



CRISIS INTERVENTION TRAINING: E.A.R. – A Framework for De-escalation Techniques

Engagement

GOAL: Build trust by validating the person and their situation

Awareness- Be aware that a uniform, gun, and handcuffs may frighten the person with mental illness so reassure the person that no harm is intended.

Calmness- Provide a calm and relaxed atmosphere. If it helps, try and reduce background noise and distractions. Don't allow others to interact simultaneously while you are talking. Keep a safe distance. Don't corner the person or allow a crowd to congregate. Remain calm.

Genuineness- Be yourself, be consistent. Keep verbal and non-verbal cues in sync and non-threatening. Own your feelings about the situation/person. You will likely have contact with the person again and how you treat them now will go a long way in establishing trust.

Empathy- Ask how you can help them. Use their first name early and often. Find things in common. Attend to their words, restate their message, acknowledge their feelings/situation.

Acceptance- Don't stereotype, remember, the person is sick and deserves to be respected regardless of their illness, gender, religion, looks, etc. Don't take the symptoms of their illness personally.

DON'T maintain continuous eye contact, crowd the person or touch the person unless you ask first or it is essential for safety.

Assessment

GOAL: Gather necessary information to make a safe resolution

Patience- Speak in a calm and clear voice, and give the situation time. You may need to repeat requests. *Don't assume that a person who does not respond cannot hear you.*

Tone- Don't be placating, condescending, or sarcastic. If they are hallucinating, don't lie, deceive or trick them to get compliance. Rather, validate the person by stating you know what they are experiencing is very real TO THEM.

Question- Ask open ended questions, allow the person to vent. Stay away from WHY questions as they can put the person on the defensive. Don't argue or debate unless necessary. Don't use threats to get information. Remain friendly but firm.

Focus- Keep the person focused in the here-and-now. Get information about the person's illness, medications, treatment compliance, and treatment professionals.

Other sources of information- Are there family members or others involved who can give you reliable information on the persons illness and past behavior?

DON'T force discussion, express anger ,or impatience. Don't use inflammatory language such as crazy, psycho, or mental subject. Don't mislead the person to believe that officers on the scene think or feel the same way the person does.

Resolution

Goal: Gain control of the situation and return to pre-crisis state

Set Clear Limits- Use "I" statements, respond positively and confidently. Explain what behaviors are appropriate and inappropriate. Explain why it is inappropriate. Refocus the person to the problem at hand.

Communicate Directly- Be honest about your wants, needs, and motivations and state them to the person (I need to make sure no one gets hurt, I want to make sure everyone stays safe). Restate your expectations and link these to safety issues. Set short-term goals.

Create Options- Provide options for the person regarding the desired outcome. Don't make promises you can not keep. Try and retain their dignity. Praise positive steps or behaviors. Take an "I don't know approach to long-term questions.

Take Action- Assume confusion. Once you decide on a course of action, tell the person what you are doing and what is expected. Be prepared to repeat these. Follow procedures indicated on medical alert bracelets or necklaces.

Sometimes it's better not to arrest someone, even if you have probable cause!



TECHNIQUES FOR HANDLING FREQUENTLY ENCOUNTERED SITUATIONS

Officers may encounter the following types of situations when responding to calls for service involving people with mental illnesses. These descriptions offer suggested techniques for handling these encounters.

1. The subject is a compulsive talker.

People engaged in compulsive talking produce a stream of sometimes meaningless chatter at a rapid, almost nonstop rate. These communications are understandable, but bear little or no relation to the problem at hand. This behavior indicates high levels of anxiety. If your requests to slow down are not effective, you can interrupt the compulsive speech pattern by asking the individual specific concrete questions. For example, ask his birth date or address, ask him to give the full name of his children or parents, or ask him where he works or goes to school. Your goal is to interrupt the speech to break its pattern and bring it somewhat under control.

2. The subject is conscious but non-responsive.

This happens in cases in which the person may be catatonic or severely depressed. You should never assume that because a person is not responding to your statement, she is not hearing what you say. In these situations, there is the temptation to begin acting and talking as if the subject were not present. This is a mistake. Mental illness does not render a person deaf. Therefore, you should make every effort to obtain a response from the individual. This can be done by quietly asking questions and being sensitive to any types of reply, such as a head nod.

If this is not successful, you should attempt to understand the person's feelings and communicate that understanding to her. These "guesses" can be based on the information that you acquire at the scene, as well as on the individual's body posture and emotion. By making this effort, you communicate to the subject that you wish to understand her situation. The subject may then feel less threatened about discussing her difficulties with you.

3. The subject is hallucinating.

Hallucinations are very frightening for the person who is experiencing them. Difficulties emerge when the person is actively hallucinating in the officer's presence. The first response you must give is to validate the hallucinatory experience for the individual, but, at the same time, indicate that the hallucination does not (objectively) exist. If an individual is seeing or hearing things, you must indicate that you understand that those experiences are real and frightening for the subject, but that they do not exist in reality. Second, you must firmly and empathically indicate that

those sensations are due to the extreme emotional stress that the person is experiencing and that once the stress is lessened the hallucination will disappear. You may have to repeat this assuring message many times before the individual can respond to it.

4. The subject exhibits paranoid tendencies.

Paranoia often involves very serious delusion. You must be very sensitive (both verbally and physically) when you respond to such individuals. People experiencing paranoia can be extremely suspicious and tense. They can appear very frightening to others.

You must be acutely aware of any indications that the person is feeling threatened by you. If you detect this fear, you should become as nonthreatening as possible, giving the person a feeling that she is in control of the situation. You should neither pick up on any verbal challenge, nor agree that you know anything more about the subject than she tells you. Many people experiencing paranoia may say things such as, "You know what has been happening to me," or, "You're a police officer, you have those secret records on me." You must not confirm that you have any special knowledge about the person.

When you are moving into or around a room in which a person experiencing paranoia is present, it is good practice to announce your actions before initiating them. Telling the subject that you are moving across the room to sit in a chair reduces the probability that he will think you are about to attack him. This telegraphing of your actions assumes that your goal is not to subdue the individual physically. Except in situations in which the person must be physically detained, avoid any physical contact with the person. Do not move into the person's personal space. Their comfort zone may be much larger than others'.

5. The subject is psychotic and aggressive.

This is probably the most troublesome situation for any police officer to respond to effectively. If the subject is in the act of attacking you or another individual, there is no question that you should respond with your police control skills. However, in many instances, the subject will not be acting out, but will be threatening someone. He may be waving his fists, or a knife, or yelling. If the situation is secure, and if no one can be accidentally banned by the individual, you should adopt a nonthreatening, nonconfrontational stance with the subject. You may point out that you do not like to get injured or beaten up, that there is no need for the individual to threaten you because you are going to "listen" to him, and that getting into a pitched battle with you may cause more problems than it will solve.

You should then begin talking to the subject as outlined above, allowing the individual to vent some of his hostility. You can also indicate this low-threat, low-offensive style by sitting down, removing your hat or otherwise trying to put the person at ease. Sit a

comfortable distance from the subject, move the chair so that its back faces the subject and straddle it. This permits you to use it as a protective block if the person suddenly charges you. It is essential that you appear relaxed and nonthreatening, but you must also be on your guard.

6. The subject makes delusional statements.

Delusions are unique ways of viewing the world, and delusional statements frequently conflict with others' views. There are three possible responses to a person's delusions:

- ▶ agree with them,
- ▶ dispute them, or
- ▶ defer the issue.

If you agree with the mentally ill person's delusion, you may become ineffective in your attempts to provide the person with help. The individual could legitimately ask, "Why do you want me to go to the hospital, since you agree that what I say is true?" Such agreement can also increase the subject's upset state, since the delusion is only a means for her to reduce anxiety. To have others begin to believe in "her world" may be more frightening than helpful.

The next option, disputing the delusions, is equally ineffective. A direct confrontation with the subject over her disordered thinking may well result in her withdrawing from the person making the attack. She will become inaccessible, or arguments may ensue. This might result in the individual's acting out aggressively due to the threat she experiences.

This leaves the third option: deferring the issue. In this response, you do not agree with or dispute the person's statement; rather, you acknowledge the person's view of the world, indicate that it is not your own, and follow with a statement of how you understand the person's feelings. An example of this type of response would be as follows:

Subject: There are many people who want me dead. There is an organization on T.V. that had my name on T.V.

Officer: I can see you are worried about someone harming you. I don't know of anyone who wants to hurt you, but I really would like to assist you in any way I can to help you feel safer.

By this response, you neither confirm nor dispute the person's view of the world. Rather, you give the person a message of the availability of help.



METHODS OF RESPONDING TO CHEMICAL ABUSERS

(Source: Ohio Peace Officers Training Commission: Interacting With Special Needs Population)

Always Consider a Person Under the Influence a Potential Threat

Emotionally Disturbed Persons (EDP's) who have used alcohol and/or drugs are unpredictable and they may be volatile and even dangerous. Such an individual may be quite cooperative one moment, and uncooperative or resistive the next moment. Never be complacent when dealing with such individuals, and always take precautions and actions that best ensure your safety and that of others.

One of the common effects of use of alcohol or other drugs is loss of normal inhibitions or other social controls that a person has when not affected by the chemicals. Thus, a person may behave in a very obnoxious or threatening or even dangerous way when intoxicated, and that behavior should affect your threat assessment. A person who is under the influence of alcohol or drugs should always be considered a greater potential threat to officers and citizens in any situation.

People who are under the influence of certain drugs can be particularly dangerous. For example, PCP ("angel dust") may cause people to behave in a very bizarre way, experiencing vivid hallucinations and delusions—often paranoid delusions that others are out to hurt or kill them. Such a person may be very strong and violent, believing that you or others want to harm them. Such people can also be suicidal. Similarly, a person who has taken LSD, a hallucinogenic drug, may experience a "bad trip," in which he or she may experience extreme anxiety and confusion and a feeling of loss of control.

Cocaine users may behave in a "manic" way, or appear quite anxious and restless. They may experience severe mood swings. Cocaine is a stimulant. A person who has overdosed on cocaine may be quite agitated and may experience hallucinations and/or convulsions.

Ecstasy causes users to behave in bizarre ways. People under the influence of this drug can be dangerous. The key point is that people who have taken drugs are unpredictable and potentially dangerous to you and others. You generally do not know what drugs they have taken, nor do you know what the drugs have been mixed with, nor do you know whether the person is also mentally ill. There are a lot of variables. Always consider people under the influence to be EDPs. Therefore, never presume that you know how a subject will react to your presence and to your verbal directions in a given situation—even when you have dealt with that subject previously. Always maintain proper distancing and continue to assess threat and take proper tactical actions accordingly.

The other side of this coin is that people who behave badly when under the influence of a substance are often very different when they are not under that influence. Thus, a

subject whom you encounter may be quite obnoxious and difficult—swearing at you, being uncooperative, maybe even fighting—and then the next day, when sober, may be normal and perhaps even embarrassed and apologetic about their behavior.

Try to Assess the Person's Physical Condition

You have a responsibility to assess an individual's condition. Under the law, if a person is incapacitated due to alcohol, you have a duty to place that person in protective custody.

If you suspect alcohol or drug use, ask such questions as:

“What have you had to drink?”

“How much have you had to drink?”

“When did you take your last drink?”

“Have you used any other substances / drugs? If so, what? How much? When?”

Try to get the person to voluntarily agree to a preliminary breath test (PBT). Also try to assess the person's physical condition, in terms of their ability to walk and talk, and so on.

Observe the person for indications of deteriorating condition, as the level of alcohol or drugs increases in his or her system. Watch for such signs as:

- Decreasing level of consciousness
- Speech becoming more slurred
- Face getting more slack
- Decreasing ability to understand or respond
- Decreasing ability to walk or stand up straight

Also, be aware of possible serious injuries that may need medical attention. A person who has used alcohol or drugs may have fallen down and hurt himself. He may or may not show that he is in pain, because alcohol and drugs may dull the pain. A person may even have a broken limb and not show much pain, and may not even know that he is seriously injured. So be aware of such possible injuries, and if appropriate provide medical attention for the person.

Remember that a Crisis Situation is a Matter of Perception

Remember that a crisis situation is a matter of perception to a person experiencing the crisis. What may seem like a routine, non-crisis incident to you may be perceived very differently by a subject. For example, you may stop a man for drunk driving and may issue him a citation. To you, that is a routine procedure. But the subject may perceive this as a very significant event: he will now have this on his driving record, may lose his license, his insurance will increase, his wife may be very upset with him, and so on. To him, it is very much a crisis situation, and he may react accordingly—perhaps by becoming very upset and even confrontational. He becomes a short-term EDP. At the

very least, try to understand the significance of such an event to the subject, and do not minimize the significance of the event to him.

Never Argue with a Person Under the Influence of Alcohol or Drugs

It is not to your advantage to argue with a person who is under the influence of alcohol and/or drugs. Such a person is usually not rational, and may even enjoy or provoke arguments. Arguing can escalate emotions in a situation, and that is not what you want to happen. It is usually better to state your expectations for the subject's compliance clearly and directly and then take appropriate actions, following the DONE concept that you have learned about in Professional Communication and DAAT training.

According to this concept, you should stop talking and take action under the following conditions:

- Danger
- Overriding concern
- No progress
- Escape

Be prepared for a subject to be challenging and argumentative. You may hear such remarks as, "Why are you guys hassling me?" in a belligerent tone. You may need to be more authoritative. You may also need to repeat yourself. Persons under the influence of alcohol have a diminished capacity to process words and information. For that reason, you should speak slowly and give only one command at a time.

Remember That the Person May Have Additional Problems

Many people who abuse alcohol and/or drugs also have other issues: they may also have a mental illness, be developmentally disabled, and so on. People who are substance abusers and are mentally ill are said to have a "dual diagnosis." Dual diagnosis is fairly common. In particular, people who have depressive disorders and/or anxiety disorders often use alcohol or drugs, partly as a way to self-medicate their persistently uncomfortable feelings. Also, people with certain personality disorders—including antisocial personality disorder and borderline personality disorder—are often substance abusers.

The dual diagnosis of mental illness and substance abuse is problematic because the two disorders together make each one worse. A confused person becomes more confused, a hostile person more threatening and assaultive, and a suicidal person more likely to engage in self-harmful behavior, and so on. Thus, the potential threat to you and others from such a person is more than if the person were just a substance abuser or just mentally ill. Also, with some people their mental disorder and their alcohol or drug use increases the likelihood that they will engage in antisocial and criminal behavior.

Again, you may or may not know that a person has both a mental disorder and a substance abuse problem. You may only be aware of his or her behavior, not the cause of that behavior. However, if you are aware that a subject has a history of mental illness and is also a substance abuser, that information should make you aware that this particular EDP is potentially more unpredictable and dangerous.

Recognize That Apparent Intoxication May Be Caused by Other Conditions

Some medical conditions mimic the indicators of substance abuse, as well as of mental illness. For example, a person with diabetes may experience a diabetic coma or insulin shock, and those signs and symptoms may be interpreted as mental illness or substance abuse. They are similar in some ways. Or, a person may have a seizure, which could be due to alcohol withdrawal or could be due to epilepsy. A person may experience visual or auditory hallucinations and/or indicators of paranoia (extreme suspiciousness) as a result of mental illness, or use of certain drugs, or as a result of alcohol withdrawal.

If you smell the odor of an intoxicant (such as beer or whiskey) on a person's breath or clothing, that may tell you that he or she has used alcohol. But it does not mean that alcohol is the only issue; the person may have used other drugs as well, may be mentally ill, and may have another medical condition or problem in addition to the alcohol use. Remember, it is not your job to diagnose a person's condition—that is, to determine the reason for the signs and symptoms you observe. Your job is to assess whether or not a situation seems to be serious enough to require medical attention, including emergency care.

Know Your Options for Resolving the Situation

If a person is intoxicated, but not incapacitated, you have various options for resolving the situation. Depending on the circumstances, these may include:

- Doing nothing, if the person appears to be safe and is not causing a disturbance
- Taking the person home, if he or she consents
- Leaving the person in the care of a sober friend or family member
- Taking the person to a detoxification facility for voluntary admission if the person and the facility staff agree
- Your agency may have specific policies for dealing with intoxicated persons. You should know and follow these.
- If the person is incapacitated by alcohol, you have no choice: you must place him or her in protective custody and take him or her to a treatment facility.
- Of course, if the person needs medical attention for injuries or other conditions, you must provide for that as



De-Escalation Techniques Addressing Anger

THE CIT MINDSET: As a professional in a criminal justice field, you will be involved in crisis situations. As you enter into these situations, be aware of your own mindset and frame of reference. We teach that it helps to view the person as someone who, if mental ill, depressed or abusing substances, is someone with a medical condition and possibly an UNTREATED medical condition. When in crisis, people have comprised coping and problem solving skills. Adults with character disorders and adolescents with conduct disorders have learned to use anger and manipulation as a survival skill. People with mental illness and substance abuse disorders also may have very few family and friends to support them. Their lives may be chaotic and you play the dual role as a peace officer and a change agent.

Going into de-escalation it may be challenging to view the individual as someone whose life is chaotic and that they are trying their best to get their needs met but this mindset sets the tone for the *Engagement phase*. De-escalation should begin with an unbiased approach to the person that is respectful and non-threatening. You should be of the mindset that you will not be reduced to his or her level of anger when you intervene. Officer's who approach de-escalation with a mindset that encompasses these four values are officers who have just increased the PROBABILITY OF A SAFER RESOLUTION than officers who use anger or force to attempt to control a person.

- To be respected, not disrespected.
- To be asked, not told, what to do.
- To be told why.
- To be given options, not threats.
- To be given a second chance.

Of course your safety is paramount and while we teach that you should convey a calm and in-control stance, always maintain a safe distance. Avoid prolonged direct eye contact and generally do not touch the person. You also must allow that even if you do everything correctly, people may still maintain their anger because it is what has worked best for them in the past. With the right mindset- the basic skills to de-escalate anger include:

1. Simple Listening: Sometimes all that is needed is to allow the angry person to vent all their anger and frustration to someone who is actually attentive to what they are saying. Do not attempt to say anything. Just listen attentively, nod your head and sometimes give encouragers, such as "Uh huh," "Go on," or "Yes. . ." When a person is attempting to get attention with their anger, sometimes all you need to do is to listen until their anger is spent. At that point you may ask a simple question such as, "How can I help you?"

2. Active Listening: Active listening is the process of really attempting to hear, acknowledge and understand what a person is saying. It is a genuine attempt to put yourself in the other person's situation as best you can. Active listening means you are attending not only to the words the other person is saying but also the underlying emotion, as well as, the accompanying body language.

3. Acknowledgement: Acknowledgement occurs when you can legitimately understand the person's angry emotion. You could then honestly respond with, "Wow, I can see how something like that could cause some anger!" You might say, "Man, if that happened to me, I might be angry, too." The tone of your voice is critical in this circumstance. You don't want to use an excitable tone, as it could further incite the angry behavior--rather use a calming and respectful tone of voice designed to help the other person let go of their angry emotion.

It confirms the legitimacy of the emotion, but not the behavior. You want the angry person to realize that being angry isn't the problem, the problem is the way he or she is choosing to act out those angry feelings.

4. Apologizing: Apologizing is the fourth of the de-escalation skills. I'm not talking about apologizing for an imaginary wrong. I am talking about sincerely apologizing for anything in the situation that you believe was unjust. It's simply a statement acknowledging that something occurred that wasn't right.

I am not asking you to take responsibility for something that wasn't your fault. For example, if you can't find anything for which to apologize, you can always say, "I'm so sorry you having such an awful day" or "I'm sorry the situation has you so frustrated." You can apologize without taking on the blame.

5. Agreeing: Often when people are angry about something, there is at least 2 % truth in what they are saying. When attempting to diffuse someone's anger, it is important to listen for that 2 % of truth and agree with it. When you agree with the 2% of truth in the angry person's tirade, you take away the resistance and consequently eliminate the fuel for the fire.

6. Control: Begin to take control of the situation if it warrants. Conveying professional concern for the welfare of the person, and assuring the patient that your ultimate goal is his or her safety or that you can assist them in getting help is valuable approach. Give the person reasonable options that will bring the encounter to a successful resolution. Don't be afraid to make into a negotiation with questions like, "What can I do to help resolve this?" Be mindful of the need to take control of the scene as well. Consider removing the person from the scene if someone one or something is the focus of their agitation. Frightened young children who are unable to react to their environment rationally may be soothed when they are held by an adult. Adolescents may need to be separated from friends or family who are the source of their agitation.

You have been presented with six powerful and effective techniques of de-escalation. Remember, however, that every situation is unique and these techniques have to be adjusted based on the individual and how their disorder manifests itself. For example, you can not employ active listening skills on someone who is depressed and barely verbal. You **SHOULD NOT** agree with a subject who is hallucinating or delusional. Inviting someone in the manic phase to keep venting may increase the person's agitation.

Always have a plan or an established way to get help if needed and remember to stay calm. An angry person is generally someone capable of getting out of control. When an out of control person senses they are intimidating and scaring others, it can increase their sense of power and control, resulting in an escalation of the situation. You must stay calm at all times and recognize when it is important to seek assistance.



DE-ESCALATING JUVENILE ANGER

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Juveniles are not simply little adults, and the techniques for de-escalating aggressive juveniles are different from the techniques used to deal with adults.

This unique status of juveniles has been recognized and codified in various special protections under state and federal law.

Juveniles are unlike adults physically, psychologically, and socially, and the aggression they display toward authority figures is significantly different from the aggression displayed by adults. Consequently, effective techniques used to de-escalate juvenile aggression are different from those used to de-escalate adults.

When police officers come into contact with an aggressive juvenile, their goal should be to de-escalate the juvenile's aggression quickly and safely. Solving the juvenile's problem comes later in the officer-juvenile interaction.

This article describes professionally evaluated skills that law enforcement officers have used to de-escalate juvenile aggression.¹

Juveniles Are Different—Socially, Physically, and Psychologically Understanding when, why, and how juveniles are likely to escalate or become aggressive is critical to being able to de-escalate their aggression. Physically, juveniles, and especially adolescents, are going through hormonal growth spurts. What is not so obvious is that those hormones are internally producing drugs that juveniles have no control over, and an outcome of this hormonal growth can be aggressive behavior.

Psychologically, juveniles have less functional activity than adults in the part of the brain that organizes and controls behavior. Teenage brains have greater activity in the part of the brain that associates external stimuli with emotional responses. The outcome of this psychological makeup results in juveniles reacting differently from adults. Officers should be neither surprised nor annoyed when agitated juveniles act out quickly, emotionally, and irrationally.

Socialization is an important part of the juvenile life, yet some of the most important socialization factors such as family, environment, and exposure to violence are completely beyond the control of a juvenile. Friendship is a critical part of socialization and saving face in front of friends is very important. When officers confront a juvenile in front of his or her peers, the juvenile is likely to act up and mouth off to avoid appearing weak.

Like adults, juveniles may act aggressively under the influence of a drug. It must be remembered that the de-escalation techniques described in this article will not work on a juvenile under the influence of any drug. De-escalation techniques require a degree of cognitive ability that simply does not exist in a juvenile under the influence of a drug and, therefore, de-escalation techniques are not recommended.

Why Juveniles Become Aggressive All juveniles have four needs that, when not met, can lead to aggression:

- Love and belonging
- Power and importance
- Fun and pleasure
- Freedom and choice

When juveniles engage in errant or illegal acts, officers have a duty to intervene and may have to stop a juvenile from trying to fulfill one or more of those needs. Recognizing that such intervention is likely to frustrate or even escalate a juvenile's aggression, an officer needs to know how to place limits on those needs that will be accepted by the juvenile.

Love and belonging can be expressed in many different forms. Be careful to not make judgments about what a juvenile does that gives him or her a sense of love and belonging. Juveniles are often very good at reading adults, including their judgments. Although multiple body piercing designed to show love or friendship may not receive an adult's approval, it may be a juvenile's chosen means of expressing love or belonging. In order to win the trust of the juvenile it is important that the officer does not communicate personal biases against the juvenile's lawful expressions.

Juveniles are keenly aware of power and importance. They've seen it exercised over them throughout their childhood, and they want a taste of it for themselves. Taking away what power they may have or minimizing their feelings of importance (especially in front of their peers) will likely escalate their aggression. Officers can empower a juvenile to make a better choice and act more responsibly. Encouraging, praising, explaining, or showing a juvenile what you want him or her to do works far more effectively than giving orders. The potential for escalating aggression is reduced by empowering a youth to act responsibly, rather than the exercising power over the youth.

Juveniles seek new forms of fun and pleasure as they exit childhood. They want to experience new thrills that sometimes require police intervention. Some juveniles have had few limits placed on them or enforced consistently and, therefore, when an officer tries to limit their fun and pleasure, it's not surprising that there's resistance. However, juveniles will often accept limits when they are explained to them. In the officer-juvenile intervention it is important to explain that the limit being imposed is temporary and the possible consequences for not complying are explained in simple terms to which juveniles can relate.

Finally, there are times when an officer will have to restrict a juvenile's freedom or limit their choices. This can cause frustration and prompt loud opposition because juveniles often do not always recognize the difference between short- and long-term consequences. It is necessary to remind the juvenile of what is often obvious to the adult: the restriction is only temporary, their compliance will help, and opposition might make the problem worse. If it's possible to give a juvenile a choice between lesser evils ("Take a ticket, or a tow truck will impound the vehicle. The choice is yours."), doing so will allow the juvenile to retain some degree of freedom and to make his or her own choice.

Adult vs. Juvenile Aggression There are three major differences between adult and juvenile aggression. First, adults have a much greater ability to control their aggression. This comes from experience and maturity and an understanding that the law limits aggressive acts. Juveniles, lacking experience in life and the maturity that comes with experience, have much less ability to control aggression. Adults generally accept limits as necessary forms of social control designed for everyone's safety. Juveniles are at a stage of life where they are learning through the testing of limits and they sometimes act with little regard for safety.

Second, juveniles tend to exhibit emotional aggression, whereas adults tend to exhibit deliberate aggression. However, juveniles can exhibit either form. Emotional aggression is usually an out-of-control act that is often annoying and loud; it is almost always associated with one or more of their four needs not being met. Emotional aggression is often quickly ignited and can occur repeatedly over a short period of time. An example of emotional aggression is a youth who becomes increasingly frustrated to the point of exploding and lashing out at anyone or everyone. Who or what the youth is upset at is not necessarily clear.

Adults more often display deliberate aggression. Deliberate aggression is often a criminal act with specific intent to do harm to a person or property. The source of the adult's anguish is typically clear to observers.

Juvenile aggression is much more volatile and unpredictable than adult aggression. Therefore, it can be significantly more dangerous. For that reason, it is important to have a clear and simple model to follow when attempting to de-escalate juvenile aggression.

Adult De-escalation Techniques Don't Work Well on Juveniles Aggressive juveniles neither think nor respond as adults do, and they lack the experience and maturity to make adult decisions. Adults are more likely to respond to verbal commands and show some degree of respect for officers, whereas juveniles tend to question, challenge, and confront commands from adult authority figures.

Some juveniles are smaller and more vulnerable to injury from the restraints and takedowns effectively used on adults. Even more important is the fact that juveniles, once in pain, experience an adrenaline dump that often results in greater resistance,

louder altercations, and a more dangerous confrontation. Pain actually escalates juvenile aggression.

Law enforcement officers can expand their tools and skills to include a juvenile-specific de-escalation model as well as physical restraints that effectively restrain and take down without causing pain. Such techniques, which must be used properly and carefully, usually rely upon the principles of leverage, balance, and momentum to gain and exercise control without resorting to pressure points, pain, muscling, or other overpowering techniques. The whole point of de-escalating juvenile aggression is to help youth out of their emotional pain while safely controlling the situation.

A Juvenile Aggression Control Model The flow chart in [figure 1](#) illustrates a model that is initially no different than a basic threat assessment: is the incident a clear and present danger, or is there no immediate danger? If there is a clear and present danger, the officer must take the necessary action. There is no attempt to de-escalate juvenile aggression at this time. But if there is no immediate danger, the officer is asked to make one additional assessment: is the aggression displayed by the juvenile deliberate, or is it emotional? The assessment of the type of anger displayed dictates the appropriate and effective de-escalation techniques. The de-escalation techniques are specific to the type of anger shown and are not interchangeable.

De-escalating Deliberate Juvenile Aggression Deliberate aggression on the part of juvenile is clearly directed with specific intent to harm. A series of increasingly more direct techniques can work to de-escalate juvenile aggression.

First Step: An officer can remind (subtle verbal hint that the juvenile's action is unacceptable), warn (inform the juvenile of a consequence if there's no compliance), or confront the juvenile (clearly and firmly state the problem and an instruction). An officer can use any or all of the techniques in an attempt to de-escalate the juvenile; but starting with the least threatening (remind) takes only a few seconds. For example, an officer speaking to a deliberately aggressive juvenile could progress through the three techniques by saying the following:

Remind: "Do you really need to yell for me to hear you?"
Warn: "If you continue to yell I may have to cite you for disturbing the peace."
Confront: "You're yelling and disturbing the peace. Stop yelling now or I'll arrest you."

Second Step: If a deliberately aggressive juvenile does not begin to de-escalate after being reminded, warned, or confronted, the next least intrusive intervention is to verbally remove the juvenile. This is a verbal order to leave with the officer accompanying the juvenile.

Third Step: Not every juvenile will de-escalate, even after officers attempt to use several tools. In such cases, the juvenile may have to be physically removed or restrained.

De-escalating Emotional Juvenile Aggression Emotional aggression is a common form of juvenile aggression. The aggression can be start quickly and it can involve lashing out at everyone. It is usually an out-of-control act, often annoying and loud, and can occur repeatedly over a short period of time.

First Step: Give the juvenile sufficient personal space and time to emotionally vent. Crowding the juvenile or forcing a conversation at this emotionally agitated time will only escalate the anger. Closely watch the juvenile and provide reassurance that you are there to protect them and that you are ready to talk when they want. Much to the surprise of officers trained in these skills, most juveniles quickly de-escalate when given some time and space in the officer's presence.

Second Step: Once the juvenile has the time and space to calm down, the next step is reflective listening. Reflective listening is a participatory process where the officer succinctly paraphrases or repeats the juvenile words. Literal reflective listening will sound very strange. Hearing every single word repeated back is not a normal, everyday occurrence. However, that is part of the technique; repeating exactly what was said sounds strange to an untrained ear and it distracts the juvenile from his or her anger. Exceptional practitioners of reflective listening can paraphrase a juvenile's words and can even engage in a conversation as they restate what the juvenile tells them.

Reflective listening is probably the most effective skill an officer can learn to de-escalate emotional juvenile aggression. It does four things: (1) it encourages and allows the juvenile to verbally vent frustration, (2) it allows an officer to check the accuracy of what the juvenile says, (3) it allows the juvenile to use the officer as a sounding board, and (4) it affords the juvenile some time to hear what he or she said and think about it.

Example:

Youth: "You damn cops are always hassling me! Why can't you just get outta my face and leave me alone!"

Officer: "We're always hassling you? You want me to back up and leave you alone?"

OR

"I hear you. The cops are always bothering you. You don't want to be hassled and I don't want to hassle you either."

If reflective listening is used effectively, a juvenile displaying emotional aggression will vent quickly and may begin to tell officers about the situation that led to the aggression. Reflective listening seldom lasts more than a few minutes. During that time, the juvenile will signal his or her readiness to engage in a more constructive conversation. The signal is often a long pause after a period of reflective listening or the juvenile may ask,

"Why are you repeating everything I say?" or something to that effect. That is the cue to begin counseling positively.

Third Step: Counseling positively requires officers to prompt juveniles to suggest some acceptable options to dealing with the immediate situation that led to the aggression. Juveniles are likely to take the easy way out and say, "I don't know," giving the officers an opportunity to suggest some possible positive actions. Note that the officers are not to solve the juveniles' problems or tell them what to do. The objective is to get the juveniles to take responsibility for their actions and help them help themselves. This builds the juveniles' trust in the officers and confidence in themselves.

The Future Need Demographics experts predict that juvenile arrests for violent crimes will increase rapidly in coming years, given current population growth projections and trends, which means officers will be encountering a growing number of aggressive juveniles. The skills described in this model are designed to help officers de-escalate juvenile aggression and keep juveniles, officers, and bystanders safe.

For more information on de-escalating juvenile aggression, call the author at 877-297-8654, or write to him at justice@nationaljustice.com

¹ Denise C. Herz, "Improving Police Encounters with Juveniles: Does Training Make a Difference?" Justice Research and Policy, vol. 3, no. 2 (fall 2001).