



Loss of Reality- Delusions (false beliefs), Hallucination (hearing or seeing things). **The goal of this negotiation is to cut through the fear and confusion caused by the psychosis and get the subject to voluntarily comply with your requests.**



The person will present as frightened and confused, their story may be hard to follow, and they may be having difficulty concentrating if they are seeing or hearing things at that moment. Generally, though, their story will be filled with vivid details as what they are experiencing is very real to them. While they may not be fully in reality, their experience is often still grounded in reality. They often can give factual information about their name and location. Think of it as having a headache but still being able to provide information. Sometimes the person also has a sense that something is wrong (you may think I'm nuts, I know this sounds crazy but...). Use this to your advantage during the engagement phase to assure the person that you can start the process of getting help.

Engagement

- Be genuine and patient but direct with your conversation.
- Use your name and ask for the caller's name and use it often.
- ALWAYS ASSURE the family members that they did the right thing by calling you.
- ALWAYS ASSURE the person that you are in a position to help them.
- Don't do a lot of paraphrasing with this type of negotiation, rather listen to them with the goal of validating their feelings (that sounds frightening, I can see why you are afraid, etc.).
- Don't buy into or deny their story, rather ask basic questions about their story to get more information about weapons and safety.
- After listening and validating them- don't spend too much time letting them tell their story if it is escalating their fear. If they are very delusional, try using their first name to interrupt their speech and thoughts if they are perseverating on their story.
- It's ok to ask if they are frightened for their own safety and you are there for their safety.

Assessment

- Assess issues of safety right away.
- Ask about other similar incident (has this happened to you before?)
- Ask the person if they are seeing/hearing things right now. The more demonic or paranoid the theme, the more potential for unpredictable behavior
- Ask about current treatment and medications they may be on.
- Check and see if there are others in the room that you could talk to if the situation is safe and use them as a second source of information.
- Ask if the person has recently taken any drugs or alcohol to rule out drug induced psychosis.

Resolution

- Follow the officer decision matrix. Call a Mental health back-up if treatment or hospitalization is warranted and communicate what you have learned about the subject's psychosis, medications, and drug use.



Loss of Hope- Deep depression, extreme sadness and feelings of being helpless and hopeless. The person will have experienced a recent loss (or losses) that are devastating to them. **The goal of this negotiation is first to instill some hope so that the person can be persuaded to talk to someone or seek help..**



This subject will either be emotional or very withdrawn. Their critical thinking and logic skills will be muted and they will be feeling deeply weighted down by despair. They may not be very talkative. While they may think and talk about suicide, they are feeling extremely ambivalent about that and you can use that to your advantage by reassuring them that you can start the process to get them help. If they are under the influence of any drugs or alcohol, be careful as this makes the negotiation much more unpredictable. After your assessment phase – you must take control of these calls (here’s what I am going to do, for me to help you I need to...). You should not feel as if you have to solve their problems.

Engagement

- Tone of voice is especially critical for these types of calls, be empathetic and patient.
- Use your name and ask their name early and use their name often.
- ALWAYS ASSURE the person that you are in a position to help them.
- Try and make a personal connection with their story by identifying with something in their story (pets, children, profession, hobbies/interest).
- You can make a personal connection by how much you choose to reveal about similar situations you may have faced (though don’t make up a story).
- Don’t spend too much time on listening to them live through their anguish as this can make them more sad. Once you have heard their story and you think they will be compliant- take control of the conversation by LEADING them (see below).

Assessment

- You must assess seriousness of intent by asking questions related to the persons method and means of dying (Having you taken pills, Have you has anything to drink).
- Such callers can often be LED- this is how you take control of the conversation. State what you need (I need you to put the weapon down and go in the next room, or, This is what I’d like you to do).
- Ask if they have attempted suicide in the past and if so, how recently?
- Ask about current treatment and medications they may be on.
- Ask if the person has recently taken any drugs or alcohol. Be careful as this can make the negotiation much more unpredictable
- Ask if there are others that the subject would like you to call.
- Forecast what will happen to them (I will need to check you for weapons then I will be calling in a mental health professional who can help you through this crisis).

Resolution

- Follow the officer decision matrix. Call a Mental health back-up if treatment or hospitalization is warranted and communicate what you have learned about their suicidal intent, medications, and drug use.



Loss of Control- Anger, hostility, rising tensions. *The goal of this negotiation is to calm the person by letting them vent and using active listening skills*



This subject is pissed and wants you to know about it. They often present themselves as a victim (life is unfair, people have screwed with you) and in all their frustrations- THEY DO NOT FEEL LISTENED TOO. Some of these encounters, the subject may have learned to use anger and manipulation as a survival skill. There are two types of out of control encounters- those that you can slowly de-escalate and those whose anger seems to cycle no matter what you do. 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. Remember that empathy absorbs tension. You must remain professional while seemingly taking their verbal abuse and it will FEEL to you as if it is personal- IT'S NOT. This type of encounter needs to vent and you should allow this but do not let them be repetitive over the same grievances as this can escalate them. Be aware of escalating physical excitement that may indicate violence (clenched fists, pacing flushed checks).

Engagement

- Model the calmness that you want them to mirror.
- Tone of 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.
- Use their name often.
- Do a lot of listening initially. While they are venting, let them know you are listening by providing "minimal encouragement" ("Uh huh," "Go on," or "Yes). However, do not let them be repetitive over the same grievances as this can escalate them.
- Let them know that if you can understand their anger, you might be in a position to help them
- Acknowledge their situation- here you are seeking understanding, NOT AGREEMENT with their anger. This understanding allows you to honestly respond with, "Wow, I can see how something like that would make you angry!" or "Man, if that happened to me, I might be angry, too."
- Apologize for their predicament without taking blame. This is simply a statement acknowledging that something occurred that wasn't right. You are not taking 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're having such an awful day" or "I'm sorry the situation has you so frustrated."

Assessment

- Paraphrasing is a good technique (Let me see if I understand why you are angry) but be careful that the person does not turn it against you (You are saying you are upset because the police keep hassling you? Hell ya! Wouldn't you!).
- Deflection is where you interrupt the subject IF they are escalating and take control of the conversation: "I hear ya, but... I can't help you if you are yelling at me; I got that, but... I need you to calm down so I can listen to you).
- Be explicit with your negotiations if the person is not calming down (I want to believe I can help you- what would it take to calm you down so we can work on what's making you angry).
- You will need to ask about medications and drug use to see if the rage is being fueled by other things.

Be aware of scene management to make sure the person's anger isn't "for show" or being further ignited by the presence of others.

Resolution

- Summarize to try and take control of the conversation and state what you need (So you are angry because... But I need to make sure you are calm before we can proceed).
- Follow the officer decision matrix. Call a Mental health back-up if treatment or hospitalization is warranted and communicate what you have learned about their situation, medications, and drug use.



Loss of Perspective- Feelings of anxiety, worry, or nervousness possibly escalating to feeling panicked. **The goal of this negotiation is to calm the person through empathy using active listening skills.**



This subject may have exaggerated or irrational fears and have difficulty concentrating. However, they remain in reality, unlike someone who is psychotic. They may be speaking very rapidly and fearfully and may be difficult to understand. They may also be exhibiting physical symptoms of trembling or shaking, physical tensions and even chest pain or discomfort. A panic attack is a sudden surge of overwhelming fear that comes without

warning and without any obvious reason. It is far more intense than the feeling of being 'stressed out' that most people experience. A panic attack is terrifying, largely because it feels 'crazy' and 'out of control.' In fact, the phobias that people with panic disorder develop do not come from fears of actual objects or events, but rather from fear of having another attack. In these cases, people will avoid certain objects or situations because they fear that these things will trigger another attack.

Engagement

- Tone of voice is critical in this circumstance. You don't want to use an excitable tone, as it could further incite their anxiety--rather use a calming and in control tone of voice.
- Provide your name and use theirs often.
- ALWAYS ASSURE the person that you are in a position to help them.
- Use active listening skills, however, do not let them be repetitive of their story as this can escalate them.
- Paraphrasing is a good technique (Let me see if I understand why you are anxious).
- Deflection is where you interrupt the caller if they are escalating and take control of the conversation ("Sir, I am sorry to interrupt you but I am trying really hard to understand what's going on, can you please slow down for me?" or "I need you to calm down so I can listen to you").

Assessment

- Ask about other similar incidents ("has this happened to you before?").
- Ask about current treatment and medications they may be on.
- Ask if there are others in the room that you could talk to if the situation is safe and use them as a second source of information.
- Ask if the person has recently taken any drugs or alcohol.
- Be explicit with your negotiations if the person is not calming down ("I want to believe I can help you- what would it take to calm you down so we can work on what's making you angry").
- Summarize to try and take back control of the conversation and state what you need ("so you are anxious because"..."but I need to make sure you are calm before an officer can help you").

Resolution

- Forecast- After your assessment phase – you must take control of these calls (here's what I am going to do, for me to help you I need to...).
- Follow the officer decision matrix. Call a Mental health back-up if treatment or hospitalization is warranted and communicate what you have learned about their situation, medications, and drug use.