



**Accountability
Compassion
Justice**





The C.A.L.M. Approach

This practical solution provides personnel a safe and practical de-escalation response matrix. It should be used to mitigate a potentially violent encounter whenever a weapon is not involved. It was not designed or intended to impede or restrict law enforcement's public safety mission. When the C.A.L.M. Approach™ is employed properly, it can protect officers by reducing the negative impacts of public perception, civil actions, administrative proceedings, and criminal charges. When designing this approach, your personal safety was paramount. As we move forward, please remember that you should never sacrifice tactics for rapport.

The C.A.L.M. Approach was created by a retired San Antonio police officer with over 27 years on the force in close concert with a 24-year defensive tactics instructor, a Board-certified emergency medicine doctor with decades of experience, and a Board-certified psychologist with nearly 20 years in the field.

As you know, law enforcement strategies have evolved and will continue to do so. The C.A.L.M. Approach addresses the present evolution.



Learning Objectives

- Identify the four (4) principles of the C.A.L.M. Approach.
- Define verbal de-escalation and list the eight (8) Active Listening Skills.
- Define mental health crisis.
- Identify the likely signs and symptoms of a person who is potentially suffering from mental illness or the ingestion of a mind-altering drug.
- Identify incidents where being action imperative can cause unnecessary risk of injury or death.
- List several personal approaches and strategies responders can utilize to increase their mental health, both on and off the job.
- Properly perform several non-impact take downs, both as a single responder and as a member of a team.
- List the four (4) Graham factors.
- List the National Standard Use of Force Matrix.
- Identify the Lateral Recovery Restraint™ methodology and cite when it should be used.





Learning Objectives (cont'd)

- Correctly place a handcuffed subject(s) in positioning consistent with the Lateral Recovery Restraint without causing interference with the airway, breathing, or circulation (ABCs).
- Properly assess subjects(s) in the LRR for ABC compromise or de-compensation.
- List the proper first aid measures that can be utilized whenever a subject is having difficulty breathing or suffers a cardiac arrest.
- Identify the “Pit Crew Chief” Method and perform all functions identified in this role.
- List the three (3) Monitoring Concepts that should be utilized after a physical encounter with a subject(s).
- List the four (4) communication strategies that should be utilized after a physical encounter with a subject(s).
- Identify the negative consequences of punishing or creating unnecessary discomfort for a subject(s) after an arrest.
- Define the term ‘transparency’ and identify how it applies in modern-day law enforcement.



Principles of C.A.L.M.

Communication

Active Physical Control Maneuvers

Lateral Recovery Restraint

Monitor

Principles of C.A.L.M.

- The C.A.L.M. Approach incorporates four (4) basic principles that serve as essential tools for today's progressive law enforcement agency:
 - Communication
 - Active Physical Control Maneuvers
 - Lateral Recovery Restraint
 - Monitor
- C.A.L.M.™ is designed to provide officers a practical skill set they can exercise when dealing with open, empty-handed force encounters; skills that encompass proper communication strategies, sound decision-making, and lifesaving medical considerations.



Communication

- Verbal de-escalation strategies
 - Active listening skills
- Dangers of being action imperative
- Mental health concerns
- Benefits of stalling for time
- Risk vs. reward (walk away vs. custodial arrest vs. warrant)



Active Physical Control Maneuvers

- Single officers and team concept approaches utilizing contact control techniques
- Takedowns, joint manipulations, and extremity controls
- Non-impact control maneuvers
- Review of national standard force matrix/use-of-force continuum



Lateral Recovery Restraint

- Designed to reduce injury or death; incorporates positioning of subject(s) on the ground and active medical monitoring
- One, two, or three officer applications
- Specific body mechanics
 - To avoid additional injury to subject(s)
 - Proper body positioning of subject(s) to protect airway and circulation
- **Emergent medical assessment for proper airway and breathing**
 - Medical signs and symptoms of compromised airway
 - Medical signs and symptoms of decompensating subject(s)
 - Proper administration of life-saving measures
- “Pit Crew Chief” Method



Monitor | A Guardian's Mindset

- Officer force applications
- Officer emotions
- Subject(s) emotions
- Use constructive communication strategies
 - De-escalation
 - Communicate calm instructions
 - Communicate required behavior
 - Communicate next steps
- Avoid the desire to punish or create discomfort after the arrest
- Understand the impact of transparency
- Monitor using a Guardian's Mindset



Emotions vs Reasonability

Action Imperative Conduct

Stress & Stressors

Mental Health Tactics

Action Imperative Conduct

- Action Imperative Conduct Defined
 - The act or actions while under stress without thought or planning
 - “Do something NOW right or wrong”
- May be **appropriate**, depending on circumstances
 - Taking immediate action to protect yourself or others
 - Providing first aid or medical attention to yourself or another
 - Effecting a rescue
- Examples when it **may not be appropriate**
 - Immediately resorting to force to effect an arrest of an individual who is not following your instructions only
 - Instantaneously deciding to effect a custodial arrest for a minor violation
 - Placing yourself or others in immediate danger or exposure
 - Attempting to arrest a potentially violent subject who is not posing an immediate threat to others or trying to escape
- *Class discussion on other times Action Imperative Conduct may or may not be appropriate...*



Action Imperative Consequences

- If used appropriately
 - It can save lives
 - It may reduce injury
 - Might bring a quicker resolution to problem
- If used inappropriately
 - Can cause serious injuries or death
 - Can cause improper actions to be taken
 - Can cause loss of evidence or case dismissal
 - Can cause policy violations and disciplinary actions
 - Can cause civil liability
 - Can cause loss of public trust



De-escalation Defined

- Acting or communicating verbally or non-verbally during a potential force encounter to stabilize the situation **and reduce** the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the use of force or with a reduction in the force necessary.
- De-escalation may include the use of such techniques as command presence, advisements, warnings, verbal persuasion, and tactical repositioning.
- De-escalation techniques provide officers the opportunity to stabilize the scene or reduce the necessity for or intensity of force so that more time, options, and resources are available to resolve the confrontation.
 - National Consensus Policy and Discussion Paper on Use of Force



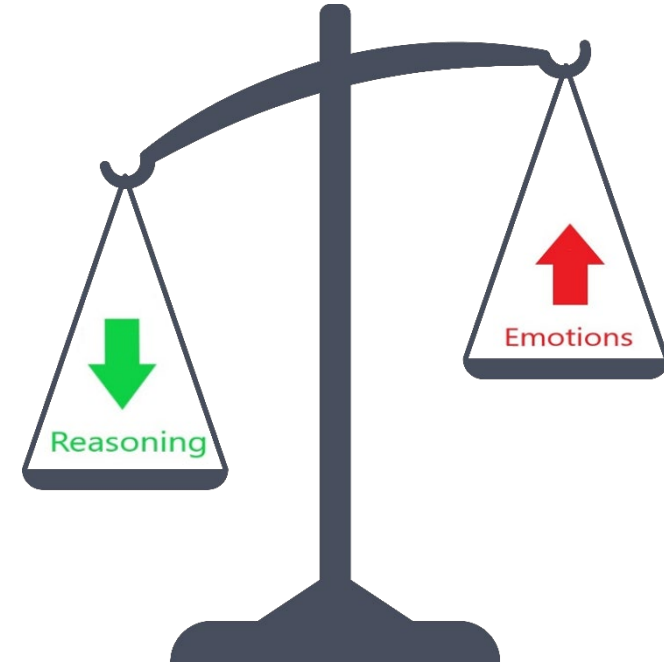
De-escalation Techniques

- Use verbal techniques to calm an agitated subject and promote rational decision making.
- Allow the subject time to respond to direction.
- Communicate from a safe position using verbal persuasion, advisements, or warnings;
- Decreasing exposure to a potential threat by using distance, cover, or concealment;
- When possible, place barriers between an uncooperative subject and an officer;
- Ensure there are an appropriate number of officers on the scene;
- Contain a threatening person as much as possible;
- Move to a safer position if needed and if available;
- Avoid a physical confrontation unless immediately necessary.



Emotions vs. Reasonability

- When emotions are high, a person's ability to reason is low
- Think about the last time you were really upset
 - Were you able to effectively reason?
 - Did you want to speak or be spoken to?
- The goal of de-escalation is to decrease emotions thus increase a person's ability to reason
- Although it takes time, allowing a person to **vent** and **validate** may decrease destructive emotions thus increasing their ability to reason



“The de-escalation process should be treated as a marathon, not a sprint.”

-Richard Smith

Officer Stress vs. Reasonability

- Critical incident stress
 - Critical incident stress can be attributed to any one major event
 - Abrupt, powerful events that fall outside the range of ordinary human experiences
 - Strong emotional impact on officers
 - Affects up to 87% of all emergency service workers at least once in their careers.
- Post-traumatic Stress
 - Persistent mental and emotional stress
 - Result of injury or severe psychological shock
 - May involve disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world.
- Physiological responses to stress
 - Fight-or-Flight
 - Adrenaline and cortisol increase causing changes in heart rate, breathing, vision, hearing; blood thickens to prepare body for injury, may sweat or get goosebumps, hands and feet may get cold, pain perception is reduced¹.



Officer Stress vs. Reasonability (cont'd)

- Stress management / self-control strategies
 - Know your stress responses and how to prepare
 - Must adapt reaction to the situation (e.g. will react differently at home than at work)
 - Prepare for stressful calls while responding
 - Mental preparation: self-talk, pre-planning, rehearsing, and critical thinking
 - Physical preparation: deep breathing/combat breathing, progressive muscle relaxation
- When Officer emotions are high, their reasonability is low
 - Officer may be unable to effectively reason
 - Can lead to Officers being action imperative
 - Can cause an emotional stress collision between the Officer and subject



Long-Term Tactics for Mental Health

Take a break/learn
to relax

Nutrition

Sleep

Exercise

Laugh it off

Spend time in
recreational
activities, hobbies,
time with friends,
etc.

Take a vacation

Change the stressors

Talk to friends and
family

Seek professional
counseling

Improve lifestyle
choices (limit
drinking, smoking,
overeating)



Communication

Active Listening Skills

De-Escalation Strategies

Active Listening Skills

- Purpose
 - Can de-escalate emotions
 - May establish rapport
 - Promotes the assurance of safety
 - Provides the ability to gather additional information
 - Promotes problem solving & critical thinking for everyone involved
 - Can be used to stall for time



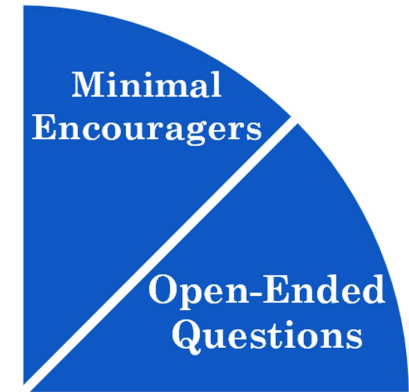
Minimal Encouragers

- Short phrases or body language that encourage subject(s) to continue to talk
- Phrases may include
 - What else...
 - Tell me more..
 - Uh-huh...
 - I see...
 - Ok... (*Be careful you do not want to inadvertently agree to something that may cause a problem*)
- Body language may include
 - Nodding your head
 - Tilting your head side to side
 - Hand movement
 - Eye contact and movement
 - Lip movement
 - Taking a deep breath



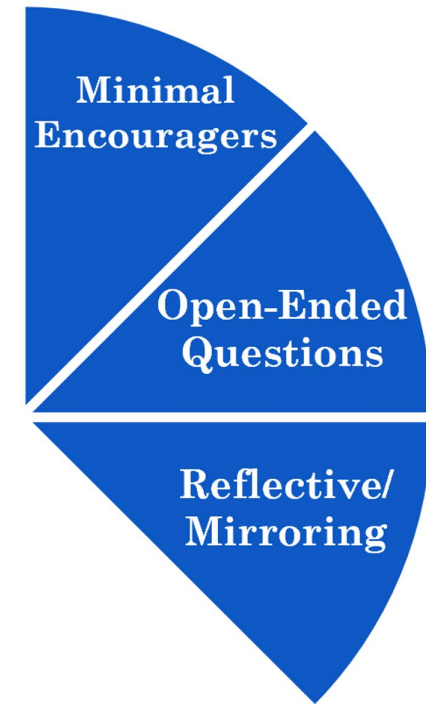
Open-Ended Questions

- Questions phrased in a manner designed to encourage discussion
- Questions that can't be answered with a yes or no answer
 - How did we get here today?
 - What are your concerns?
 - What are you afraid of?
 - How can we peacefully resolve this?
 - What happened?
 - Help me understand?
 - What can I do to help?
 - What's making you...
 - Angry
 - Sad
 - Frustrated



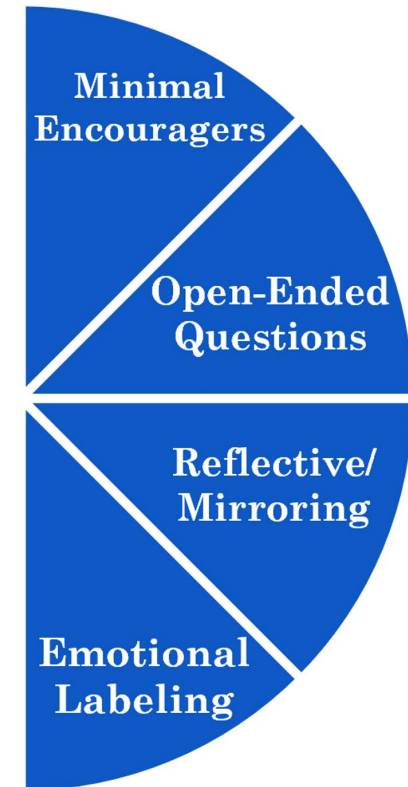
Reflective / Mirroring

- Repeating the subject(s) own statement back to him/her
- “I’m so tired of this crap, I need someone to listen to me”
 - Officer’s reply... “You’re tired of this crap and you need someone to listen?”
- By mirroring the statement, it promotes
 - Additional conversation(s)
 - Lets subject know you are hearing them
- Provides for the ability to stall for time



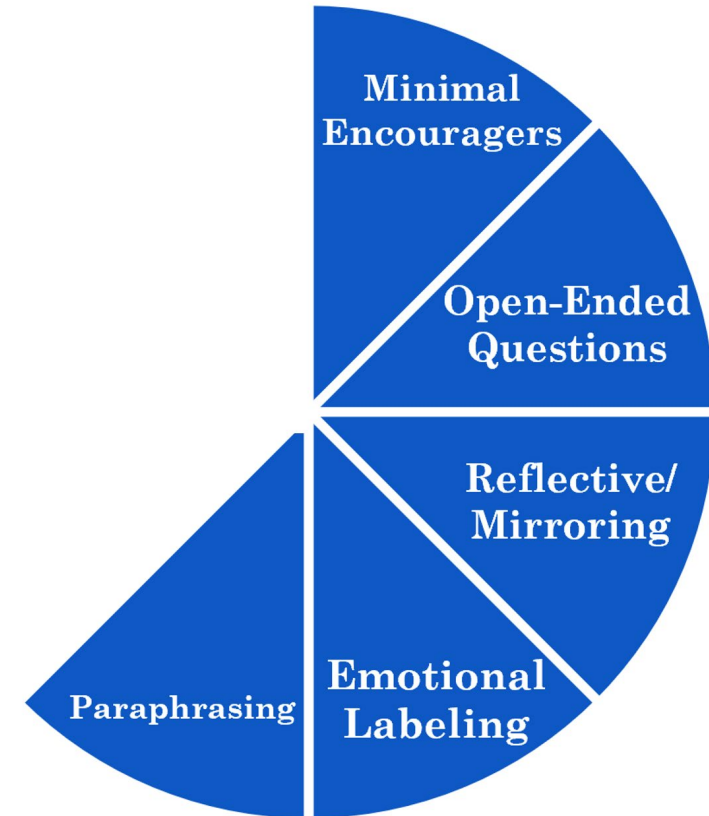
Emotional Labeling

- Identifying the subject(s) feelings
 - “You sound...”
 - Happy
 - Sad
 - Upset
 - Mad
 - Angry
 - Frustrated
 - Confused
 - Hurt
 - Worried
 - Helpless
 - Lonely
- If you mistakenly identify the wrong emotion, the subject(s) will correct you
 - You can now direct your de-escalation tactics towards the proper emotion



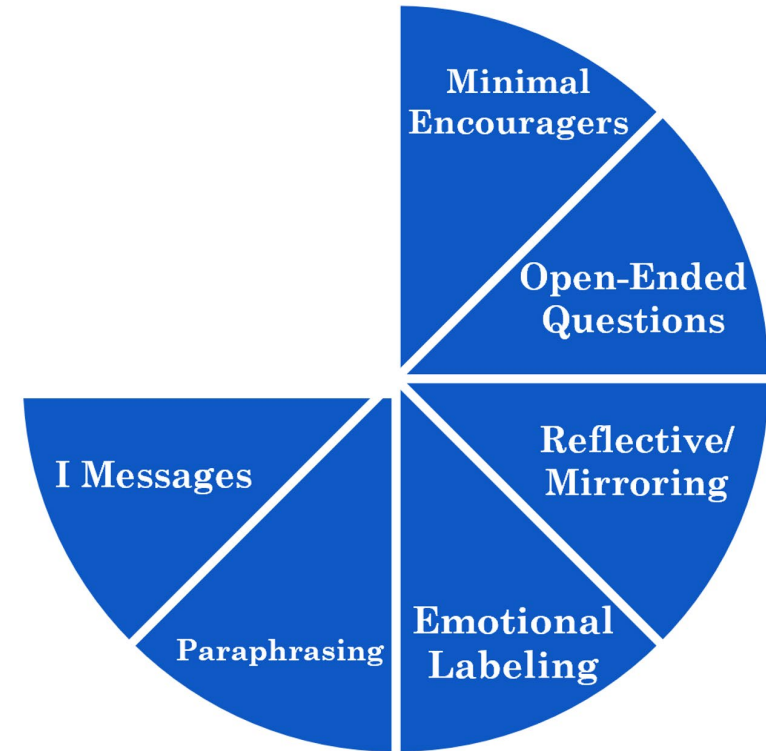
Paraphrasing

- Restatement of the subject(s) communication using your words
 - Reinforces that you are listening and comprehending
 - Allows subjects(s) to hear another interpretation of their message
 - Provides opportunity to clarify message
- Provides the ability to stall for time



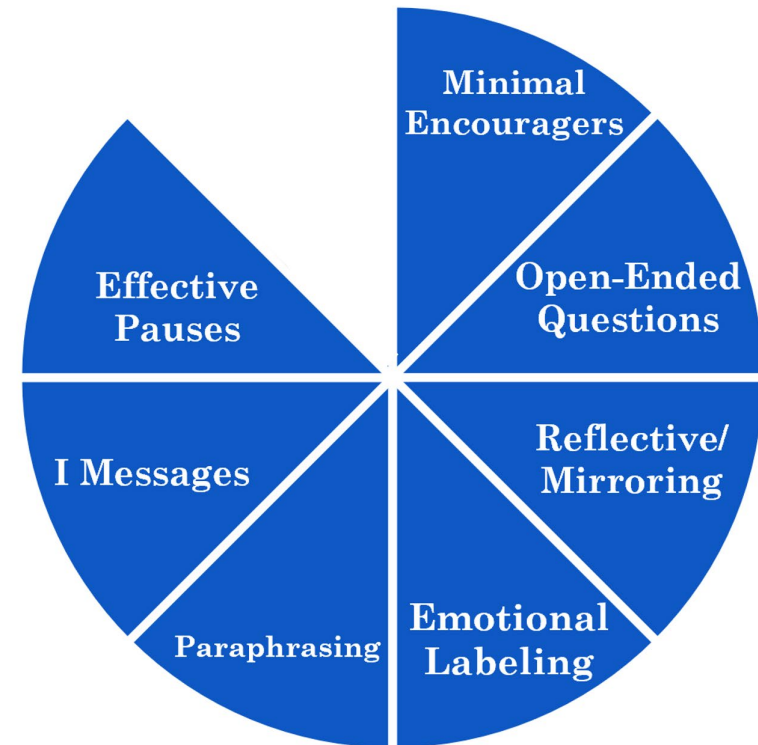
I Messages

- Using an “I” before your statement / message
 - Makes clear that what follows is your thoughts, feelings, or opinions
 - I’m here to help you.
 - I don’t want to see you get hurt.
 - I understand you’re angry
 - I realize you don’t want to...
 - I need you to work with me
 - I don’t want to see you accumulate additional charges
 - I don’t understand
- If used properly, can be one of the best tactics in building rapport



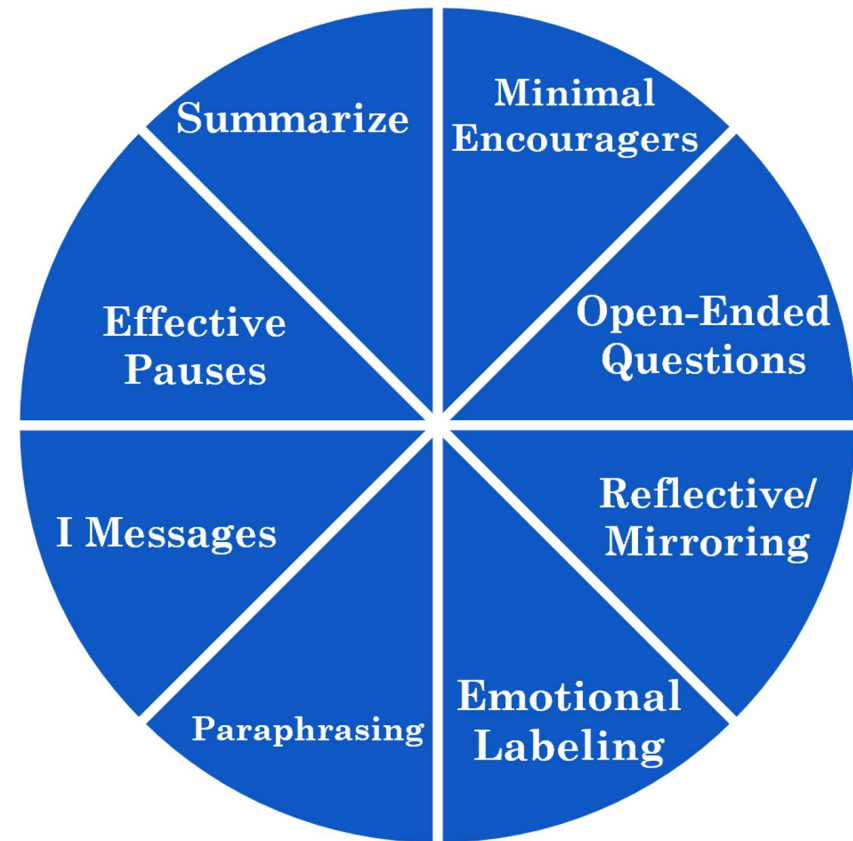
Effective Pauses

- The use of a pause to encourage the subject(s) to continue talking
 - “Hey Richard, you seem really angry”.....pause.....
 - Here we used an emotional labeling statement then paused for a second or two, giving the subject(s) time to reflect on what was said
 - This pause may also cause the subject(s) to continue vent or validate
- Pauses can be used as punctuation for the spoken word
 - “I’m here to help you, I don’t want to see you get hurt.....
 - Here we used an “I” message with an effective pause
- Silence may be golden, but it’s also awkward.....



Summarize

- A timely recap of the conversation
 - May occur several times throughout the conversation
 - Allows for both parties to re-visit all key topics
 - Ensures all parties are on the same page
 - Provides excellent feedback to all involved



Consumer Mental Health Considerations

Identification

Approaches

Communication

Mental Health Crisis Defined

- An incident in which someone with actual or perceived mental illness experiences intense feelings of personal distress (e.g. anxiety, depression, anger, fear, panic, hopelessness);
- A thought disorder (e.g. visual or auditory hallucinations, delusions, sensory impairment, or cognitive impairment); obvious changes in function (e.g. neglect of personal hygiene);
- And/or catastrophic life events (e.g. disruptions in personal relationships, support systems or living arrangements; loss of autonomy or parental rights; victimization or natural disasters) which may, but not necessarily, result in an upward trajectory of intensity culminating in thought or acts that are dangerous to self or others.



Mental Illness Concerns & Strategies

- Paranoid Schizophrenia
- Anti-Social Personality
- Borderline Personality

Note: We are not qualifying you to diagnose a mental illness, or behavior disorder. We are solely providing facts on specific signs and symptoms, and giving guidance on recognized de-escalation strategies. Please consult a licensed mental health care provider if a diagnosis is required.



Material is sourced from the Diagnostic and Statistical Manual of Mental Disorders (DSM-V)

Signs of Mental Health Crisis

- Psychosis
 - A condition that affects the way your brain processes information
 - Causes you to lose touch with reality
 - You might see, hear, or believe things that aren't real
- Extreme distress
- Mood dysregulation
 - Extreme irritability, anger, and frequent, intense temper outbursts
- Uncontrollable anger
- Sweating
- Nudity



Paranoid Schizophrenia

- Characteristics
 - Delusions
 - Hallucinations
 - Disorganized speech (e.g. frequent derailment or incoherence; speaking in abstracts; disorganized speech less frequent in paranoid schizophrenics).
 - Grossly disorganized behavior (e.g. dressing inappropriately, crying frequently) or catatonic behavior
 - Negative symptoms (e.g. affective flattening (lack or decline in emotional response), alogia (lack or decline in speech), or avolition (lack or decline in motivation)).
- Approaches
 - Allow time for ventilation
 - Acknowledge their delusions/ hallucinations but don't play along
 - Use distractions to refocus them on the here and now
 - Re-enforce safety and security with words and actions
- Prevalence
 - 3% male & 1% female



Other Causes of Paranoia

- Dementia
- Personality change due to a general medical condition
- Substance-induced Psychotic Disorder (alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedatives)
- Delusional Disorder
- Brief Psychotic Disorder
- PTSD
- Paranoid Personality Disorder
- Approaches
 - Allow time for ventilation
 - Acknowledge their delusions/hallucinations but don't play along
 - Use distractions to refocus them on the here and now
 - Re-enforce safety and security with words and actions



Antisocial Personality Disorder

- Characteristics
 - Repeated acts that could lead to arrest
 - Conning for pleasure or profit, repeated lying, or the use of aliases
 - Failure to plan or being impulsive
 - Repeated assaults on others
 - Reckless when it comes to their or others' safety
 - Poor work behavior or failure to honor financial obligations
 - Rationalizing the pain, they inflict on others
 - Failure to conform to social norms
 - Relationships based on power and control
 - Deceitful & manipulative
 - Sense of entitlement
 - Lack of remorse
- Prevalence
 - 3% male & 1% female



Antisocial Personality Disorder (cont'd)

- Approaches
 - Establish a working relationship
 - Stay calm
 - Avoid arguments
 - Keep communications practical and business like
 - Convince them that following your directions is in their best interest
 - Carefully plan all concessions



Borderline Personality Disorder

- Characteristics
 - Frantic efforts to avoid real or imagined abandonment
 - A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of romanticism and depression
 - Unstable self-image or sense of self
 - Impulsivity that is potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating)
 - Recurrent suicidal behaviors, gestures, or threats, or self-mutilating behavior
 - Emotional instability presented by intense mood swings
 - Chronic feelings of emptiness
 - Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger, recurrent physical fights)
 - Transient, stress-related paranoid ideation or severe dissociative symptoms



Borderline Personality Disorder (cont'd)

- Approaches
 - Remain calm
 - Voice and self-control is essential
 - Use distractions to change topic during fits of rage
 - Discourage unstructured ventilation
 - Describe options in a clear, direct manner
 - Anticipate uncertainty and emotional liability directed towards you during arrest
- Prevalence
 - 1%-2% of the general population
 - 10%-20% of psychiatric populations
 - Predominantly diagnosed in females, around 75% of all cases



Active Physical Control Maneuvers

Non-impact contact control techniques

Graham Use of Force Standard

- Officers shall use only the **force that is objectively reasonable** to effectively bring an incident under control, while protecting the safety of the officer and others.
- Officers **shall use force only when no reasonably effective alternative appears to exist** and shall **use only the level of force which a reasonably prudent officer would use under the same or similar circumstances.**
- The **decision to use force** “requires careful attention to the facts and circumstances of each particular case, including the **severity of the crime** at issue, whether the suspect **poses an immediate threat** to the safety of the officer or others, and whether he is **actively resisting arrest** or **attempting to evade** arrest by flight.”
- In addition, "the ‘reasonableness’ of a particular use of force must be judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight...the question is whether the officers’ actions are ‘objectively reasonable’ in light of the facts and circumstances confronting them.”

Graham v. Connor, 490 U.S. 386 (1989)



"The Use-of-Force Continuum"

- **Officer Presence** — No force is used. Considered the best way to resolve a situation.
 - The mere presence of a law enforcement officer works to deter crime or diffuse a situation.
 - Officers' attitudes are professional and nonthreatening.
- **Verbalization / De-Escalation** — Force is not physical.
 - Officers issue calm, nonthreatening commands, such as "Let me see your identification and registration."
 - Officers may increase their volume and shorten commands in an attempt to gain compliance. Short commands might include "Stop," or "Don't move."
- **Empty-Hand Control** — Officers use bodily force to gain control of a situation.
 - *Soft technique.* Officers use grabs, holds, and joint locks to restrain an individual.
 - *Hard technique.* Officers use punches and kicks to restrain an individual.
- **Less-Lethal Methods** — Officers use less-lethal technologies to gain control of a situation.
 - *Blunt impact.* Officers may use a baton or projectile to immobilize a combative person.
 - *Chemical.* Officers may use chemical sprays or projectiles embedded with chemicals to restrain an individual (e.g. pepper spray).
 - *Conducted Energy Devices (CEDs).* Officers may use CEDs to immobilize an individual. CEDs discharge a high-voltage, low-amperage jolt of electricity at a distance.
- **Lethal Force** — Officers use lethal weapons to gain control of a situation. Should only be used if a suspect poses a serious threat to the officer or another individual.
 - Officers use deadly weapons such as firearms to stop an individual's actions.

National Institute of Justice, "The Use-of-Force Continuum," August 3, 2009, [nij.ojp.gov: https://nij.ojp.gov/topics/articles/use-force-continuum](https://nij.ojp.gov/topics/articles/use-force-continuum)



Lateral Recovery Restraint

Use

Positioning

Assessment & Interventions

Team Approach



Lateral Recovery Restraint

- Use
 - To reduce injury or death
 - Incorporates positioning of subject on the ground and active medical monitoring, while still maintaining control of the individual
 - After a violent or physically demanding encounter
 - Can be used anytime a subject appears to be medically compromised
- Positioning
 - Specific body mechanics that support a subject's airway, breathing, and circulation
 - Allows for the effective restraint of a non-compliant subject
 - Avoids additional injury to subject
 - Officers should **never** place pressure on subject's back, chest or stomach
 - Officers should **never** place pressure on any part of the subject's neck



Lateral Recovery Restraint (cont'd)

- Emergent medical assessments for proper airway, breathing, and circulation
 - **Medical signs and symptoms of compromised airway**
 - Statements from subject
 - Inability to speak in full sentences
 - Snoring or gasping
 - Gurgling
 - Poor skin color
 - Blue
 - Ashen
 - Cold or clammy skin
 - **Medical signs and symptoms of decompensating subject(s)**
 - Unresponsiveness
 - Diminished rise and fall of the chest
 - Respiratory or cardiac arrest



Lateral Recovery Restraint (cont'd)

- **Proper administration of life-saving measures**
 - **Immediately call for EMS support**
 - Ensure current position is not interfering with the airway, breathing, or circulation
 - Adjust subject's position as needed
 - Subject appears to be hyperventilating, gasping for air, or can't speak in complete sentences:
 - Coach subject to breath deeper and slower
 - Snoring sounds – **Can be a sign of serious decompensation**
 - Re-position airway into a neutral position
 - Subject's neck should be in-line with torso, ears should be in-line with shoulder blades
 - Ensure head is not hyper-extended or that the chin is pushed forward towards the subject's chest
 - Gurgling sounds- **Can be a sign of serious decompensation**
 - Ensure subject is on their side so any fluid can easily flow from the subject's airway

Lateral Recovery Restraint (cont'd)

- **Proper administration of first aid measures (cont.)**

- Appearance of de-compensation

- Remove handcuffs and loosen any restrictive clothing
 - Place subject on their back, on a hard surface
 - Subject appears not to be breathing; however, has a pulse
 - **Open, Clear, and Maintain** subject's airway
 - Using pocket mask or rescue shield, supplement subject's breathing by providing one rescue breath every five seconds.
 - Continue rescue breathing until EMS arrives or you are relieved by a higher medical authority
 - Subject appears not to be breathing nor do they have a pulse
 - **Immediately initiate CPR resuscitation efforts in accordance with your agency's policies and procedures**
 - If available, utilize AED and follow manufacturer instructions
 - Continue CPR resuscitation efforts until EMS arrives or you are relieved by a higher medical authority

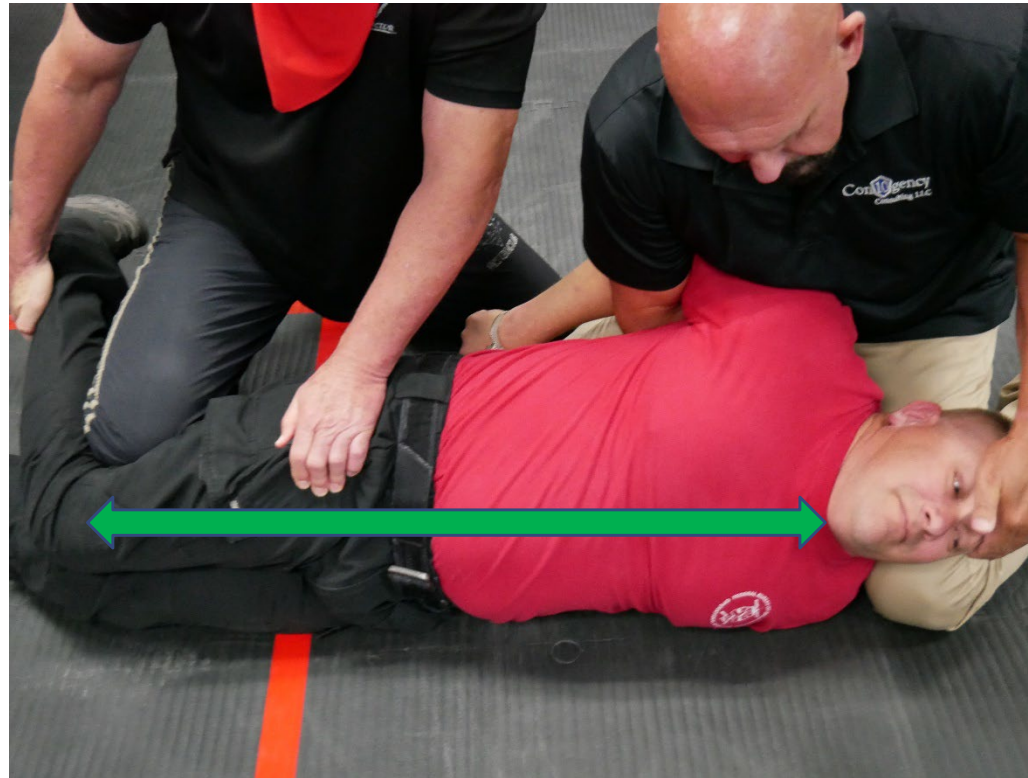


Lateral Recovery Restraint (cont'd)



Correct Head Position

Lateral Recovery Restraint (cont'd)



Correct Body Position

Lateral Recovery Restraint (cont'd)



Incorrect Body Positions

Do NOT Apply Pressure

- Neck
- Back
- Chest
- Stomach



The “Pit Crew Approach”

- The “Pit Crew Approach” incorporates the concept that a group of individuals engaged in a life-threatening activity can increase survivability and have a better overall outcome if they are formed into a team under the direction of a leader or “Chief”.
- Incorporates four (4) basic principles:
 - Leadership
 - Ability to take charge
 - Does not need to be a supervisor
 - Knowledge
 - Understanding in the application of The C.A.L.M. Approach
 - Communication
 - Ability to clearly communicate directions to team members and bystanders
 - Strategy
 - Ability to forecast and shift as situation evolves



“The Chief”

- May be the second or third officer arriving
- Not physically needed to aid in controlling subject or crowd
- Immediately assumes oversight of all officers subduing and controlling subject
 - Ensures force applications are being applied appropriately
 - Ensures proper application of LRR
 - Verifies officers are **NOT** applying pressure to the subject’s neck, back, chest, or stomach
 - Communicates to officers any needed corrections or modifications
 - Ensures “Monitoring” strategies are being utilized
 - Verifies all policies and procedures are being followed



Monitor

Force

Emotions

Communication Strategies

Transparency

Monitoring Concepts

- Once the subject has been handcuffed or secured, officers **MUST**
 - Monitor all force applications
 - Only use the force necessary to control or restrain the subject
 - Avoid placing pressure on the subject's neck, chest, back or stomach
 - Officers should consider using the LRR if subject was involved in a violent or physical encounter
 - Monitor your own emotions
 - Control your breathing
 - Control your words, messaging, and tone
 - Be professional
 - Monitor the subject's emotions by using the four communication strategies:
 - De-escalation
 - Communicate calm instructions
 - Communicate the required behavior
 - Communicate next steps



Transparency | Who's Watching

- Everyone's Watching – (*Class discussion*)
 - Witnesses, cellphone cameras
 - Officers own body cameras
 - Avoid the desire to punish or create unnecessary pain or discomfort
 - Let's have a conversation...?
 - What are your thoughts...?
 - Negative Consequences
 - Can cause loss of evidence or case dismissal
 - Can cause policy violations and disciplinary actions
 - Can cause civil liability
 - Can cause loss of public trust
 - Can lead to criminal charges being filed
 - Can cause civil unrest
 - Serious injuries or death to other officers, their families, or the public
- Always do the right thing, even if no one is watching!
 - You'll feel better about yourself
 - You'll feel added security in your job
- Do it for yourself, your partner, and your family



Summary

- The C.A.L.M. Approach incorporates **Communication, Active Physical Control Maneuvers, Lateral Recovery Restraint, and Monitor** principles into a matrix for law enforcement use when engaged in an open, empty-handed force encounter.
 - De-escalation and monitoring are crucial elements to be practiced through the encounter's completion.
 - The Lateral Recovery Restraint methodology was designed by Con10gency's law enforcement and medical professionals to reduce injury or death; it incorporates positioning of subject(s) on the ground and active medical monitoring
 - A "Pit Crew Approach" should be implemented – an officer, not needed to control the subject or crowd, should ensure force applications and the LRR are being used appropriately.
- Officers should actively work to de-stress both on and off the job; find and regularly employ techniques to successfully monitor emotions following a stressful encounter.
- Always do the right thing, even if no one is watching!



Questions?



In Memory



Brigadier General (Dr.) Craig Manifold

*Former Con10gency Medical Director and Key
Contributor to the C.A.L.M. Approach*

April 6, 1963 – September 20, 2020

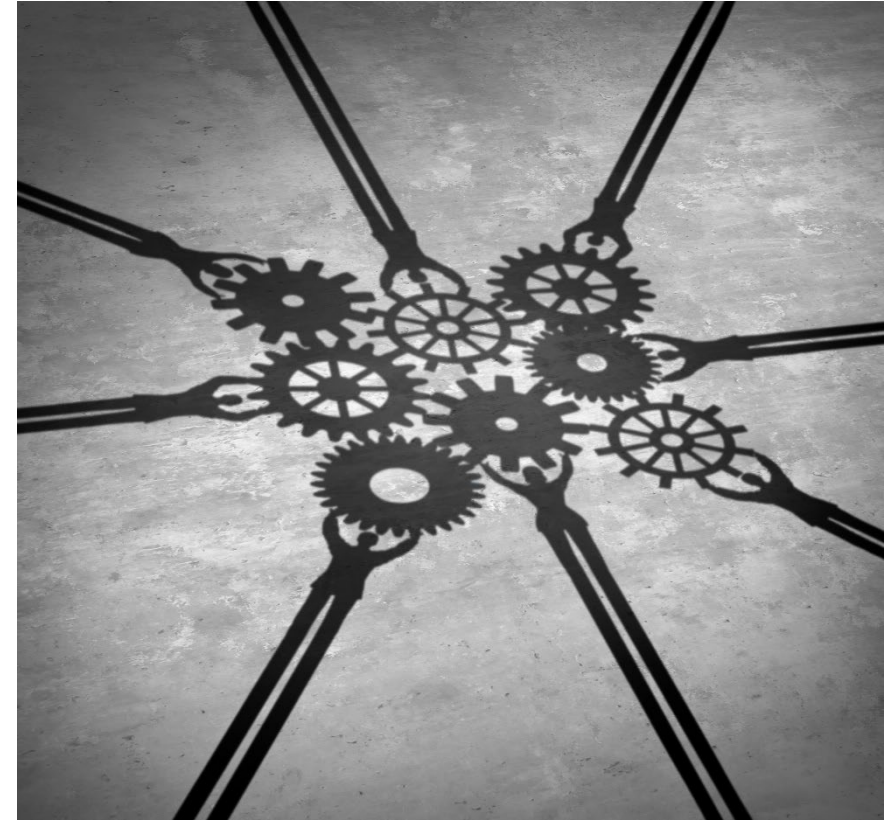


Student Self-Review

The C.A.L.M. Approach

Principles of C.A.L.M.

- Communication
- Active Physical Control Maneuvers
- Lateral Recovery Restraint
- Monitor



Emotions vs. Reasonability

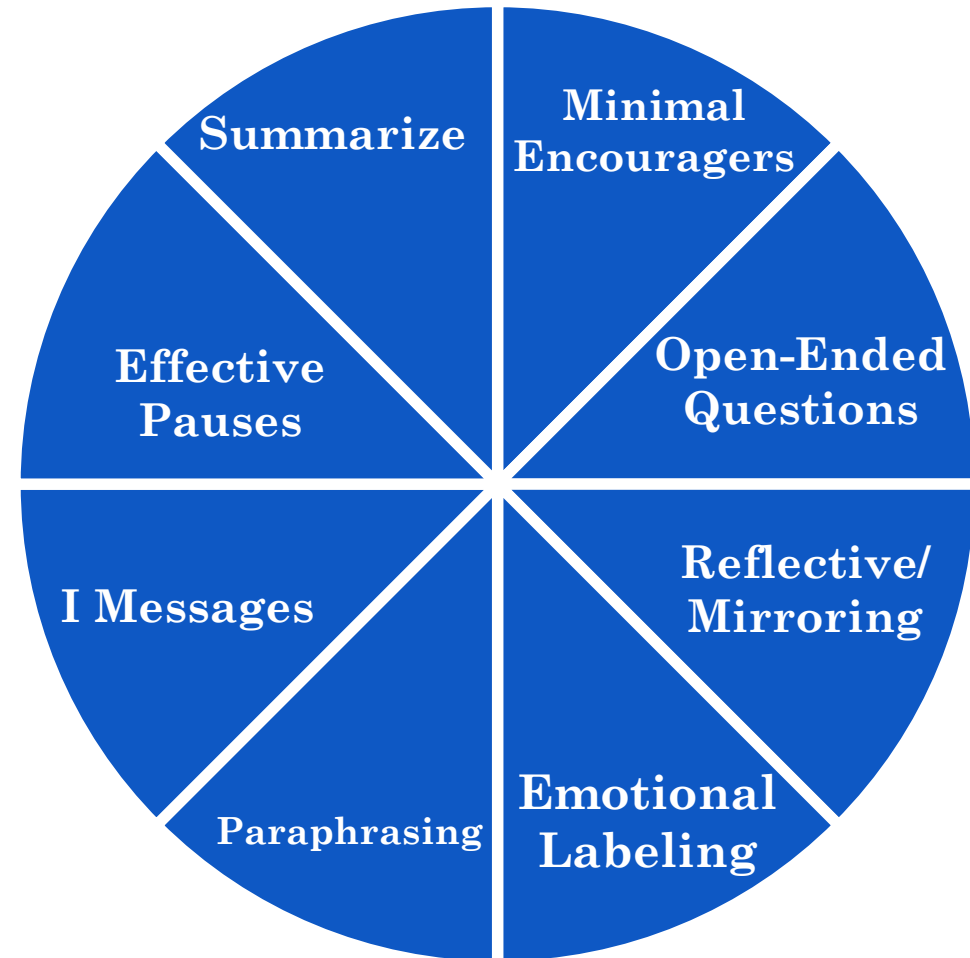
- Identify incidents where being action imperative can cause unnecessary risk of injury or death
 - Immediately resorting to force to effect an arrest of an individual who is not following your instructions only
 - Instantaneously deciding to effect a custodial arrest for a minor violation
 - Placing yourself or others in immediate danger or exposure
 - Attempting to arrest a potentially violent subject who is not posing an immediate threat to others or trying to escape
- List several personal approaches and strategies responders can utilize to increase their mental health, both on and off the job
 - Take a break/learn to relax
 - Nutrition
 - Sleep
 - Exercise
 - Seek professional counseling



Active Listening Skills

MINIMAL ENCOURAGERS
OPEN-ENDED QUESTIONS
REFLECTIVE/MIRRORING
EMOTIONAL LABELING

PARAPHRASING
I MESSAGES
EFFECTIVE PAUSES
SUMMARIZE



Review – Signs & Symptoms of Mental Illness

- Psychosis
 - A condition that affects the way your brain processes information
 - Causes you to lose touch with reality
 - You might see, hear, or believe things that aren't real
- Extreme distress
- Mood dysregulation
 - Extreme irritability, anger, and frequent, intense temper outbursts
- Uncontrollable anger
- Sweating
- Nudity

Lateral Recovery Restraint

- Use
 - To reduce injury or death
 - Incorporates positioning of subject on the ground and active medical monitoring, while still maintaining control of the individual
 - After a violent or physically demanding encounter
 - Can be used anytime a subject appears to be medically compromised
- Positioning
 - Specific body mechanics that support a subject's airway, breathing, and circulation
 - Allows for the effective restraint of a non-compliant subject
 - Avoids additional injury to subject
 - Officers should **never** place pressure on subject's back, chest or stomach
 - Officers should **never** place pressure on any part of the subject's neck



“The Chief”

- May be the second or third officer arriving
- Not physically needed to aid in controlling subject or crowd
- Immediately assumes oversight of all officers subduing and controlling subject
 - Ensures force applications are being applied appropriately
 - Ensures proper application of LRR
 - Verifies officers are **NOT** applying pressure to the subject’s neck, back, chest, or stomach
 - Communicates to officers any needed corrections or modifications
 - Ensures “Monitoring” strategies are being utilized
 - Verifies all policies and procedures are being followed



Monitoring Concepts

- Once the subject has been handcuffed or secured, officers **MUST**
 - Monitor all force applications
 - Only use the force necessary to control or restrain the subject
 - Avoid placing pressure on the subject's neck, chest, back or stomach
 - Officers should consider using the LRR if subject was involved in a violent or physical encounter
 - Monitor your own emotions
 - Control your breathing
 - Control your words, messaging, and tone
 - Be professional
 - Monitor the subject's emotions by using the four communication strategies:
 - De-escalation
 - Communicate calm instructions
 - Communicate the required behavior
 - Communicate next steps



Transparency | Who's Watching

- Everyone's Watching – (*Class discussion*)
 - Witnesses, cellphone cameras
 - Officers own body cameras
 - Avoid the desire to punish or create unnecessary pain or discomfort
 - Let's have a conversation...?
 - What are your thoughts...?
 - Negative Consequences
 - Can cause loss of evidence or case dismissal
 - Can cause policy violations and disciplinary actions
 - Can cause civil liability
 - Can cause loss of public trust
 - Can lead to criminal charges being filed
 - Can cause civil unrest
 - Serious injuries or death to other officers, their families, or the public
- Always do the right thing, even if no one is watching!
 - You'll feel better about yourself
 - You'll feel added security in your job
- Do it for yourself, your partner, and your family



The C.A.L.M. Approach Matrix

The C.A.L.M. Approach Matrix

