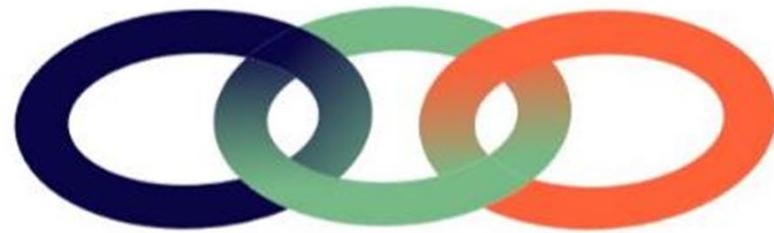


# Introduction



**ICAT**

**Integrating  
Communications,  
Assessment,  
and Tactics™**

# About ICAT

- ICAT is a training program that gives police officers tools for defusing critical incidents – especially those that do not involve suspects with guns
- ICAT was created by PERF with input from working cops
- Lessons from abroad: Most police officers in Scotland do not carry firearms, so they are taught defusion skills
- American SWAT units typically have these same tactics

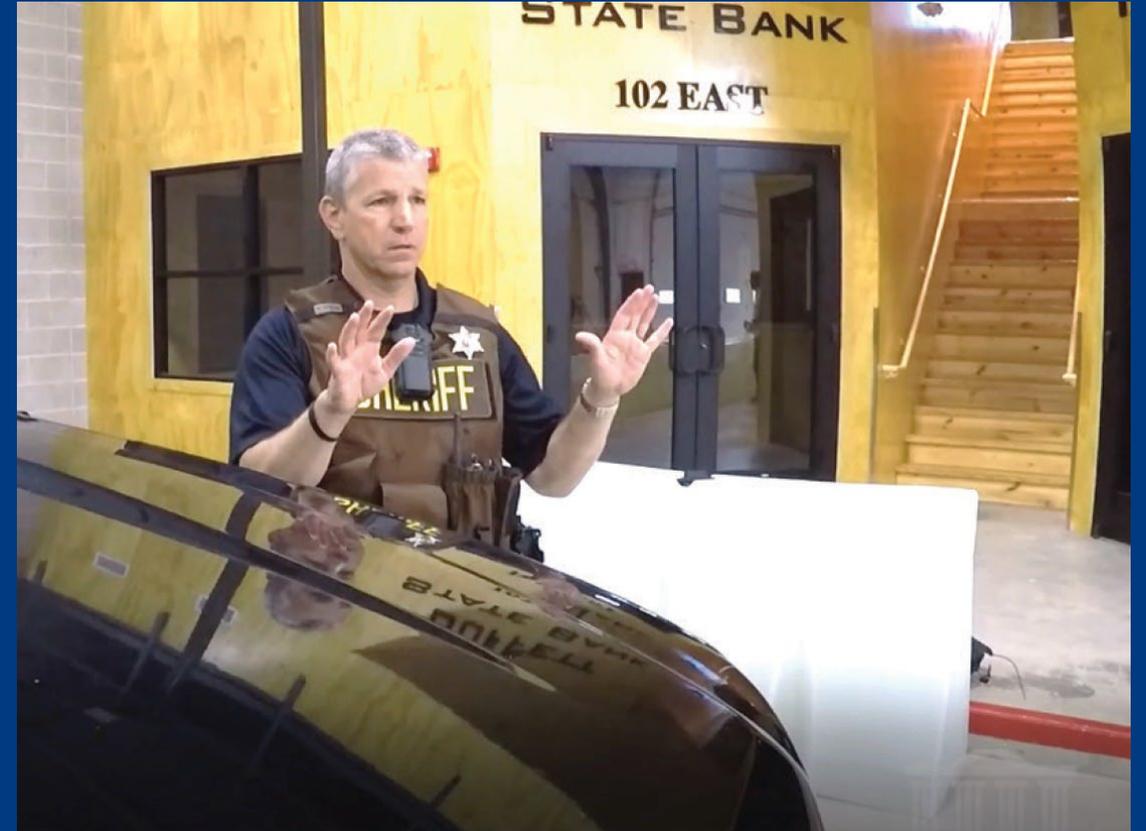
# About ICAT (II)

- ICAT brings SWAT-type skills to patrol officers
- PERF held national and regional meetings of hundreds of police officials to develop ICAT's principles
- PERF pilot-tested ICAT in seven police departments across the country
- Today, more than 800 agencies have received ICAT training.
- ICAT is continually updated. New modules were added in 2019 (Suicide by Cop) and 2021 (Step Up and Step In)

# About ICAT (III)



ICAT Training:  
Camden County, NJ



Suicide by Cop scenario-based training:  
Decatur, IL

# About ICAT (IV)



ICAT Training:  
Baltimore, MD



Police Scotland

# This training is about creating more options

“Throughout the process, we reminded each other that we were looking to give officers more tools and options, not less. ICAT would not take anything away and it would seek to make these incidents safer for everyone.”



-Sgt. John Flynn  
(NYPD ESU)

# Introduction to ICAT???

# ICAT's Focus

Incidents in which a subject in crisis is unarmed, or armed with a weapon other than a firearm



# ICAT's Focus (II)

In approximately 40% of fatal OIS, the subject is unarmed or armed with something other than a firearm



# ICAT Research

According to a lengthy, rigorous study involving hundreds of officers at the Louisville Metro (KY) PD, ICAT resulted in:

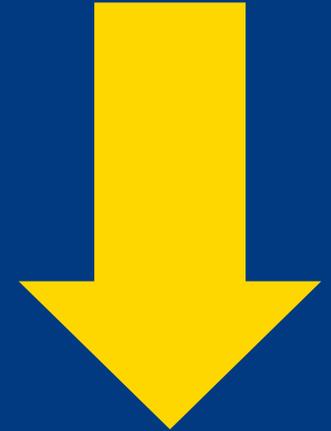
28.1%  
Reduction in  
Use of Force Incidents



26.3%  
Reduction in  
Citizen Injuries



36.0%  
Reduction in  
Officer Injuries



# ICAT Research (II)

Study results indicate that ICAT led to changes in officer behavior associated with and surrounding the use of force (e.g. injuries to officers and suspects). According to Dr. Robin Engel, this is the first study of a police de-escalation program to show changes in both officer attitudes and behavior.

# ICAT Research (III)

“The research team is confident that the changes in uses of force – and the subsequent reductions in citizen and officer injuries – corresponded with the timing of the [ICAT] training across the various police divisions.”

# Case Study

- Clear Creek Co., CO
- Officers from multiple agencies respond to a 911 call in reference to a stuck vehicle



What challenges did these officers face?

# Consider:

These encounters are not easy  
and pose many challenges.

Can we do things more effectively  
and more safely for **everyone**?

# Challenging Conventional Thinking

- “We already do this” (CIT)
- Use of force continuum vs. proportionality
- “21-foot rule” vs. reactionary gap
- “We don’t have all day”
- Retreating vs. tactical repositioning
- Not having a Plan B
- Drawing a line in the sand
- Not taking action is a “failure to act”
- “The most important thing is that I go home safely” vs. “The most important thing is that we all go home safely.”
- Winning at all costs?

# This training covers:

- Skills you already use and depend on:
  - Critical decision-making
  - Crisis recognition
  - Tactical communications
  - Suicide by cop
  - Operational tactics
  - Stepping up and stepping in
  - Scenario-based training (with emphasis on teamwork)
- ICAT integrates those skills - applied to **non-firearm** critical incidents
- Focus on persons in crisis, “suicide by cop” situations

# This training is NOT:

- Telling officers to walk away from or ignore danger
- Trying to put you in an unwinnable situation
- Telling officers they can't use force – including lethal force – when appropriate
- Limiting options for officers (*ICAT is actually about increasing options, which enhances safety*)

# Focus

- Patrol response
- Non-firearms incidents
- Integration of crisis recognition, communications, and tactics
- Officer safety and wellness-physical, emotional, legal

# Case Study

- Burlington, NC
- Officers respond to a boarding house for a suicidal man armed with a knife.
- They take him into custody and transport him to the hospital, without incident.



*(Pursuant to **N.C. G.S.132-1.4A (h)** the following videos can only be released, viewed, or distributed for law enforcement purposes only. The unauthorized use of these videos is illegal and can be punishable by fines and imprisonment.)*

# Case Study (II)

The previous video case study covered:

- Critical decision-making
- Crisis recognition
- Tactical communications
- Suicide by cop
- Operational tactics
- Stepping up and stepping in

Thoughts?  
Questions?  
Observations?

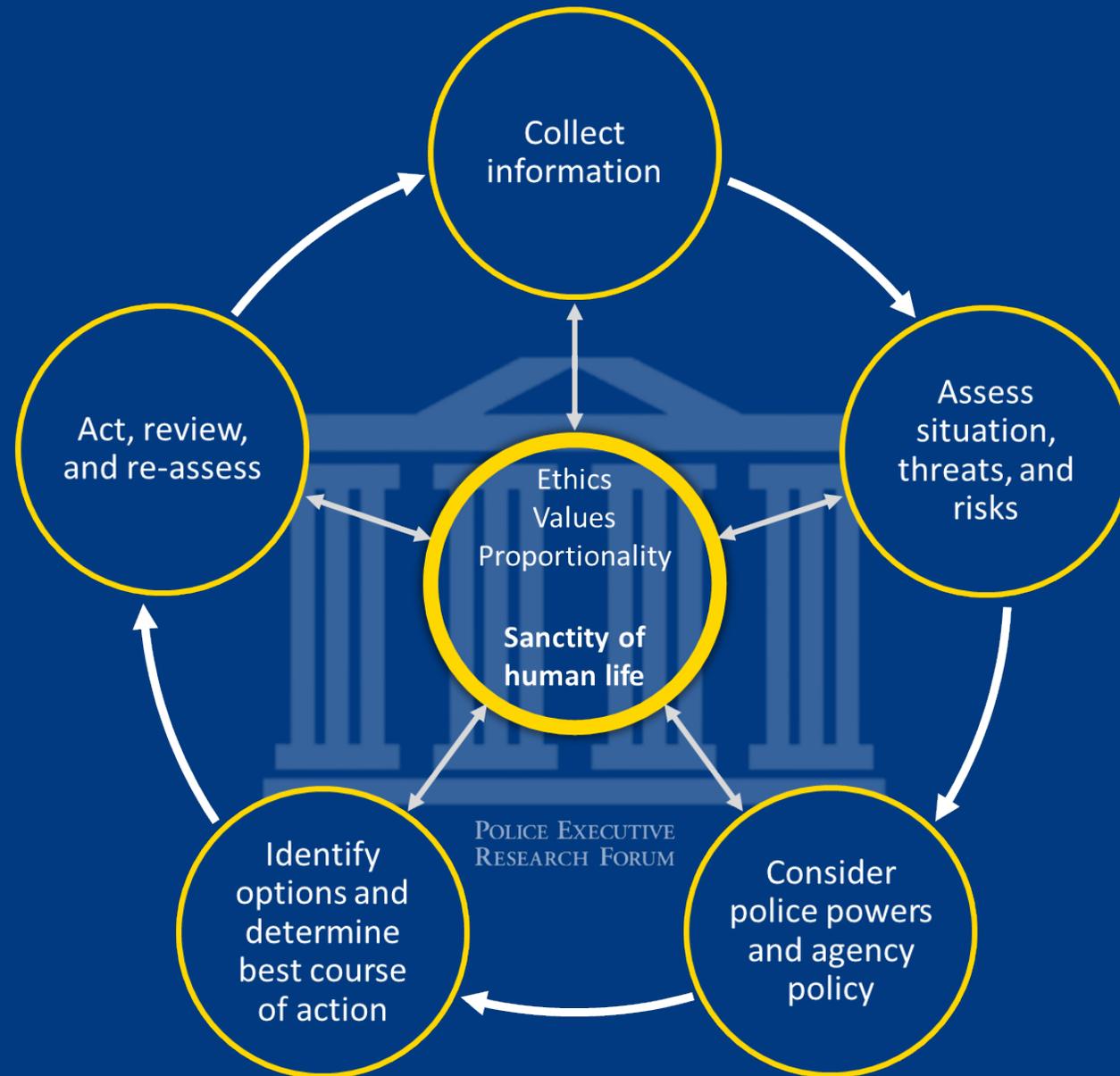
# The Critical Decision-Making Model



# Consider:

- Is gathering information about a call important?
- Is your safety and the safety of others important?
- Why am I here?
  - Do I have a legal reason for being here?
  - Can/should I stay?
- Who might be able to assist me?
- I'm going to try this and see what happens.

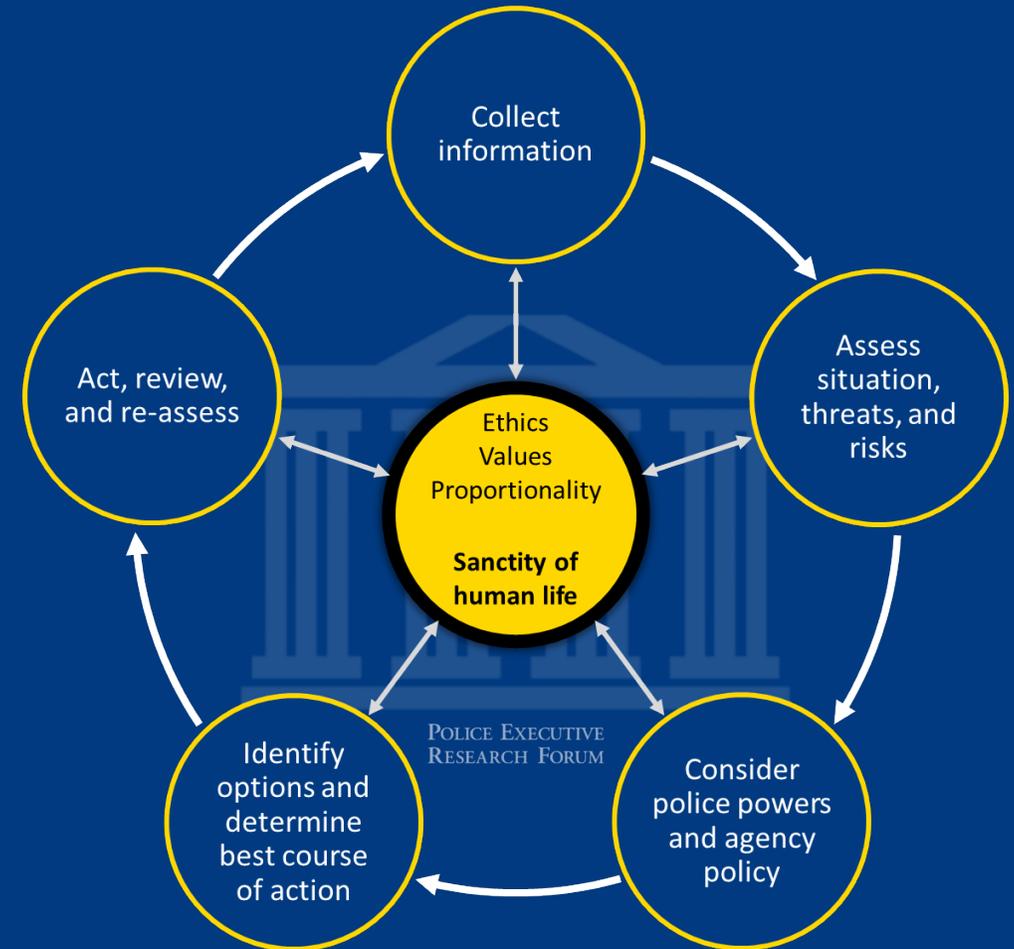
# The Critical Decision-Making Model



# CDM Core

## Ideals that Define the Agency

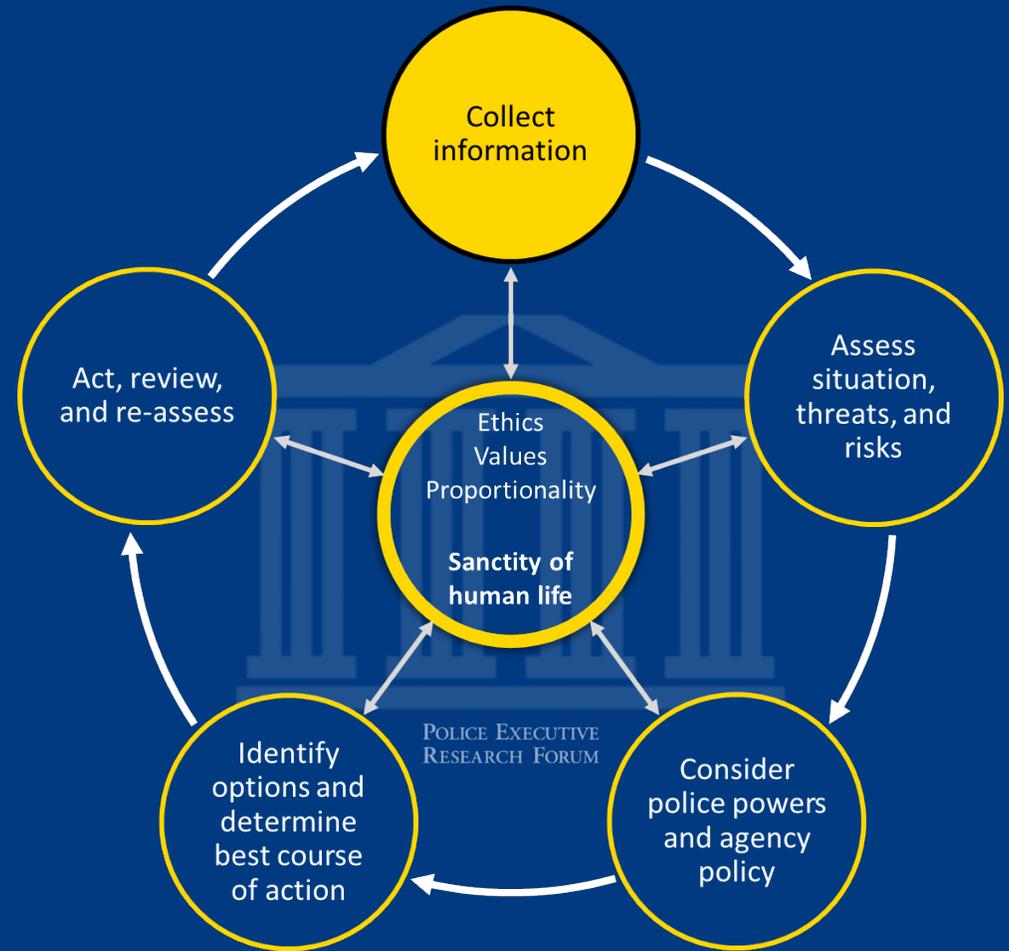
- Ethics, values, mission statement, guiding principles, and priorities
- Informs/guides each step in the model



# Step 1: Collect Information

## Ask Yourself:

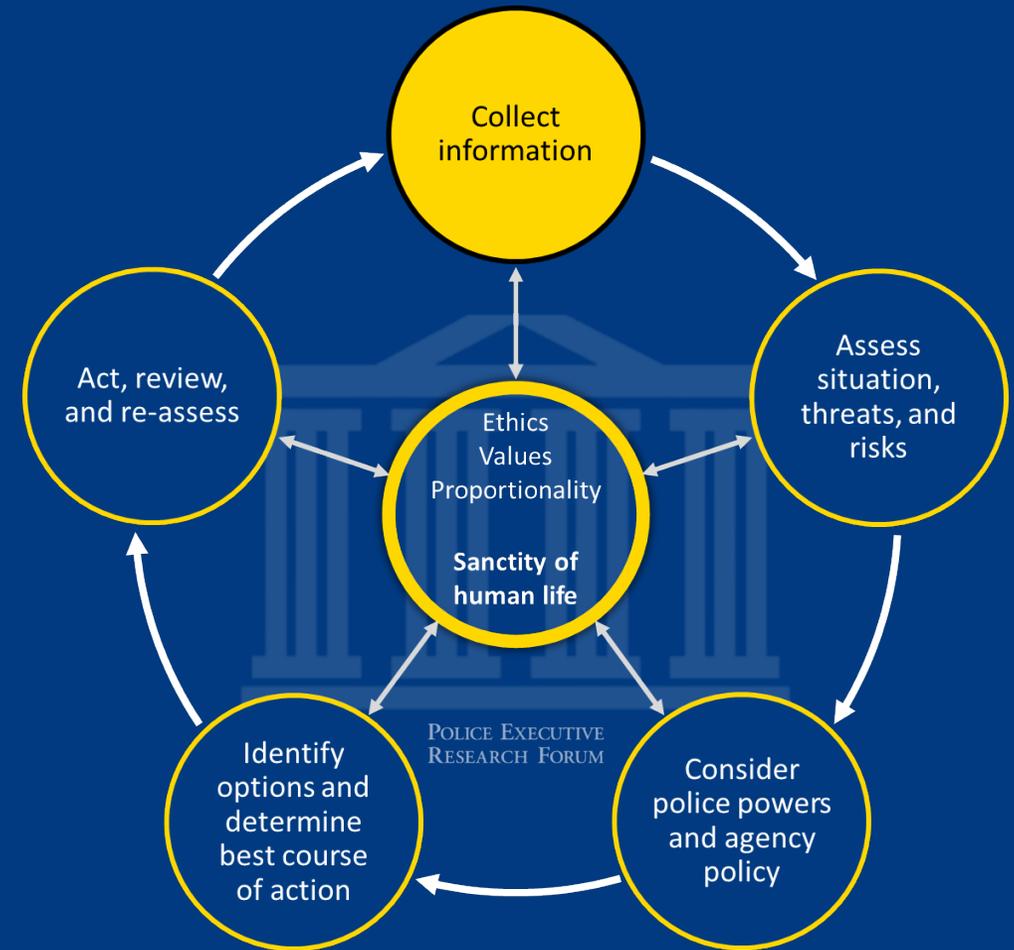
- What do I know about this incident (subject, victim, location)?
- What else do I need to know?
- What do my training and experience tell me about this type of incident?



# Step 1: Collect Information (II)

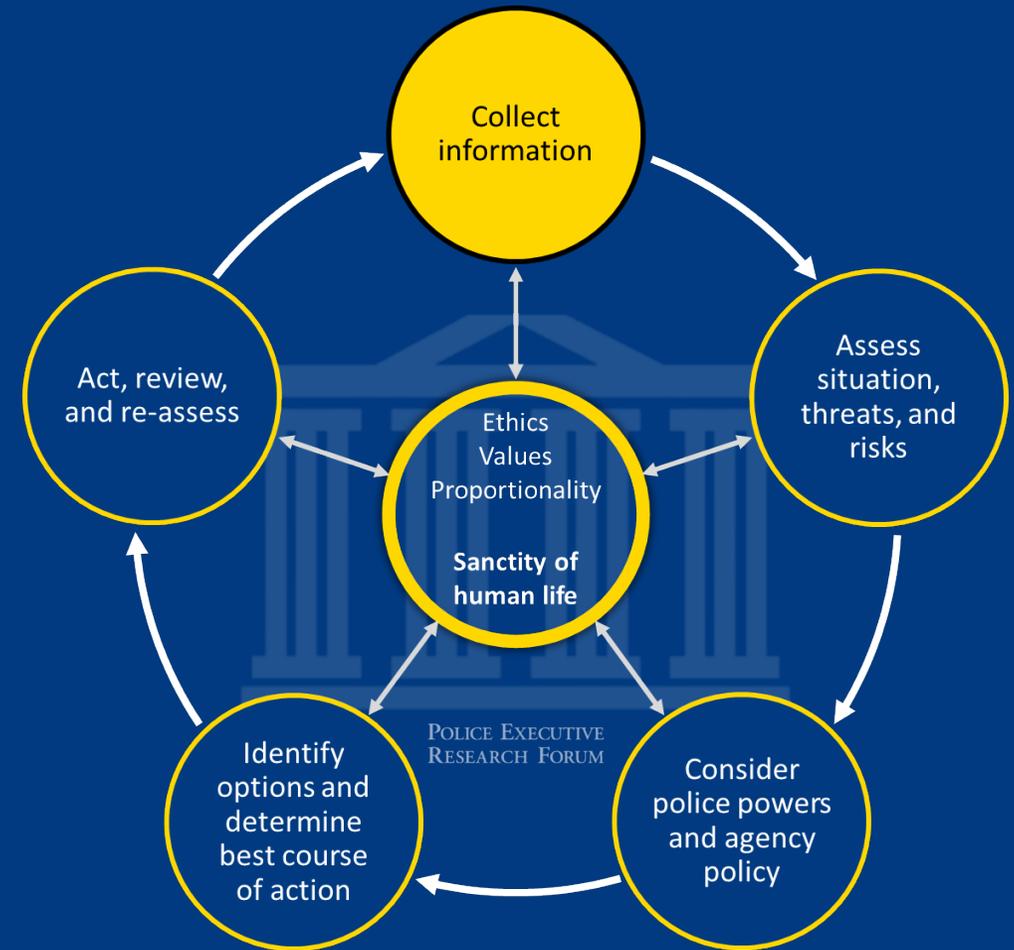
**Ask Others** (especially dispatch):

- What more can you tell me about this incident?
- What more can you tell me about previous incidents involving this location or subjects?



# Step 1: Collect Information (III)

- Information collection is an ongoing process; it doesn't stop at Step 1.
- If you're not getting the information you need, keep asking.



# Case Study

- Coeur d'Alene, ID
- Report of a pickup truck striking a utility pole
- Police track the driver to the nearby home of a friend

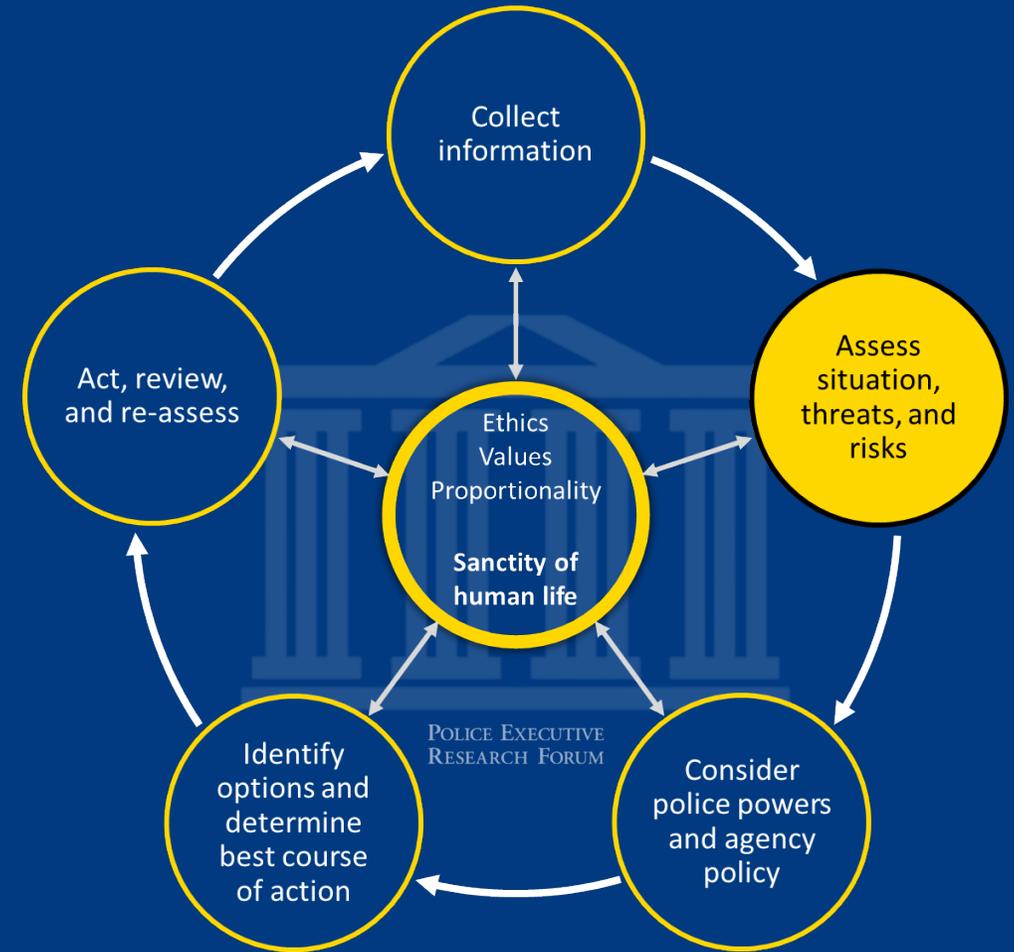


What is the objective?

# Step 2: Assess Situation, Threats, and Risks

## Ask Yourself:

- Do I need to take immediate action?
- What additional information do I need?
- Am I trained and equipped to handle this situation?
- What is the threat/risk?



# Step 2: Assess Situation, Threats, and Risks (II)

## Threat Assessment

- Accurately assess person, object, or environmental factors that could put officer/public at risk
- Two risk categories at this stage:
  - High risk
  - Unknown risk
- Guard against officer complacency

# Step 2: Assess Situation, Threats, and Risks (III)

## Threat Assessment

- Assess the subject's:
  - Means/Ability
  - Opportunity
  - Intent (Do we ever really know intent?)
- Watch out for “transfer of malice” (or aggression)

## Step 2: Assess Situation, Threats, and Risks (IV)

### **Begin Developing a Plan (A, B, C...)**

- Minimize risk to victim and public
- Maximize officer safety
- Minimize risk to subject
- Allow for safe detention of subject
- Allow for recovery, preservation of evidence

# Case Study

- Baltimore County, MD
- Mother states that her 48-year-old son is suicidal, is driving drunk and has been drinking for a few days
- Subject became destructive, and threatened himself with an ice pick, which is accounted for at the residence

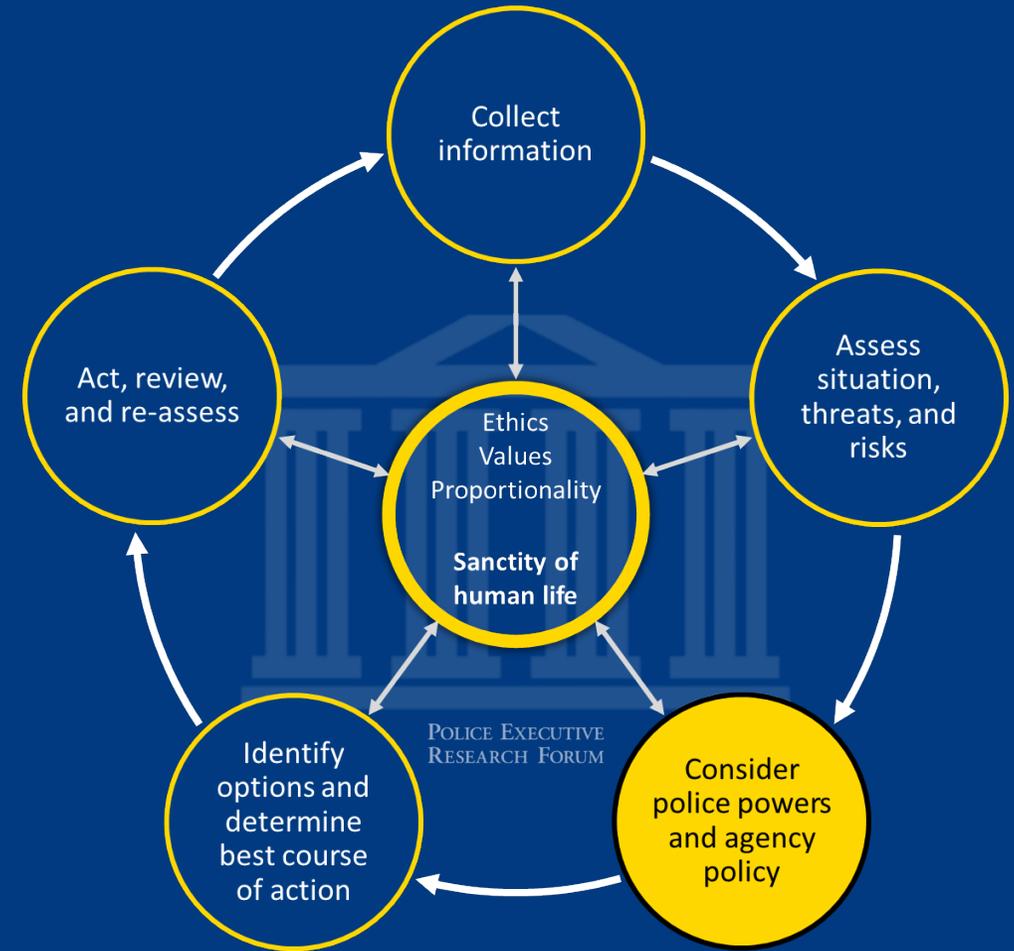
911 Call Received By Baltimore County  
Communications Center on November 26, 2019



# Step 3: Consider Police Powers and Agency Policy

## Ask Yourself:

- What legal powers do I have to take action?
- What agency policies control my response?
- Are there other issues I should think about (jurisdictional matters, mutual aid, etc.)?



# Case Study

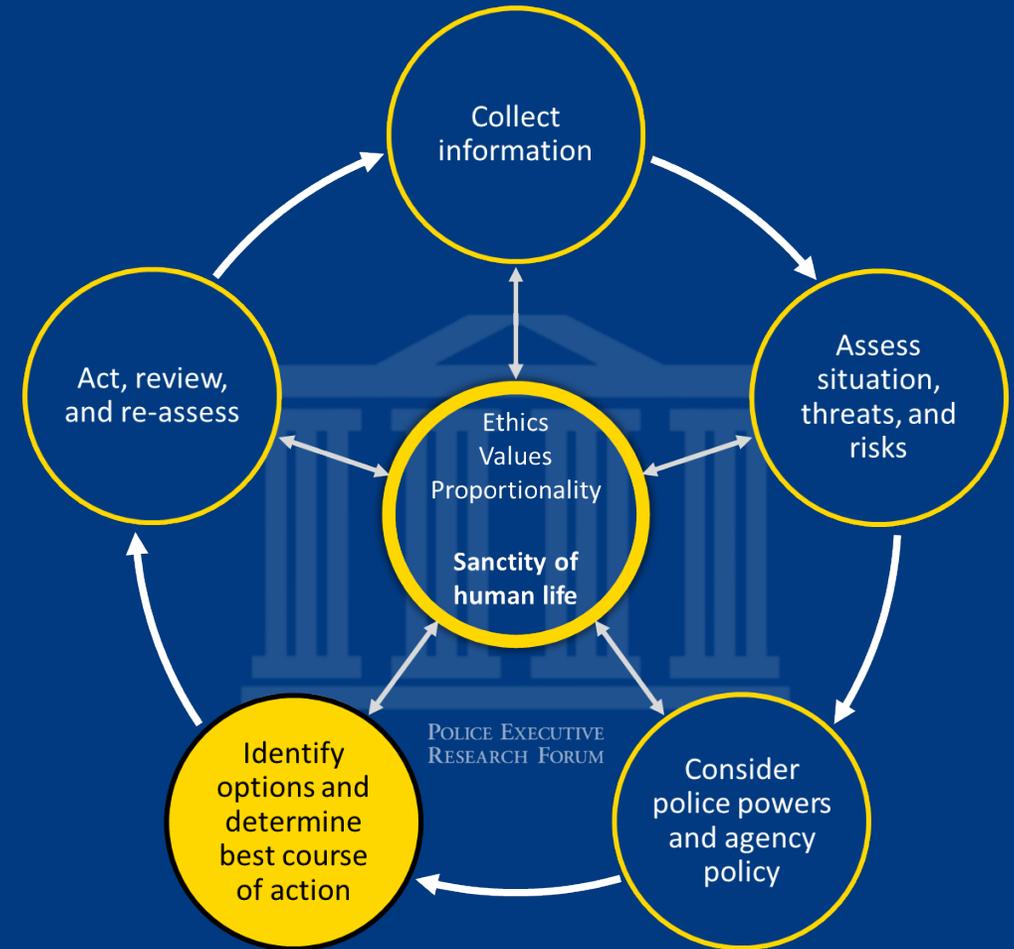
- Columbia County, FL
- A deputy observes a man walking with an apparent weapon in his back pocket



# Step 4: Identify Options, Determine Best Course of Action

## Ask Yourself:

- What am I trying to achieve?
- What options do I have?
- What contingencies must I consider if I choose a particular option?
- Do I need to act now, or can I wait?



# Step 4: Identify Options, Determine Best Course of Action (II)

## **Possible Options and Contingencies**

- Wait and collect more information
- Keep subject under observation
- Continue communicating with subject
- Tactically reposition and contain the area
- Take advantage of windows of opportunity (through communications or tactics)

# Step 4: Identify Options, Determine Best Course of Action (III)

## Selecting Best Course Of Action

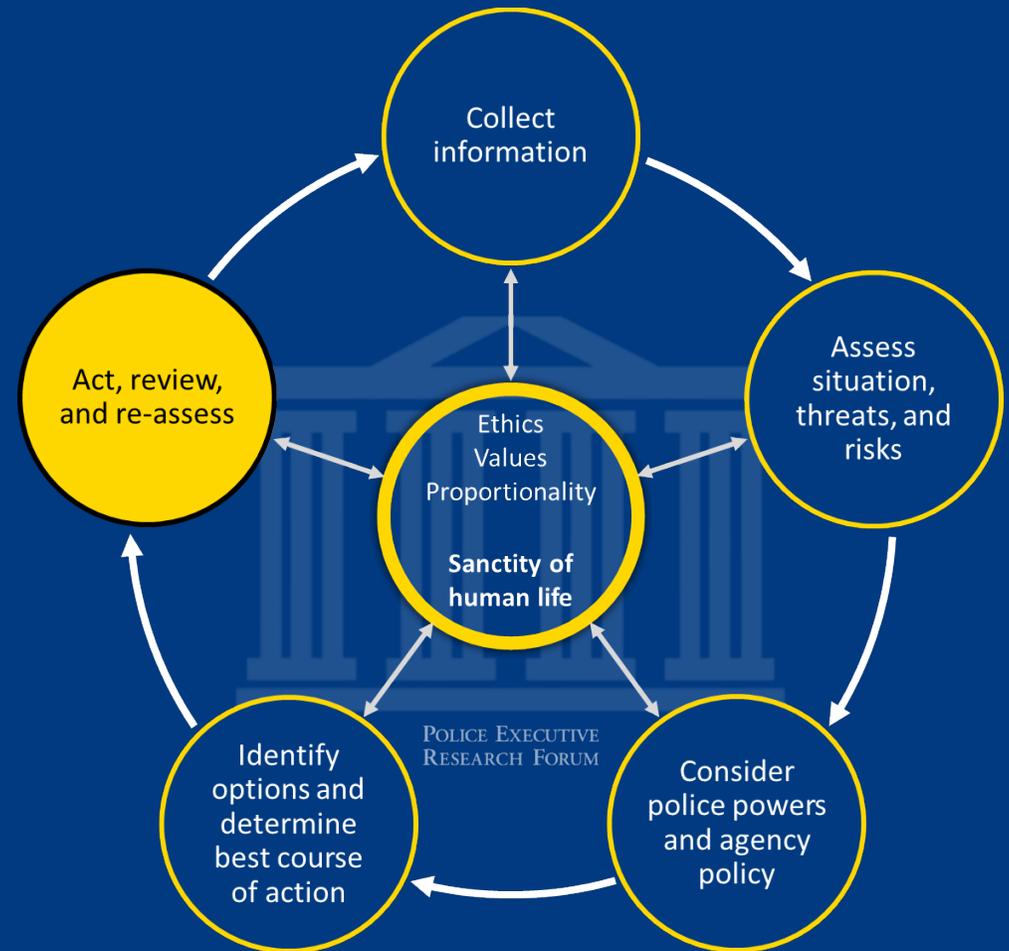
- Keeping in mind:
  - Greatest likelihood of success against least harm
  - How proportional the response will be (given threat/risks)
  - Safety of the public, your own safety, and the sanctity of all life
  - Agency mission and values (CDM core)

# Step 5: Act, Review, and Re-assess

## Execute the Plan, then Ask Yourself:

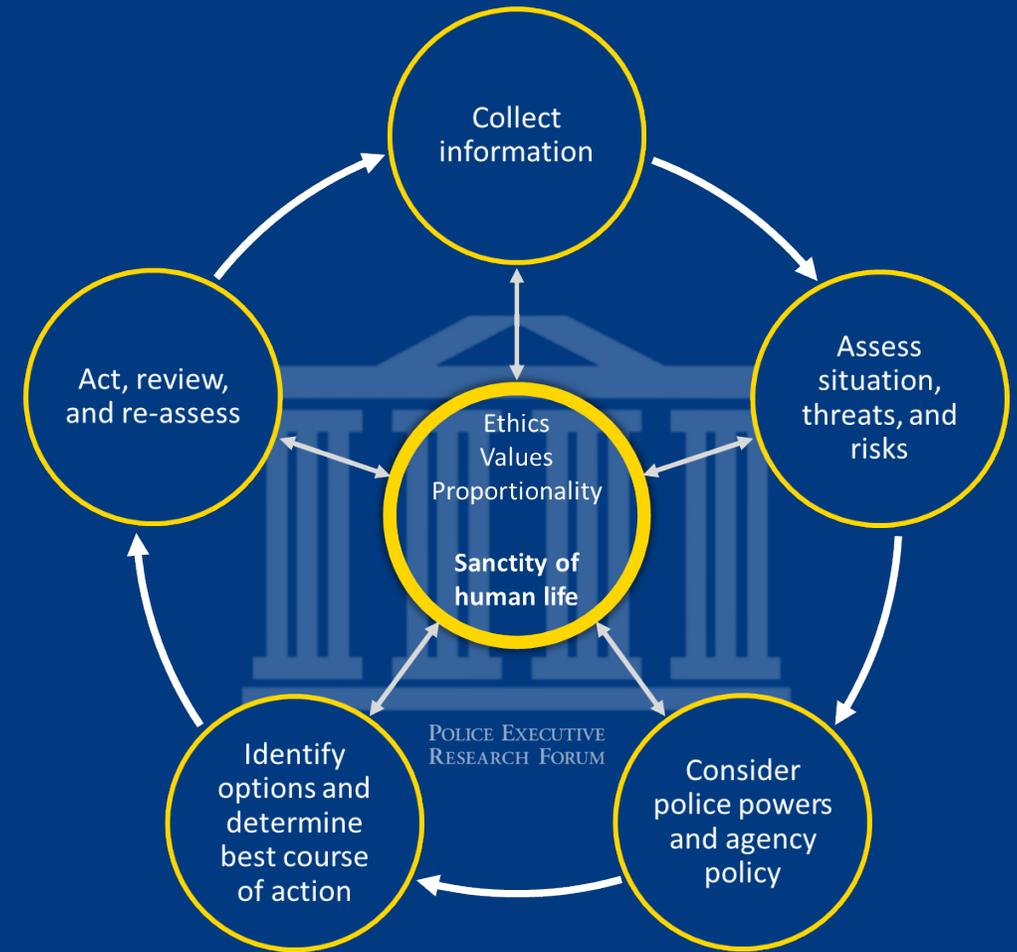
- Did I achieve the desired outcome?
- Is there anything more I need to consider?
- What lessons did I learn?

**If the incident is not resolved, then “spin the model.”**



# “Spinning the Model”

- Information collection is ongoing
- As new information comes in, ask yourself:
  - What is the threat?
  - What are my options?
- “Spinning the model” means re-assessing, fine-tuning your decision-making



# Benefits of the CDM

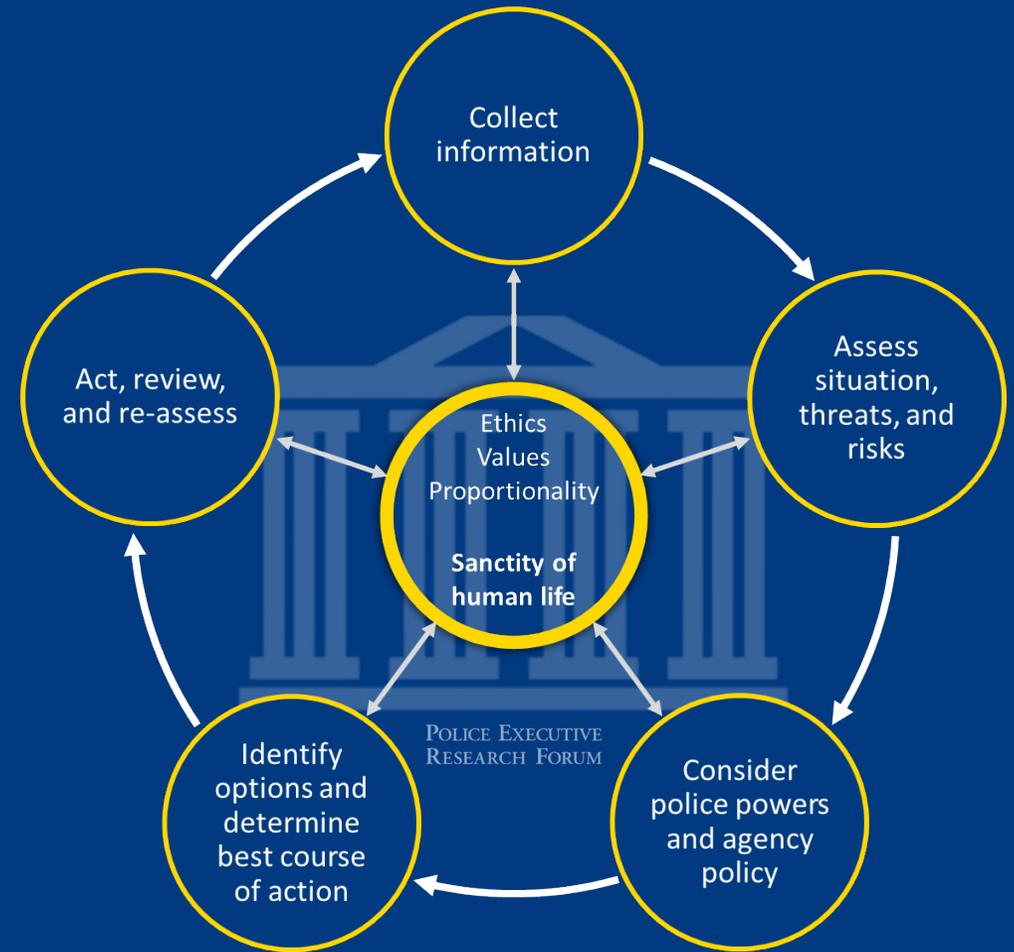
- Better decisions up front
  - “I didn’t have time to think” – very few situations where that is actually the case
  - CDM helps you gather information, assess threats, weigh options, act, and re-assess
- Assists with explaining your actions after the fact
  - Assists officers write better reports
  - Protects officers in court

# Case Study

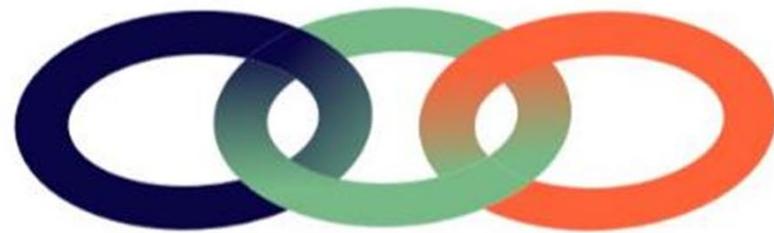
- Glendale, OH
- Ofc. Josh Hilling encounters a man walking along I-75



Thoughts?  
Questions?  
Observations?



# Crisis Recognition



**ICAT**

**Integrating  
Communications,  
Assessment,  
and Tactics™**

# Consider:

## THE POLICE AND THE INSANE.

---

The problem of the police in dealing with persons apparently insane, or charged by others with insanity, is often difficult.

What are the key challenges you face when dealing with persons in behavioral crisis?

Image source:

*Rules and Regulations for the Government of the Police Department of the City of Boston (1913)*

# Behavioral Crisis: A Definition

An episode of mental and/or emotional distress that is creating instability or danger and is considered disruptive by the community, friends, family, or the person him/herself

-Adapted from the Seattle Police Department

# How Does a Crisis Typically Occur?

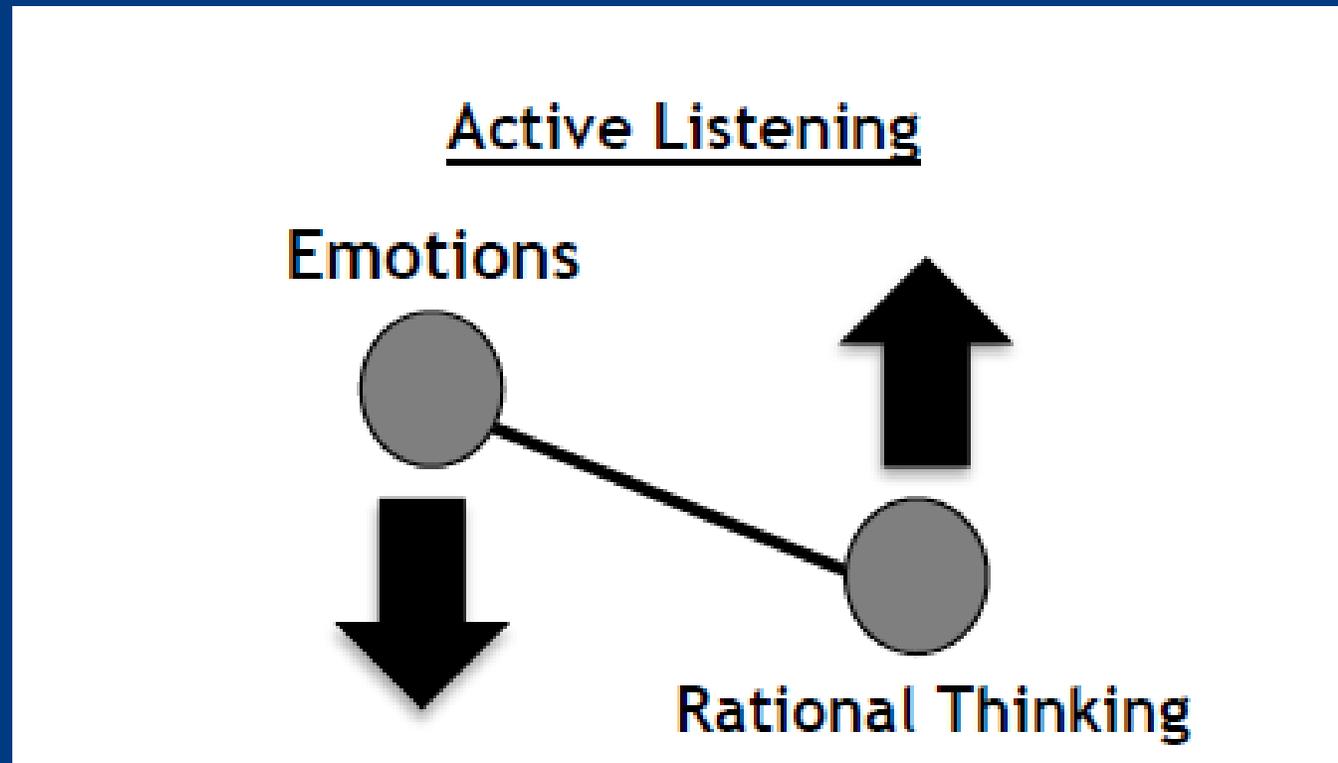
- Precipitating events
- Person's perception of the event
- Normal methods of coping fail
- Resulting in:
  - Breakdown in control
  - Inability to respond appropriately
  - Feeling overwhelmed

# Why Is This Important?

- People in crisis need help
- Crises can impact public and officer safety
- It's our job – who else is going to do it?
- Reflects mission, values, and ethics – sanctity of life

# Emotions Vs. Rational Thinking

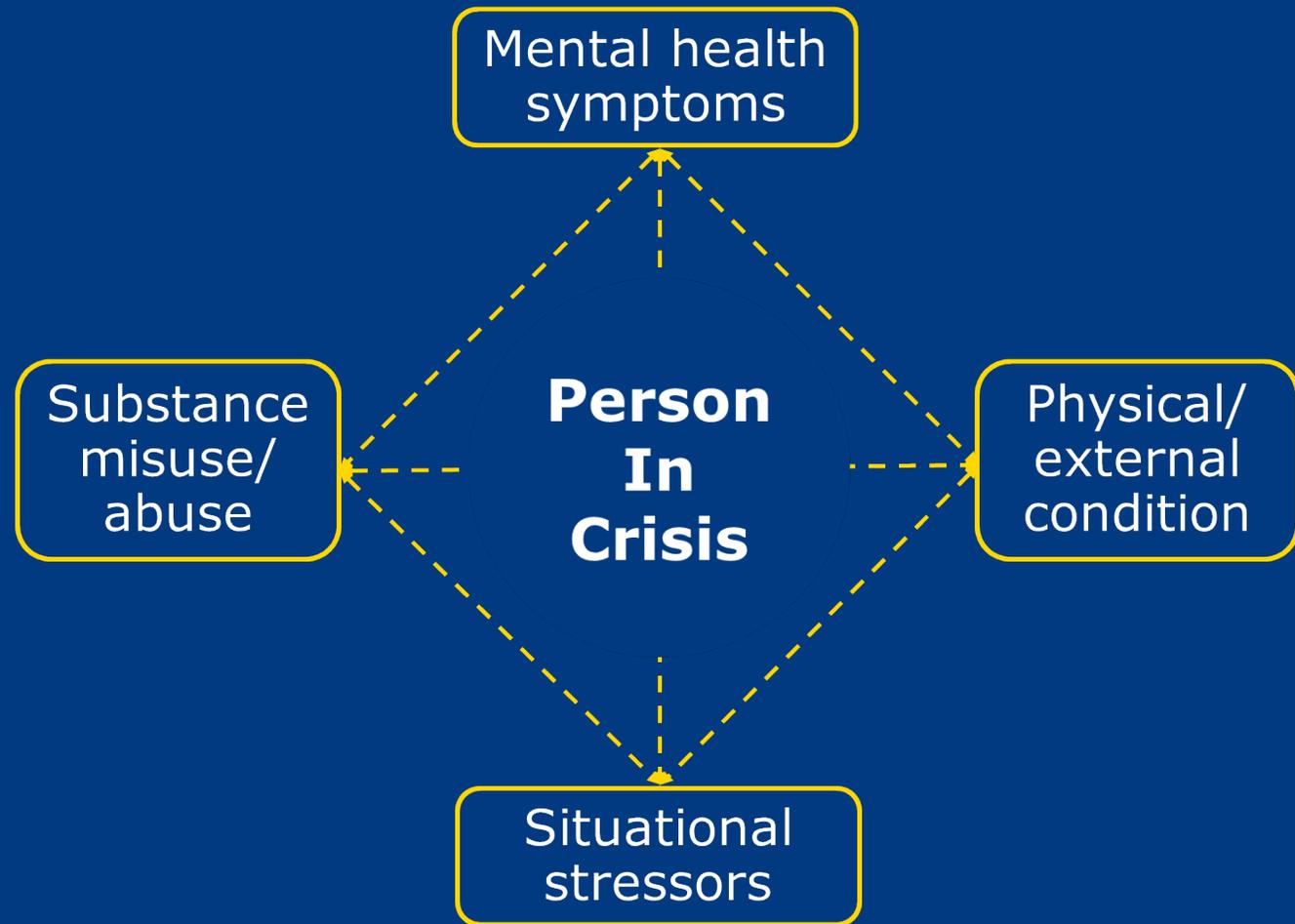
When emotions are high  
rational thinking is low



*Courtesy of Detective Jeff Thompson, NYPD*

# What Can Contribute to a Crisis?

- Contributing factors can:
  - Overlap/co-exist
  - Cause or worsen other factors
  - Be difficult to disentangle and treat, especially when more than one are present



# Mental Health Symptoms

- Rapid changes in mood/emotions
- Heightened sensitivity
- Illogical thinking
- Problems with concentration, memory, logical thought
- Feeling disconnected
- Nervousness

American Psychiatric Association

**1 in 5** (52.9 million) U.S. adults experienced mental illness in 2020

**1 in 18** (14.2 million) U.S. adults experienced *serious* mental illness in 2020

Substance Abuse and Mental Health Services Administration: *2020 National Survey on Drug Use and Health*

# Physical/External Condition

- Traumatic brain injury
- Medication side effects
- Sleep deprivation

Prolonged sleep deprivation can cause anxiety, hallucinations, delusions, depression, and disordered thoughts.

# Situational Stressors

- Job/career
- Relationships
- Financial
- Physical health issues
- “Positive” changes

According to a recent summation of stress research, interpersonal problems, loss of social status, and employment difficulties are particularly impactful on health.

# Substance Misuse/Abuse

- Acute
- Dependence
- Withdrawal
- Alcohol
- Illegal drugs
- Rx drugs

**40.3 million** Americans aged 12+ had a substance use disorder (alcohol *and/or* illicit drugs) in 2020

**6.5 million** Americans aged 12+ had an illicit drug use disorder *and* alcohol use disorder in 2020

# Juveniles

In 2019, among U.S. high school students:

- 14.8% stated that they had ever used illicit drugs (does *not* include marijuana) – Steadily *decreasing* since 2011
- 36.7% experienced persistent feelings of sadness or hopelessness – Steadily *increasing* since 2009
- Suicide – Steadily *increasing* since 2009
  - 18.8% seriously considered attempting
  - 15.7% made a plan
  - 8.9% attempted

# Facts About People With Mental Illness

- Biological illness like heart disease or cancer
- Nobody “chooses” to develop a mental illness
- There is no cure, but many people stabilize to live full, productive lives
- Medications can help, but they are not perfect and there can be episodes or side effects

-Adapted from Seattle Police Department

# Treatment Challenges

In 2019, among U.S. adults who A) had a mental illness, *and* B) a perceived unmet need for mental health services within the past year

The top five reasons given for not receiving mental health services:

1. Could not afford cost (43.3%)
2. Thought they could handle the problem without treatment (26.5%)
3. Did not know where to go for services (25.0%)
4. Did not have time (21.3%)
5. Concerned about being committed/having to take medicine (14.2%)

# Mental Health in Corrections

- Up to one quarter of prison inmates have a severe mental illness
- Half or more local jail inmates have some form of mental illness
- Nearly three quarters (72%) of jail inmates with a serious mental illness also have a drug or alcohol abuse problem
- County jails have become the *de facto* mental health care system in many communities

Source:

*Managing Mental Illness in Jails* (PERF)

# People with Mental Illness and the Criminal Justice System

- Most people with mental illness are not, and never will be, violent
- Jail is often not a helpful place to get stabilized
- Most people, even in a behavioral crisis, respond positively to kind and patient behavior

Sources:

National Institute of Mental Health;

U.S. Department of Health and Human Services

# Persons with Intellectual and Developmental Disabilities

- Autism spectrum disorder
- Learning disabilities
- Developmental delay

May result in difficulties in communication, adaptive living skills, self-direction, mobility.

# Persons with Intellectual and Developmental Disabilities (II)

- Autism spectrum disorder
  - Most common but not usually visibly apparent
  - Persons living with autism may engage in “stimming”
  - Children with autism may wander and elope
  - The National Autism Association has two free downloadable programs with more information

# Case Study

- Buckeye, AZ
- An officer stops a young teen he suspects of using drugs



# Persons with Disabilities May Exhibit Same Behaviors as PICs

- Don't always assume it's mental illness
- Could be one of many factors – or a combination of several
- Focus on subject's behavior

# Another Approach – Ask!

- Ask the person:
  - Are you on medication?
  - Do you normally see a doctor?
- Ask family members or friends nearby:
  - Does the person have a mental health condition?
  - A physical or developmental disability?
- Ask dispatch:
  - Get more information, ask follow-up questions

# Why Do You Want to Know What's Behind Someone's Erratic Behavior?

- Best approaches to help stabilize the situation
- What communications strategies to employ
- What additional resources you may need

Up-front awareness and recognition are key to a safe and effective response.

# Case Study: Chronic Mental Illness

- Burlington, NC
- Welfare check on a mental patient reference a seizure earlier that day
- Extensive call history at location and with the subject



*(Pursuant to **N.C. G.S.132-1.4A (h)** the following videos can only be released, viewed, or distributed for law enforcement purposes only. The unauthorized use of these videos is illegal and can be punishable by fines and imprisonment.)*

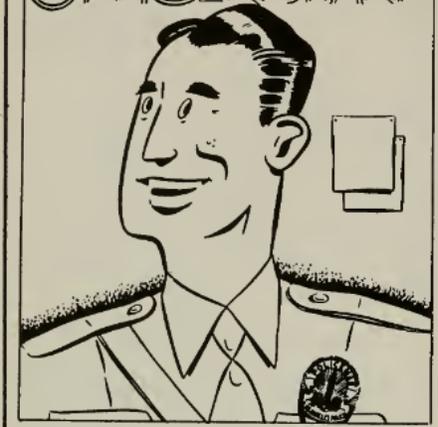
# Case Study: Situational Crisis

- Burlington, NC
- Caller reports that his sister is armed with a knife and threatening to kill herself
- Extensive call history at location (boarding house) and with the subject



*(Pursuant to **N.C. G.S.132-1.4A (h)** the following videos can only be released, viewed, or distributed for law enforcement purposes only. The unauthorized use of these videos is illegal and can be punishable by fines and imprisonment.)*

## OFFICER SHARP



### Officer Sharp Says:

An officer's  
attitude and  
demeanor in cases  
involving mentally  
ill persons  
leave a lasting  
impression.

An understanding  
considerate, and  
efficient manner  
reflects credit  
upon the policeman  
and his  
profession.

Source:

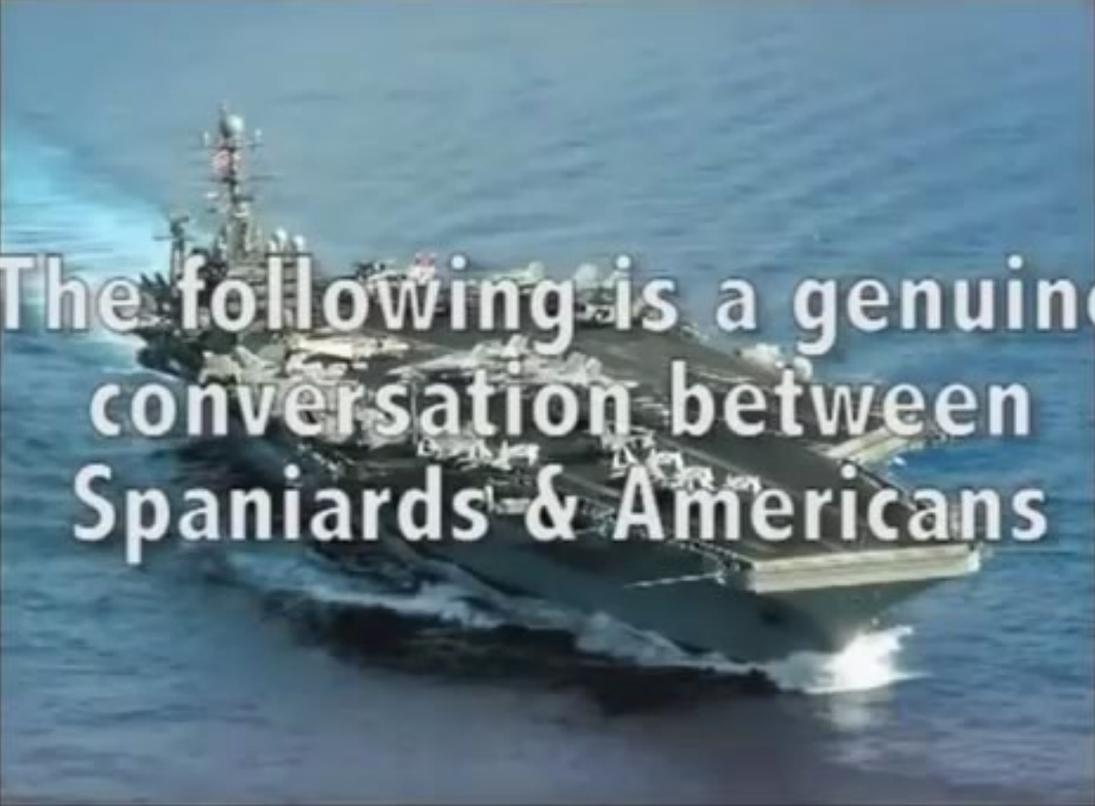
A collection of daily training bulletins of the LAPD (c. 1954)  
Chapter XVI ("The Mentally Ill")

Thoughts?  
Questions?  
Observations?

# Tactical Communications



# Tactical Communications

An aerial photograph of a large aircraft carrier sailing on the open ocean. The ship is viewed from a high angle, showing its complex superstructure, radar masts, and flight deck. The water is a deep blue, and the ship's wake is visible. The text is overlaid on the center of the image.

The following is a genuine conversation between Spaniards & Americans

# Consider:

What makes a police officer a good communicator?

What attributes and skills must the officer possess?

# Five Universal Truths of Human Interaction

1. People feel the need to be respected
2. People would rather be asked than be told
3. People have a desire to know why
4. People prefer to have options over threats
5. People want to have a second chance

# Crisis Intervention

A process to assist individuals in finding safe and productive outcomes to unsettling events.

# Two Principles Guiding Your Response

1. Your mission is not to diagnose or treat/solve underlying issues.
2. Your top priority is to verbally defuse and stabilize the situation, when feasible.

# Three-Phase Response Process

1. Ensure the scene is safe  
(as soon as possible)
2. Try to get the person stabilized
3. Begin the problem-solving process  
(often by bringing in other resources)

# Trying to Defuse a Critical Situation Does Not:

- Take away your discretion to make an arrest
- Restrict your ability to use force
  - Alternatives should be considered whenever possible.

# How to Approach Persons in Crisis: Some Practical Tips and Techniques

- Request backup and specialized help
- Don't rush-unless immediate action is needed
- Prepare for "one-way dialogue"
- Continually assess and re-assess
- Be aware of "hot buttons" and "hooks"
- Always be respectful

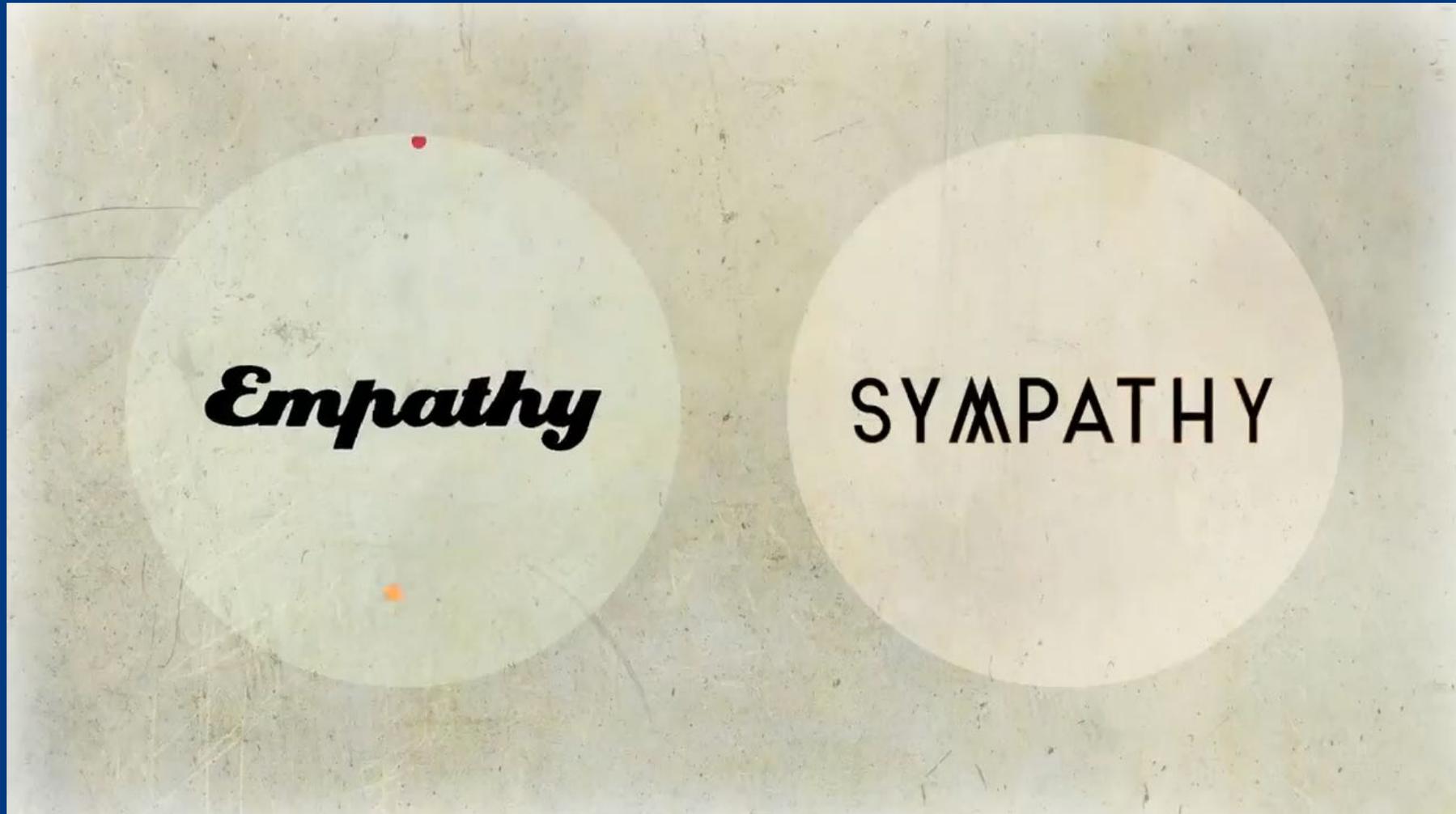
# Coordinate All Actions

- Coordinate all actions in a team approach
  - Expect the subject could be very angry and distrusting of others, including the police
  - Their distrust of police can manifest in high levels of paranoia
  - Police activity and response may cause the subject to overreact with outbursts, anger or threats

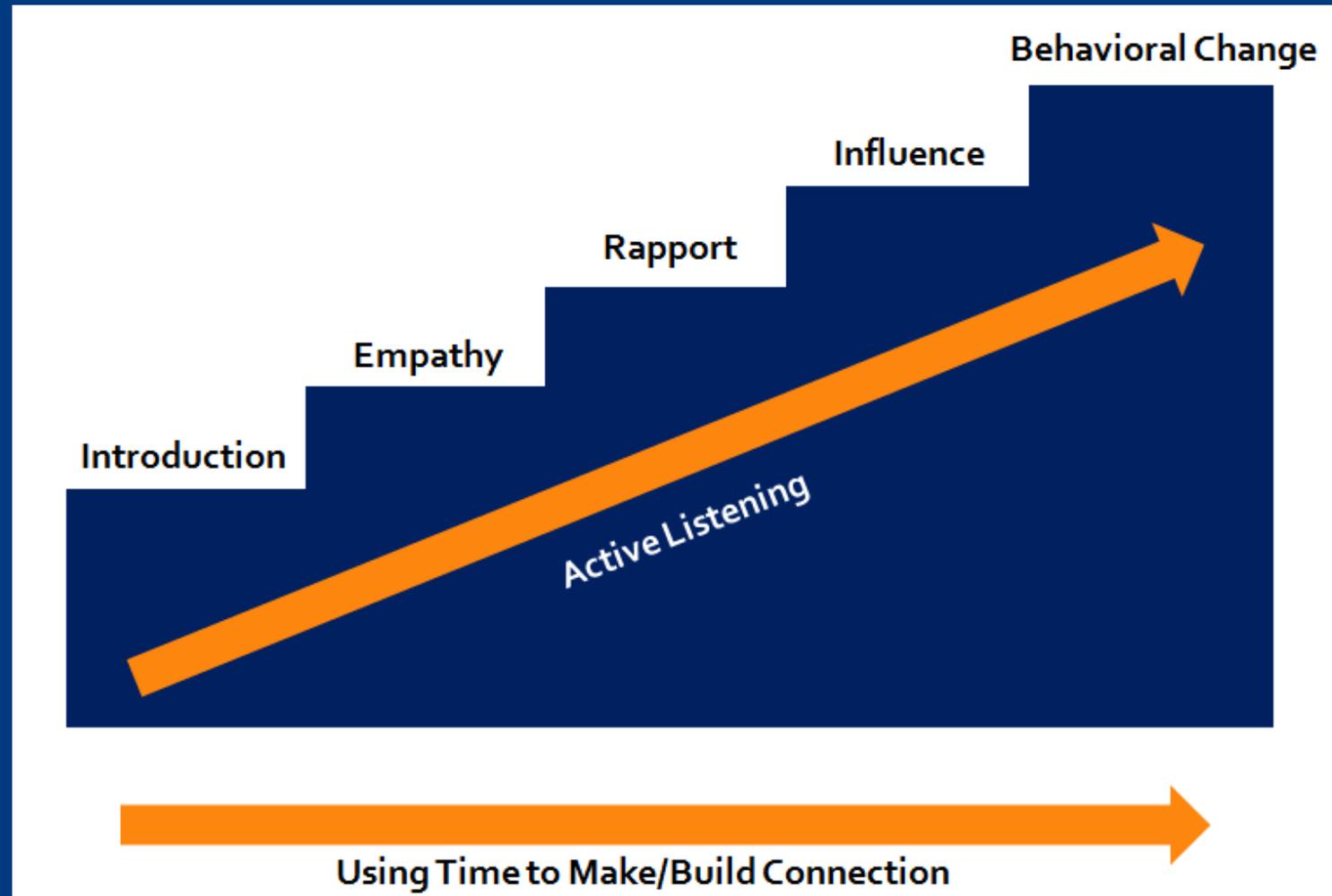
# Consider:



# Empathy



# Behavioral Change Staircase



Adapted from FBI Behavioral Change Stairway Model

# Case Study

- Corpus Christi, TX
- Officers respond to a call reference a suicidal subject
- Original location was inside a third party's residence, but subj made it outside and held a knife to his own throat



# Your Goal: Make a Connection



# Some Things Not to Do

- Don't join in the person's behavior
- Don't confuse the person
- Don't diminish the person
- Don't lie or deceive
- Don't automatically view non-compliance as a threat

# Manage Your Own Reactions

- Officers can experience similar physiological changes as a subject in crisis
- Important to consciously slow your breathing, move slowly and smoothly, stay in control
- Control your body language
- Your words need to match your demeanor



# Active Listening Skills

- Follow the 80-20 principle
- Listen to understand, not just to respond
- Reduce distractions
- Demonstrate you are listening
  - Physical cues
  - Minimal encouragers
  - Summarizing and repeating back
  - Acknowledgement
- Use silence to your advantage

# Examples of Active Listening Skills

- Emotional Labeling
  - *"It sounds like you're feeling [emotion]."*
- Paraphrasing
  - *"So, you're having a hard time with your marriage and your boss. Is that right?"*
- Minimal Encouragers
  - *"Okay"; "Right"; "Uh-huh"; nodding*
- "I" Messages
  - *"I feel nervous when you wave that knife around."*

# Non-Verbal Communication Skills

- Project the right body language
- Make eye contact
- Use open-handed gestures
- Use team concept

# Verbal Communication Skills

- Establish rapport
  - Introduce yourself, ask the subject's name
  - Speak on his/her terms
  - Be patient and tolerant
  - Be truthful and don't over-promise
- Ask open-ended questions
- Modulate your tone of voice
- Provide clear, single questions/commands
- Provide options

# Emotional Contagion

- Your words and actions are contagious
- In what direction are you taking the encounter? Toward more chaos or **voluntary compliance**?

# Case Study

- Des Moines, IA
- Sgt. Lorna Garcia responds to assist patrol reference a subject waving around a knife

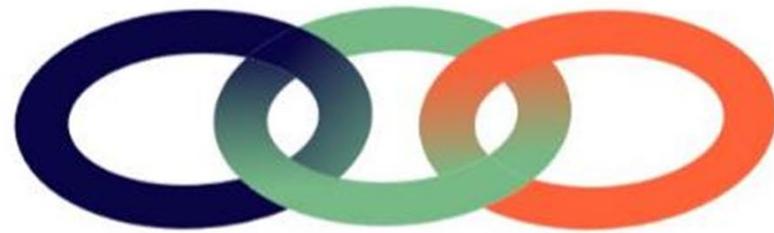


# Leadership Snapshot

- Avoid “Bumper Sticker” language; be specific
  - Don’t use phrases such as “Calm down”, “Chill out” etc.
  - Provide specific techniques such as “Take a walk”, “Stop” and verbally encourage “tactical breathing”
- Encourage active listening
- Celebrate successful outcomes

Thoughts?  
Questions?  
Observations?

# Suicide by Cop



**ICAT**

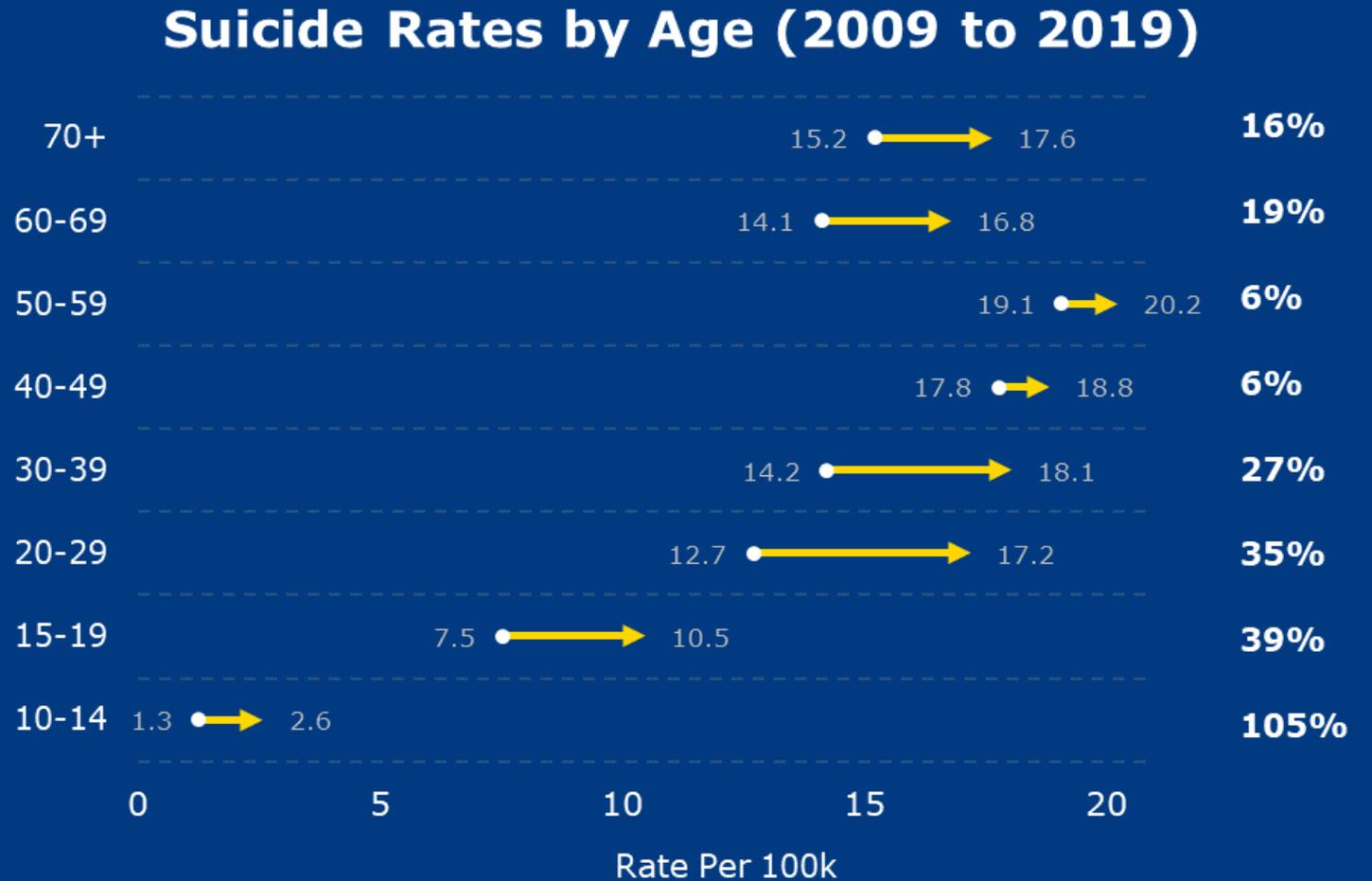
**Integrating  
Communications,  
Assessment,  
and Tactics™**

# Definition

A suicide by cop (SbC) incident is an encounter in which a suicidal person attempts to die by suicide by forcing a law enforcement officer to use lethal force.

# Suicide Rates

- Between 2009 and 2019, the suicide rate for Americans 10+ YOA increased by 18.8%
- The increases were especially pronounced in those under 40 YOA



# Recognition

## **Subject:**

- Says “kill me” or “shoot me” or otherwise expresses a wish to die.
- Appears to be depressed or in a mental health crisis.
- Is not behaving like a criminal offender.
- Is behaving aggressively toward the police for no apparent reason.
- Is exhibiting strange behavior, such as committing random acts of vandalism or ramming a police car.

# The Critical Role of Dispatchers

Dispatchers can make the difference between life and death in SbC incidents by:

- Alerting the officers that the situation may be an SbC incident
- Providing details about the subject of the call
- Conveying the exact language that the 9-1-1 caller is using

# The Critical Role of Dispatchers (II)

Dispatchers should work with responding officers to share information about:

- Prior calls at the address
- The person who called 9-1-1
- The subject (potentially suicidal person)

Whenever possible, responding officers should connect with the reporting party, who may be able to provide additional, and more specific information

# Priority:

Ensure the **safety** of yourself and the public.

“First, the officers have to make sure they’re safe. That’s reactive. Then you want the officers to switch and become proactive, to start talking to the person and taking control of the situation.”

—Dr. John Nicoletti, police psychologist

# Planned vs. Spontaneous

## Two types of SbC:

- **Planned:** A person has been thinking about suicide for some time, and decides that he wants to die

# Case Study

- Oxnard, CA
- Report of a disturbance in an empty lot
- Subject is possibly under the influence or mentally ill
- Earlier, seen in possession of a knife



# Planned vs. Spontaneous (II)

## Two types of SbC:

- **Spontaneous** (*a majority of cases*): The subject was not thinking about committing suicide by cop but decides to do so spontaneously, in some cases in response to how police handle the situation

# Case Study

- Baltimore, MD
- Ofc. Angel Villaronga backs up patrol officers on a call reference a man with a knife



# Call Additional Resources

- Call in additional resources
  - Supervisor (or “natural leader”)
  - Crisis Intervention Team/available clinician
  - Other resources with specialized training on responding to crisis situations

# Response

Safety of self and public is priority #1, keeping in mind:

- That pointing a gun at a potentially suicidal person could increase his/her anxiety
- If safe to do so (distance + cover and cover officers), consider a low-ready or concealed position

# Reminders from Module 4

- Speak simply
- Establish rapport
- Don't bark orders
- Encourage conversation, but remember the 80/20 principle
- Ask questions, and listen to understand, not respond
- Be patient
- Offer reassurance
- Always be truthful

# Alternative Phrases

## Don't say:

## Instead, say:

"Why...?"

"What...?"

It's not that bad.

I can see that it's troubling you.

What you just told me isn't real (e.g. delusions).

What you told me must make you feel bad. Let's talk about how to fix it.

Why do you feel bad?

Tell me about something good in your life, or something you'd like to do some day.

Calm down!

What can I do to help you?

# Show Empathy

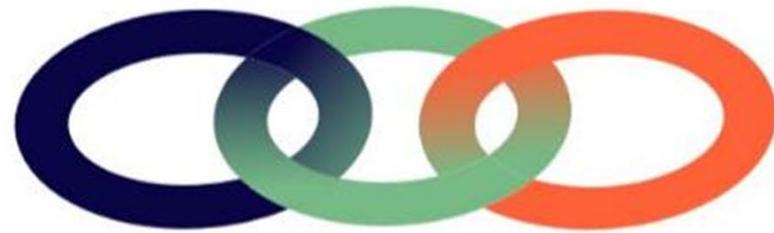
- Put yourself in their shoes, and make it real
- Ask yourself how you would feel in a similar situation
- Then you'll know what to say

# Considerations

- When there are indications of suicide by cop, a supervisor should always respond to the scene
- Requesting an ambulance to respond and wait nearby
- Requesting additional resources that may be needed if the incident changes and the suicidal person becomes a threat to others

Thoughts?  
Questions?  
Observations?

# Operational Tactics



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# Think About This:



There are no set rules that can be applied to every situation of this type; but, the following suggestions may prove helpful in the majority of these cases:

- Don't be in a hurry.

Probably the single most important aspect of managing the unruly psychotic is the willingness to take the time needed to reassure and calm him. Hasty use of force usually results in the necessity for restraints which might not otherwise be required.

- Evaluate the situation.

Determine which of the individuals present are making the situation more tense and which may be the most helpful in providing assistance. Try to evaluate the dangers that may exist for the psychotic, yourself, and others in the area. Try to calm and quietly reassure him, presenting the image of a sincere, interested, mature individual who is trying to help. Give him time to quiet down.

- Keep your own emotions calm and cool.

Emotionally disturbed persons often have an uncanny ability to pick out faults and weaknesses in the personalities of others and to play upon these weaknesses.

- Be honest.

If the patient detects that you are lying, it will further upset him and make the job of helping him more difficult.

- Avoid force, if possible.

If restraints are required, have enough assistants to control the psychotic adequately without resorting to methods which seem less humane.

Source:

NYPD Emergency Service Unit: Operation Policies and Tactics (Feb. 1979)

# Case Study

- The Village, OK
- A woman at the station requests an officer accompany her to her residence so she can retrieve some clothes
- The woman reports her husband is in the house and drinking heavily; she is unwilling to enter the house alone

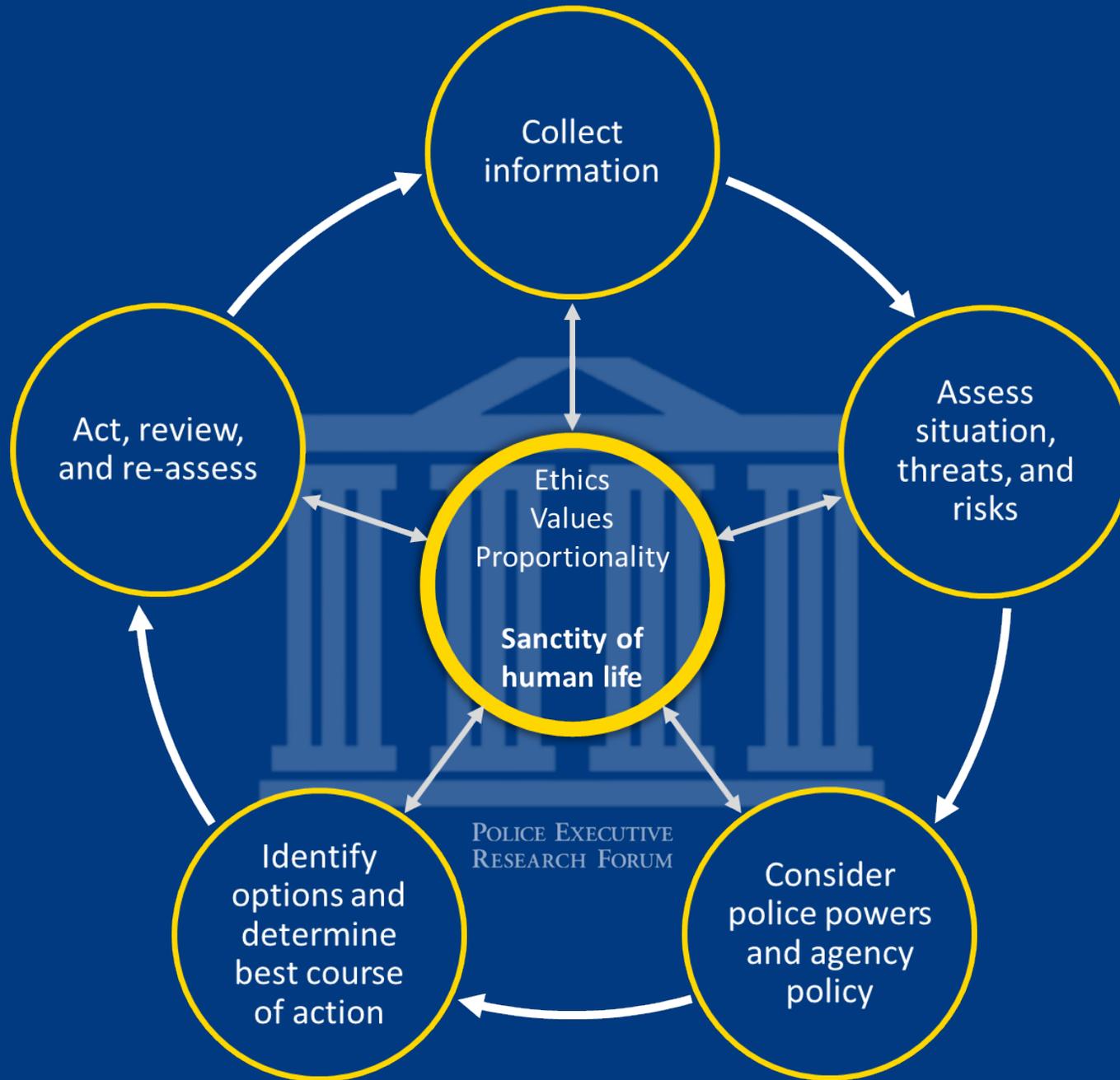


# Consider:

How would utilizing the CDM be helpful for officers responding to these incidents?

What do you think about before you arrive on scene?

How can you better respond tactically to incidents like this?



# Case Study

- San Diego, CA
- Report of a man threatening people with a knife



# "21-Foot Rule"

"When I first came on, we would always use the 21-foot rule. If they're within 21 feet, they can be on top of you and stabbing you before you react to that. But now I think they're trying to extend that distance out even further because I think there is documentation now that someone armed with a knife can literally run up on someone before you're able to react to that, or already being stabbed."

- San Diego Officer Neal Browder, in a statement to investigators regarding his April 2015 officer-involved shooting



# "21-Foot Rule" (II)

- Based on an informal 'experiment' filmed and written about for the purpose of illustrating the concept of the reactionary gap
- The creator (Lt. Dennis Tueller) never intended for this to become a hard-and-fast *rule*

# “21-Foot Rule” (III)

“I have heard trainers use that bastardized term ‘21-Foot Rule’ to say that if you shoot someone further than 21 feet away, you can be charged with homicide. Or someone inside of 21 feet, you’re justified in shooting. Well, there are so many other factors [to consider].”

Consider more factors than distance alone.

“...the individual defending him or herself has to be able to assess the circumstances, apply their understanding of law and policies and procedures and do what is necessary to defend themselves if they perceive a deadly threat.”

Lt. Dennis Tueller in:

“21-Foot Principle Clarified by Dennis Tueller & Ken Wallentine”

# Reactionary Gap

It is critical to create distance between yourself and a subject with a contact weapon...

...but there is no universal distance at which deadly force becomes (un)justifiable or (un)necessary

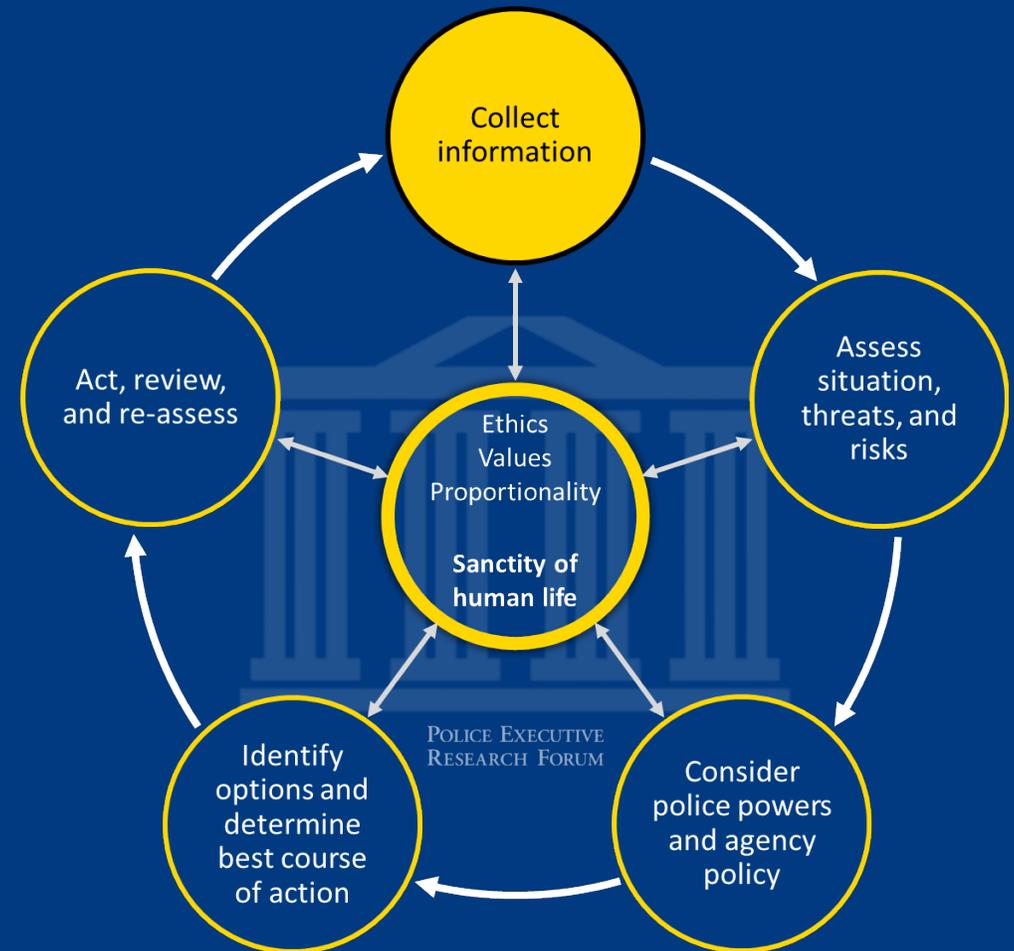
The reactionary gap varies by situation *and* within a situation

# Rethinking “Ask, Tell, Make”

- Like the 21-Foot Rule, “Ask, Tell, Make” has been taken and taught outside of the narrow context for which it was intended
  - Like use of force levels, gaining compliance is not a linear process
  - Sometimes, we must skip “ask,” and “tell”
  - With people in crisis, “make” may not be justified or may be *unnecessary*

# Pre-Response

- Collect information
- “Tactical pause” (when possible)
- Develop a working strategy
- Prepare/manage yourself
- Be prepared to intervene with your partners



# Response

- Operate as a team
  - Everyone has a role
  - Stick to your role/Stay in your lane
  - Contact and cover
  - Formal and/or informal leader on the scene

# Response (II)

- Operate as a team
- Distance + Cover = Time
- First impressions – how do you want to start the interaction?
- Continue gathering information

# Response (III)

- Tactical positioning/Repositioning
  - Don't draw a line in the sand
  - Maintain a position of advantage
  - Give yourself a "reactionary gap"
    - This is not an arbitrary number!
  - Don't plant your feet in concrete
    - Reposition yourself/team as the situation evolves

# Response (IV)

- Keep yourself in a winnable situation
  - Isolate the subject
  - Communicate tactically
  - Keep your options open
  - Take action if there is an immediate threat

# Response (V)

- Have a Plan B
  - There are multiple opportunities for success
  - Spin the model
  - Get ready to move/tactically reposition
  - Assess your next step
  - If the Taser (or other less-lethal option) fails, then what?

# Case Study

- Stafford Township, NJ
- A woman calls 911 to report that she has locked herself in her bathroom on account of her seventeen-year-old son brandishing a knife
- Her son has autism and has been the subject of a series of escalating incidents at their residence



# Tactical Equipment

- When possible and appropriate, officers should utilize department-issued equipment
- Increases officer safety
- Helps effectively contain, isolate, or subdue subjects in crisis

# Tactical Equipment Can Include:

- Shields
  - Ballistic
  - Polycarbonate
- Bean bag shotgun
- 40mm projectiles
- Electronic Control Weapons (ECWs)
- OC vapor
- Rope



# Avoid Escalating the Situation

- Distance + Cover = Time
- Call for backup
- Continuously assess the threat
  - Keep spinning the CDM
- Remain in control of the situation
  - Try not to let the subject force you to take action
  - Try not to initiate confrontation
- Maintain communication
- Attempt to begin crisis intervention
- Use the tools available to you

# Debriefs

- Facilitator
  - Usually first-line supervisor
  - Provide overview and objective
    - Utilize the CDM
    - “Just the facts”
- Participants
  - Share how they responded/actions they took
- Group
  - Things that went well
  - Things to improve
  - Identify key takeaways

# Post-Response Considerations

- After-Action Review basics
  - Conducted soon after a critical incident
  - Focus on objectives, actions, decision-making
  - Continuous learning and improvement
  - Improving future performance (not grading past actions)

# Post-Response Considerations (II)

- After-Action Review Ground Rules
  - Inclusive process
  - Facilitators are key – but they don't control the process
  - Leave egos in the locker room

# Post-Response Considerations (III)

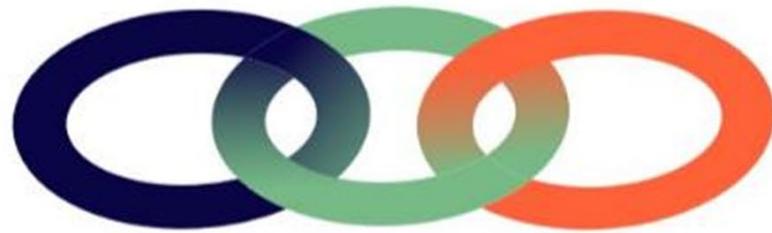
- After-Action Review Process and Format
  - Review incident objectives
  - Run through chronological sequence
  - Use open-ended questions
  - Summarize major learning points
  - Identify any next steps (training, policy changes, etc.)
  - Should be distributed throughout the agency

# Post-Response Considerations (IV)

- After-Action Reviews and the Critical Decision-Making Model
  - Useful tools for examining decision-making behind actions taken
  - CDM is a documentation and learning tool
    - not a punitive or disciplinary instrument

Thoughts?  
Questions?  
Observations?

# Step Up and Step In



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# About Step Up and Step In

- This might involve intervening when a colleague is about to make a mistake, or speaking up if they think they have a plan that is more likely to safely resolve a situation
- This is an opportunity for officers to exercise leadership when the tactics and communication being used aren't working

Step Up and Step In is about preventing problems before they occur.

# About Step Up and Step In (II)

- Officers step up by taking ownership of challenging situations, using the Critical Decision-Making Model to lead the situation to the best possible outcome
- Officers step in by speaking up and acting when they see a situation going poorly

# Case Study

- San Francisco, CA
- A man reported a stranger assaulted him with a knife approx. one hour prior
- Officers searching for the subj were flagged down by bystanders
- Officers contacted the subj, who brandished a knife and began walking away from them

Incident:



# Case Study: Minneapolis, MN

- A woman (not on scene) reported that her friend (subject) was suicidal
- Caller: "He's been having a lot of suicidal thoughts because [of] depression [and] anxiety, but he's not taking any pills for that. He's just taking alcohol for it. Today I spoke to him and he said he wanted to die, and then he sent me a text... and he said he wanted to commit suicide in his mother's house."

# Suicide by Cop Reminders

- Gather as much information (CDM) as possible to ensure your safety and the safety of the public – go direct with your complainant
- Know your resources and use them effectively
- Supervisor should be present – remotely if not physically
- Work as a team

# Suicide by Cop Reminders (II)

- Prevent multiple officers from simultaneously communicating with the subject
- Avoid pointing a firearm at a subject when you're trying to build rapport and lower their anxiety

# Case Study (Videos)

Incident:



# Case Study

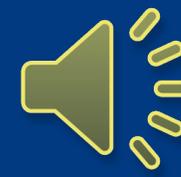
- Corpus Christi, TX
- Sr. Ofc. Javier Cantu observes a man who possibly fled from police in a stolen vehicle

Incident:



# Case Study

- Camden County, NJ
- Officers respond to a domestic dispute. A man (subject) is detained and becomes verbally abusive



Dr. Nicoletti on the importance of agency culture

# Summary

- Apply the CDM before, during, and after an incident
- Know your legal authority and its limits
- Have the confidence to take on a leadership role and/or be the outboard brain
- Stepping up and stepping in can require different avenues/approaches, ranging from polite suggestions to assertive directions

# Summary (III)

- It is our duty to protect those we serve and each other to prevent tragic endings
  - Life
  - Wellness
  - Career
  - Community trust
- Remember that contempt-of-cop is not a crime
- It is up to all of us to Step Up and Step In



Thoughts?  
Questions?  
Observations?