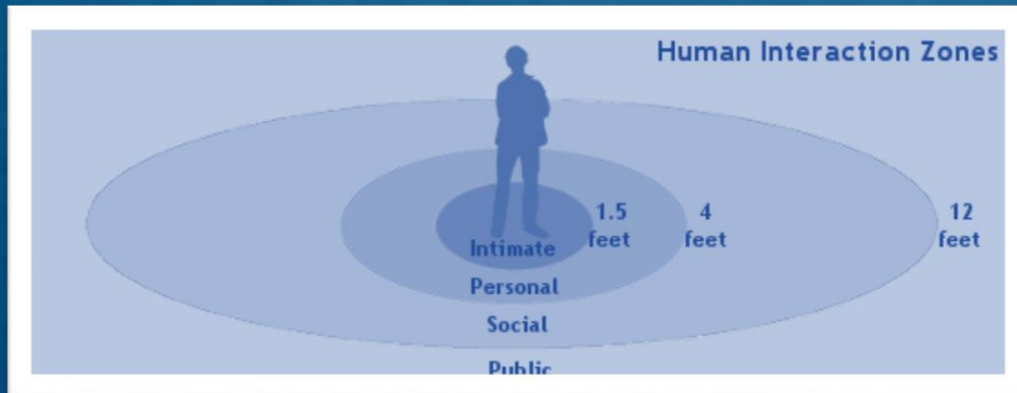
Even in non-hostile, non-stressful situations, non-verbal communication plays a critical role.

Note: There can be significant cultural variations in non-verbal communications.



Personal Space

Invasion or encroachment of personal space tends to heighten or escalate anxiety. Invading an individual's "*personal space*" can increase the chances of escalating the situation. In our culture, personal space is usually an arm and a half length.



Safety Stance

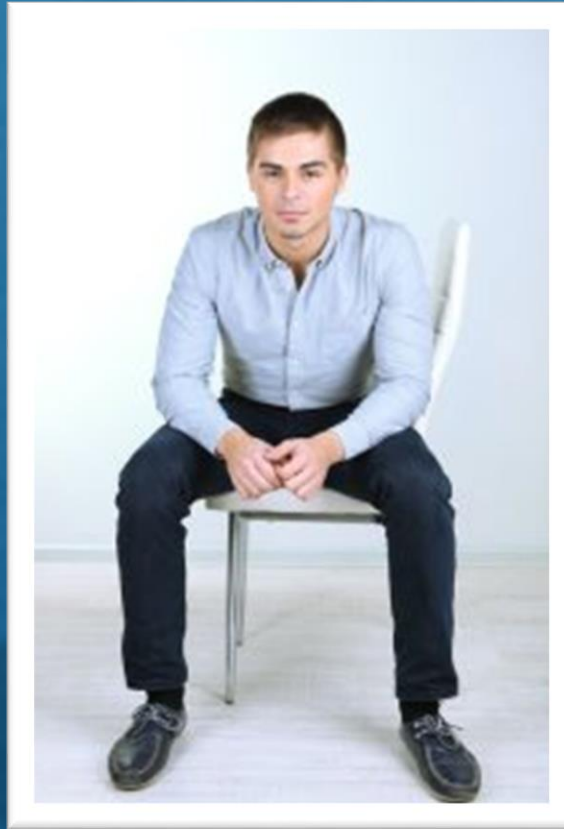
- Approximately one leg length away, on an angle, off to the side of the individual.
- Benefits:
 - Respects personal space, not encroaching avoiding “challenge” position
 - Improves safety, balance and readiness to move



Safety Sit

SOLER

- **S**it squarely
- **O**pen Posture
- **L**ean Forward
- **E**ye Contact
- **R**elax



Body Language

Body posture and movement. Face to face, eye to eye, toe to toe is a “challenge” position and tends to escalate an individual in a crisis situation.*



**Subject to cultural variation*



Be Aware of Your Non-Verbal Messages [1]

- **Be Mindful**: Be conscious of your posture and position.
- **Be Open**: Use an open, yet defensible posture (Safety Stance).
- **Move Slowly**: Use slow and deliberate movements.
- **Don't Point**: Never point at the person-It communicates accusations.
- **Don't Shrug**: Shrugging your shoulders communicates that you are uncaring or unknowing.
- **Relax**: Don't display a rigid posture, cross your arms, or puff out your chest. This shows you as defensive or aggressive.



Be Aware of Your Non-Verbal Messages [2]

Be aware of your facial expression:

- **Relax Your Face**: Don't furrow your brow or frown.
- **Smile**: Start friendly with a natural smile. If the situation escalates it's okay to relax into a neutral expression. Nothing is more aggravating than a fake smile.
- **Eye Contact**: keep and maintain natural eye contact. Never close your eyes or look away. Don't stare. The person may interpret this as a challenge.
- **Be Calm, but Firm.**

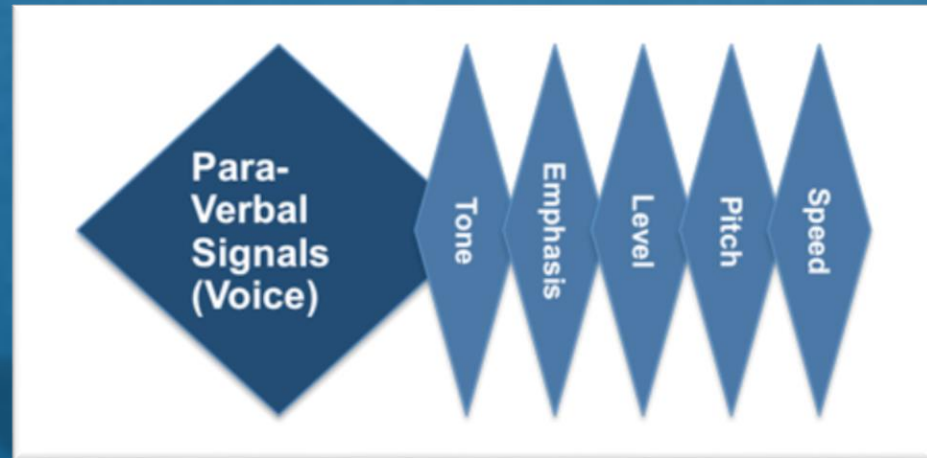


Para-verbal Communication

Not what you say, but how you say it

How we deliver our words or verbal intervention:

- 1) Speed (Rate)
- 2) Pitch
- 3) Level (Volume)
- 4) Emphasis (Inflection)
- 5) Tone



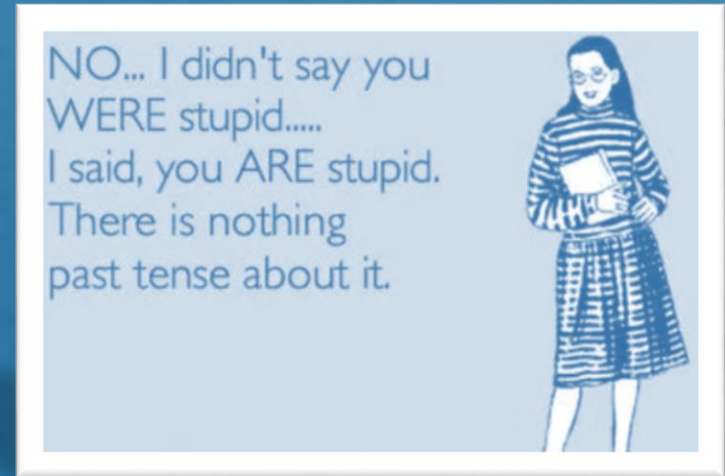
Remember: The focus is NOT on controlling the other, it is on influencing the other to control themselves by how we control ourselves.



Emphasis (Inflection)

Six Words-Four Meanings: “I didn’t say you were stupid.”

- “I didn’t say you were stupid.
(My friend said it!)
- “I didn’t say you were stupid.
(But I did write it on the bulletin board!)
- “I didn’t say you were stupid.
(I said your friend was stupid)
- I didn’t say you were stupid.
(I said you were a complete idiot.)



Congruence

Matching words and actions

- Denotes trustworthiness
- Shows others that we care
- Shows we are in control



Incongruence

- Interpreted as being untrustworthy or inauthentic.



Primary Listening Skills

- **Attending**: Giving your physical and mental attention to another person.
- **Following**: Making sure that you are engaged by using eye contact, non-intrusive gestures (e.g.-nodding, saying “Okay,” asking an infrequent question).
- **Reflecting**: Paraphrasing and repeating; Using the feelings of the other person (empathy).
- **Listen when you’re listening**:
 - No other activities.
 - Multi-tasking is not helpful when actively listening.



Ventilation and Validation

- Listen
- Nod
- Do not interrupt
- Let them vent
- Allow person to express frustration or anger.
- Keep ventilation within boundaries.
- Do not defect roles!
- Avoid clichés... *“I know how you feel”*
- Use a range of active listening techniques.



Techniques That May Backfire

- Raising your voice.
- Drawing unrelated persons into the situation.
- Insisting that you are right.
- Insisting on having the last word.
- Using sarcasm or profanity.
- Making assumptions.
- Attacking a person's character.
- Making comparisons with other persons or situations.
- Holding a grudge.



Do's & Don'ts

- Follow your instinct and intuition-Use common sense
- Prioritize safety and know your surroundings
- Identify an escape route convenient to you and the person
- Position yourself close to an exit without making them feel trapped in
- Assess the environment for potential weapons
- Identify a code word that will alert the need for additional help
- Establish and maintain eye contact
- Decrease environmental stimuli by minimizing the presence of distractions and other people
- Make sure someone knows where you are at all times
- Attempt to meet as many of their reasonable requests as possible
- Remind the person that they are responsible for their own actions.



Do's & Don'ts

- Use the person's name.
- Ask "May I help you?"
- Speak slowly.
- Use restatement for clarification.
- Ask to take notes.
- Paraphrase.
- Use "what" and "we."
- Allow time for reflection.
- Give options.
- Ask for their idea or solution.
- Use simple words.
- Maintain 65-percent eye contact.

Be sincere and assertive. Convey calmness, confidence and a willingness to help.



Do's & Don'ts

- Don't tell the person that they have no reason to be angry
- Do not offer lengthy explanations or excuses
- Don't lose your temper
- Don't allow more than one person to talk
- Don't argue
- Don't say "calm down"
- Never challenge the person or call their bluff
- Never criticize or laugh at the person
- Don't touch the person
- Don't ignore the person
- Don't belittle them or dismiss their anger or frustrations
- Don't fake attention
- Don't roll your eyes
- Don't make false promises
- Don't use jargon
- Don't agree with someone – take their side
- Don't cut people off. Don't get in a power struggle
- Don't raise your voice



What Happens Next?

- When the person has calmed down, you can then address their situation in the same patient and professional manner that you have already displayed,

Or

- If the person does not respond to your efforts at de-escalation, you need to end the interaction without exacerbating things or putting yourself or anyone else in harm's way.
- Trust your instincts. If de-escalation is not working, stop. End the conversation, and escort the person out, or contact the Police if the person refuses to leave.



After an Difficult Encounter

Take time with your team after a difficult or distressing encounter to discuss the situation, the response and how people were effected.

Process the impact of the event

- *Ventilate: What was the worst part?*
- *Validate: Share the experience*

Critique the Response

- *What did we do well?*
- *What didn't we do well?*
- *What could be do better next time?*



Coping with the Impact of Hostile Encounters

- Acts of verbal or physical aggressive can be extremely upsetting
- If you have been a witness to or the focus of such an incident, take time to recover and reach out to someone to talk about what happened. Remember this is not fault, and you are not alone.
- Consider seeking emotional support from others who can help. This might include:
 - Trusted friends and family members
 - Close co-workers and colleagues
 - Clergy
 - Counselors
- The Employee Assistance Program is a source of emotional support and access to qualified behavioral health professionals.
- Don't keep it to yourself. Let others know if you have had an hostile encounter.



Vicarious Emotional Consequences

- Even if you are not the person targeted in a hostile incident, witnessing verbal or physical violence can be unsettling.
- Like the idea of “second hand smoke,” seeing someone else be victimized can be highly stressful, even traumatic.
- If you are upset or overwhelmed by witnessing or learning about a distressing situation, don't keep it to yourself.
- Reach out to others who can help you cope

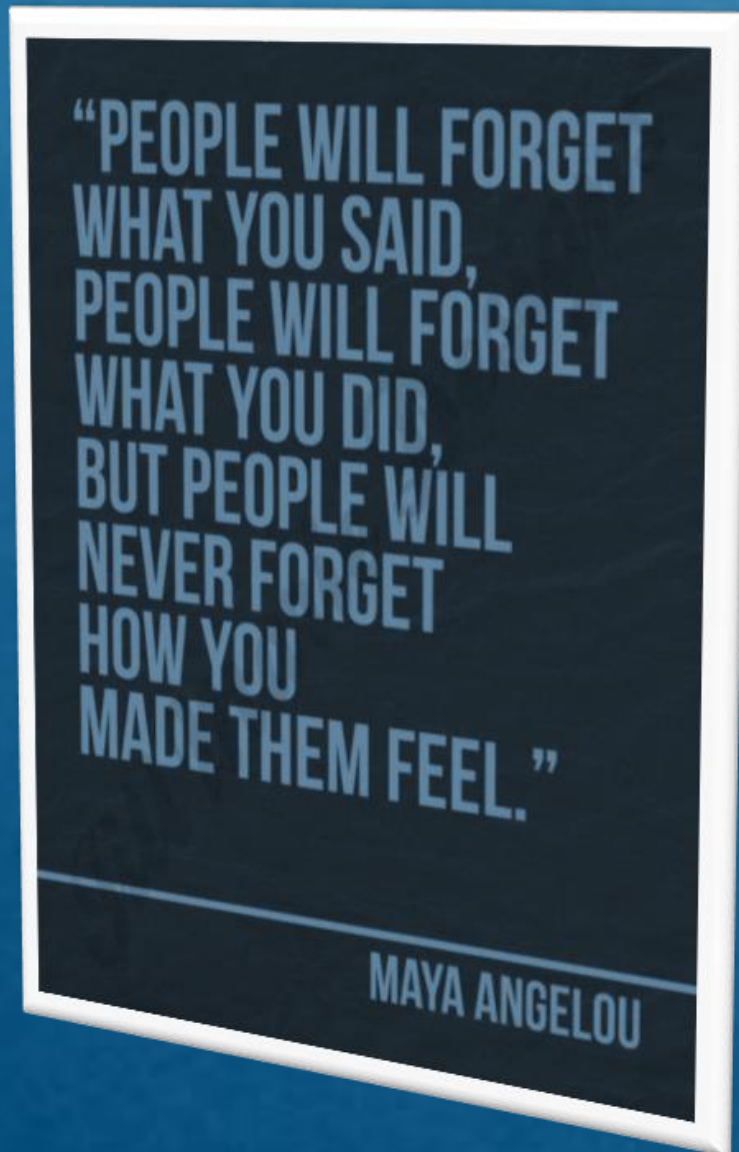


Proactively Addressing the Impact

- Assisting in a medical or behavioral health emergency can be stressful for those who seek to intervene, regardless of the outcome
- It's essential those who provide aid to look after themselves and each other. The organization's leaders need to be aware that some supporters may have personal experiences and vulnerabilities that need to be considered in the follow up to the incident
- Consultation, debriefing, employee assistance and referral to support services are all important support options to consider



Final Thoughts



In Summary

- The purpose of this program is to effectively keep everyone safe.
- These principles, guidelines, and procedures are basic suggestions to assist in averting abusive and violent behavior. Using common sense while practicing compassion will also go a long way.
- When put into practice, these strategies and techniques can help achieve our goal of preventing physical violence.
- Always keep in mind the past traumas and injustices that people may have experienced. If we can be empathetic and treat everyone with respect and dignity, we have not only provided good care, but perhaps we have helped them to feel less powerless so that they can break cycles of violence in their own lives.



Thanks for listening
Any question?



For More Information



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- Behavioral Science Applications (BSA) is a privately held research, training and consulting firm dedicated to facilitating evidence-informed decision making in the areas of homeland and private security, crisis intervention, violence prevention, and emergency management. BSA integrates the methods and doctrines of the behavioral sciences into planning, testing, response, and recovery from crisis situations of all types. BSA serves numerous multinational corporations, governmental and non-governmental organizations (NGOs).
- Accurate behavioral assumptions integrated with structured crisis intervention practices are essential to developing effective and defensible emergency-related policies, plans, procedures, and exercises. Combining decades of experience from the Board Room to the frontlines in crisis response, BSA helps organizations align their violence prevention and emergency management posture with the realities of human behavior to ensure the success of an organization's safety, security and emergency management programs.
- BSA brings together seasoned mental health, law enforcement, legal and medical professionals to help client organizations understand, prepare for, and respond to all types of violence, whether perpetrated by an angry employee, an enraged spouse or partner, or a terrorist targeting the organization and its people. BSA helps clients effectively integrate violence prevention and response programs into the organization's broader risk management strategy.

