

New Berlin Police Department Directives Manual		Directive Title: Dealing with Abnormal Behavior			
Issue Date: 04/06/15	Published Date: 09/25/20	Next Review Date: 09/01/21	Total Pages: Page 1 of 4	Directive Number: 6108	WILEAG Standards: 6.1.10

Purpose

This directive provides guidance to officers when responding to, or encountering situations involving, persons displaying abnormal behaviors, mental illness or incapacitation.

Policy

Responding to situations involving individuals who officers reasonably believe to be affected by mental illness or in crisis carries potential for violence, requires an officer to make difficult judgments about the mental state and intent of the individual, and necessitates the use of special police skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability. The goal shall be to de-escalate the situation safely for all individuals involved when reasonable, practical, and consistent with established safety priorities. Officers shall be guided by WI §51.15, 55.06 and 51.45, [Procedure 6108.02](#) regarding the detention of persons in crisis. Officers will use this directive to assist them in determining whether a person's behavior is indicative of mental illness or crisis and to provide guidance, techniques, and resources so the situation may be resolved in the most constructive, safe, humane and least restrictive manner possible. **An officer from the department will attend in-service training on emergency detention and emergency protective placement procedures offered by a county department in Waukesha County if it is offered in accordance with §51.42(3) (ar) 4. D.** (See also related Procedure 6108.02 Emergency Detention.)

Definitions

Mental Health Crisis: An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "freeze, fight, or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

Mental Illness: An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if he or she displays an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety. This does not include alcohol.

Procedures

Recognizing Abnormal Behavior

Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Officers are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are potentially indicative of Persons in Crisis (PIC), with special emphasis on those that suggest potential

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violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. However, officers should not rule out other potential causes, such as effects of alcohol or psychoactive drugs, temporary emotional disturbances that are situational, or medical conditions.

1. Strong and unrelenting fear of persons, places, or things.
2. Extremely inappropriate behavior for a given context.
3. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
4. Memory loss related to such common facts as name or home address, although these may be signs of other physical ailments such as injury, dementia, or Alzheimer’s disease.
5. Delusions, defined as the belief in thoughts or ideas that are false, such as delusions of grandeur (“I am Christ”) or paranoid delusions (“Everyone is out to get me”).
6. Hallucinations of any of the five senses (e.g., hearing voices, feeling one’s skin crawl, smelling strange odors, seeing things others cannot see).
7. The belief that one suffers from extraordinary physical ailments that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.
8. Obsession with recurrent and uncontrolled thoughts, ideas, and images.
9. Extreme confusion, fright, paranoia, or depression.
10. Feelings of invincibility.

Assessing Risk

1. Most Persons in Crisis (PIC) are not violent, and some may present dangerous behavior only under certain circumstances or conditions. Officers may use several indicators to assess whether a PIC represents potential danger to themselves, the officer, or others. These include the following:
 - a. The availability of any weapons.
 - b. Threats of harm to self or others, or statements by the person that suggest that they are prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threat that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
 - c. A personal history that reflects prior violence under similar or related circumstances. The person’s history may already be known to the officer, or family, friends or neighbors might provide such information.
 - d. The amount of self-control that the person exhibits, particularly the amount of physical control, over emotions such as rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
 - e. Indications of substance use, as these may alter the individual’s self-control and negatively influence an officer’s capacity to effectively use de-escalation strategies.

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- f. The volatility of the environment. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated. For example, the mere presence of a law enforcement vehicle, an officer in uniform, and/or a weapon may be seen as a threat to a PIC and has the potential to escalate a situation. Standard law enforcement tactics may need to be modified to accommodate the situation when responding to a PIC.
 - g. Aggressive behaviors such as advancing on or toward an officer, refusal to follow directions, or commands combined with physical posturing and verbal or nonverbal threats.
2. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger.
3. A PIC may rapidly change their presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger (such as an officer stating, "I have to handcuff you now") or from internal stimuli (delusions or hallucinations). A variation in the person's physical presentation does not necessarily mean they will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.
4. Context is crucial in the accurate assessment of behavior. Officers should take into account the totality of circumstances requiring their presence and overall need for intervention.

Response to Persons Affected by Mental Illness or in Crisis

If the officer determines that an individual is exhibiting symptoms of mental illness or the person is in crisis and is a potential threat to himself or herself, the officer, or others, or may otherwise require law enforcement intervention as prescribed by statute, the following responses should be considered:

1. Request a backup officer. Always do so in cases where the individual will be taken into custody.
2. Have EMS stage and respond as soon as possible if the situation requires.
3. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet nonthreatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.
4. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that the person will be provided with appropriate care.
5. Communicate with the individual in an attempt to determine what is bothering him or her. If possible, speak slowly and use a low tone of voice. Relate concern for the person's feelings and allow the person to express feelings without judgment. Where possible, gather information on the individual from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person.
6. Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.
7. Avoid topics that may agitate the person, and guide the conversation toward subjects that help bring the individual back to reality.

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8. Always attempt to be truthful with the individual. If the person becomes aware of a deception, he or she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the officer to validate these, statements such as "I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.)" is recommended. Validating and/or participating in the individual's delusion and/or hallucination is not advised.
9. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Crisis Intervention Training (CIT) officers, community crisis mental health personnel, Crisis Negotiator).

Taking Custody of a Person in Crisis

Based upon the overall circumstances of the situation, applicable law and statutes, officers shall follow Procedure 6108.02 when taking custody of a person in crisis.

By Order of: _____
Jeffrey Hingiss



Chief of Police