

# FORCE SCIENCE<sup>®</sup> NEWS

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## NEWSLETTER #367

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### **I. Understanding key factors in de-escalating potential suicides**

Among the most tragic officer-involved shootings is this scenario:

A distraught family member calls 911 because a loved one seems hell-bent on killing himself and can't be dissuaded. The desperate hope is that the police can successfully intervene. But on scene, officers prove as unpersuasive as everyone else.

As the contact evolves, with officers groping for what best to do and say, their presence becomes a match to a fuse. The would-be suicide flares into violence. The officers are forced to shoot to protect themselves or others. And the outcome is what everybody (including perhaps the subject himself) had wanted to prevent: a troubled individual who needed help in the worst crisis of his life gets death instead.

“These incidents take a terrible toll on everyone,” says Dr. Bill Lewinski, executive director of the Force Science Institute. “That includes the agency involved, because its perception by the media and the public and its vulnerability to civil litigation are inevitably at risk.”

Across the country, suicide rates have risen in nearly every state from 1999 to 2016, with a nearly 30% increase nationally, according to the Centers for Disease Control and Prevention.

“With the chance of law enforcement encountering subjects bent on self-destruction growing, officers and administrators are asking for more effective training on how to achieve positive resolutions with these troubled individuals,” Lewinski says.

To address that need, the breadth and depth of material on how to most effectively respond to suicidal-subject calls is being significantly expanded in Force Science's two-day “*Realistic De-escalation*” classes (see training note below for details on the next course).

The emphasis, Lewinski says, is strictly practical—how to better “read” a subject's motives for wanting to take his life, how to understand and apply the proper tactical and

communication techniques to build personal rapport whenever possible, and how to skillfully guide him or her to a peaceful outcome without sacrificing safety in the process.

Lewinski, with more than 40 years' professional experience dealing with suicidal subjects, will present this instruction. In a recent conversation with *Force Science News*, he offered an overview of some fundamentals involved in understanding the unique challenges of these dicey situations and strategizing to meet them:

**KEY STEPS.** First, Lewinski says, we need to understand that the purpose of suicide intervention is not to solve the person's crisis but effectively transition them from a street critical incident to treatment. Second, it's important to grasp the four key steps that "shape the process" of achieving a positive outcome when confronting suicidal intent.

**1. Establish contact.** If you can't reach the subject emotionally and/or intellectually, you can't build rapport. And without rapport that allows you to employ the appropriate psychological resources and tactics, such as persuasion, then de-escalation may not be achievable.

"Making contact usually involves an *integrated* response that incorporates both tactical and communication factors," Lewinski says. "If you can't contain and control an incident, de-escalation will be difficult or impossible."

**2. "Peel the layers."** With contact, you need to define the problem underlying the would-be suicide and understand how the subject sees it and how he's intending to resolve it. "Usually the subject doesn't share this information immediately," Lewinski says. "You have to reach it by gradually and patiently peeling away layers to reach the core problem."

**3. Assess & mobilize resources.** As you learn more about the subject's motivations, problems, and personal capabilities, you'll need to apply the appropriate psychological techniques to direct him toward a constructive outcome. This may involve identifying and engaging professional mental health assistance.

**4. Reach appropriate closure.** Ideal results for these risk-fraught calls will vary, depending on the personalities and circumstances involved. But you need to have the potential outcomes in mind from the beginning to be most effective, Lewinski says.

**SUICIDAL CONTEXT.** "As an officer, you can't do anything to change the *cause* that people see for their suicide," Lewinski explains. "You can't write a check to solve their financial problems or you can't bring back the dead to cure a despairing sense of loss and mourning. But you *can* change the *mood* and influence the 'purpose' that's driving them toward self-destruction."

To do that, understanding the psychological context often framing suicidal intent is critical. Lewinski itemizes these common influences propelling suicidal behavior:

**Suicidal erosion.** Seldom is there a single catastrophic incident that precipitates a suicidal decision, Lewinski says. "Most often these subjects have experienced the last of a *series* of negative events. They've been worn down by difficulties heaped upon difficulties and now the final straw has broken them."

**Ambivalence.** “Often subjects threatening suicide are not fully committed to it,” he says. “They desperately want their problems to end but they may not really want to die. They want to change something or stop something but they don’t know how. This ambivalence is something that knowledgeable officers can really play off of in dealing with them.”

**Dyadic nature.** “A dyad in this context is an interaction between a pair of individuals,” Lewinski explains. “With would-be suicides, there usually is another person involved who is tripping the issue—a lover, a relative, a spouse, a boss, a partner in crime, some other pivotal party. Discovering who this person is and zeroing in on the dyadic relationship can be very helpful to an intervener.”

**Illogical thinking.** “The suicidal mind is typically gripped with illogical thinking,” Lewinski says. “This mental contamination may be temporary, brought on by a highly emotional state or drug or alcohol intoxication, or it may be longer-term. But the condition is such that logic and reason may not register with the suicidal subject as they would with a rational person. By recognizing this state and modifying your approach accordingly, you may be able to pierce through this fog and help subjects recover their rationality or at least gain their cooperation.”

**MOTIVATIONS.** Further elaborating on context, Lewinski cites four reasons people are drawn to suicide as an option:

**1. To bring attention.** Frustration over a personal or social problem they can’t solve motivates a very high percentage of suicide-intenders,” Lewinski says. “Theirs is a cry for help, and of all the suicidal subjects you may encounter these people are the most ambivalent. They don’t want to live with the problem but they don’t truly want to die.

“Unless they’re highly determined to kill themselves, you have the greatest probability of intervening successfully and persuading them that there are other ways to effectively address the problem that’s eating at them.”

**2. To exert power.** “They see threatening, attempting, or committing suicide as a means of preventing something or making something happen through their own emphatic action. The impact, of course, is usually greatly exaggerated but could have a powerful controlling effect on the relationship.”

**3. To impose revenge.** “In the illogical suicidal mind, taking one’s own life is viewed as a form of payback or punishment for someone or some group who has wronged the subject,” Lewinski says. “It’s expected that the other party will experience devastating grief, sadness, or guilt because of the subject’s death. ‘You’ll be sorry when I’m gone’ is often a theme statement.”

**4. To surrender to despair.** “This subject truly sees life as bleak, dark, utterly hopeless—not the slightest glimmer in an endless abyss of black,” Lewinski says. “This is a very desperate situation, difficult to work with and difficult to resolve. These subjects will often complete their suicide before officers arrive or shortly thereafter, no matter what intervention is attempted.”

“If you don’t understand what’s motivating a suicidal subject who’s still alive when you arrive, you can’t persuade them to find a different resolution. You miss the ‘hook.’ ” Lewinski says.

In his “*Realistic De-escalation*” course presentation, he focuses on how to deploy three types of persuasion—logical, emotional, and characterological—and how to tailor these to the suicidal motivation you’re attempting to counter.

**OUTCOMES.** When all relevant factors are considered, a suicidal-subject call has six possible outcomes, Lewinski explains.

1. In the simplest scenario, the call is a **false alarm**. An observer has misinterpreted or exaggerated the subject’s behavior, and there’s really no intent to commit suicide. “Maybe a subject seen looking down from a high bridge for a long period of time is just in deep contemplation about something rather than about to jump, but an observer misreads the situation and out of extreme caution calls the police,” Lewinski says. “Here, you sort out what’s what and no major intervention is needed.”
2. Depending on the circumstances and the players involved, you may feel confident leaving the subject in the custody of **family or friends**, with the understanding that they will rally resources to deal with the motivating problem.
3. Through your dialogue, you may persuade the subject to voluntarily make a confidential **self-referral** to a mental-health facility. “Here,” Lewinski says, “you should escort him to the facility to seal the deal.”
4. “If you realize the subject is not capable or lacks the resources to handle the problem on his own, you may need to *bring* him to a hospital ER for evaluation, potentially leading to an **involuntary commitment** for mental-health treatment,” Lewinski says.
5. Sometimes suicidal people have committed crimes and you may think it best to **arrest** them. “If so,” Lewinski says, “be sure to warn booking personnel that the subject has threatened suicide. Custodial staff should then arrange a suicide watch and a mental health assessment.”
6. You arrive at the scene and find a **completed suicide**. “Regardless of how convincing the situation looks, you need to treat this as a *homicide* until forensics and other evidence determine otherwise. Your job now is to protect the scene until investigators arrive,” Lewinski says.

When you arrive at a call, “keeping these potential outcomes in mind will help you set strategies for resolving the situation,” Lewinski says.

**CASE ANALYSES.** As part of his presentation, Lewinski will lead an expanded class dissection of clinical case histories, analyzing tactics, communication, and decision-making in real-world situations.

Attention will also be paid to how to properly articulate and document your actions whatever the ultimate outcome. “When the resolution is less than ideal, officers need to understand and be able to explain *why* the encounter evolved as it did and what

limitations or extenuating circumstances may have prevented a better result,” Lewinski says.

“Keeping an individual from committing suicide is different in important ways from any other type of de-escalation,” he states, “and the ‘*Realistic De-escalation*’ expanded content on suicidal subjects is significantly different in substance, method, and results from standard de-escalation classes that typically just emphasize ‘active listening.’ ”

## **II. Official after-action report challenges some terrorist study findings**

In *FSN* #365 [5/17/18] we reported an after-action paper authored by a team of medical professionals regarding a terrorist attack on a conference center in San Bernardino, CA, in which 14 people were killed and 22 seriously wounded.

That study, headed by Dr. Joshua Bobko, has been challenged for allegedly containing “factual errors that are not supported by official documents, the timeline, or dozens of interviews of the first responders to this incident.”

The challenge comes from an investigative committee of four headed by Dr. Daved van Stralen which produced the official after-action report on the incident, commissioned by the San Bernardino County Fire Dept. Van Stralen is internationally recognized as an authority on EMS/paramedic operations.

According to committee member George T. Williams, a West Coast law enforcement trainer and subscriber to *Force Science News*, there are a dozen points of conflict between the two reports. These range from differences over who did what during the multi-agency response to disagreements over conclusions about performance quality.

For instance, the official committee disputes that “confusion” occurred at the scene because fire and EMS units were not accustomed to combined operations with law enforcement.

“There is little to no evidence of confusion from the [official] interviews, timeline, or witness statements,” Williams says. “Paramedics were accustomed to combined operations from years of joint response to very frequent multiple-victim shootings within the city. Police, fire, and EMS also participated in prior joint integrated training and were familiar with the needs of each service during this response.

“While any unplanned, large incident involving a multi-agency, multi-discipline response is initially chaotic, there is no evidence that any victim suffered any harm from any confusion on the part of first responders.”

Among other things, the committee also refutes Bobko’s assertions that medical personnel were unprepared for working in the wet environment created by activation of a sprinkler system...that medics started screening SWAT operators for PTS symptoms at the scene...that some medics arrived without personal protective equipment...and that responders acted as if they were unaware of a potential IED threat, “which is not true.”

“It is important to understand that this was a very successful public safety response to a volatile, uncertain, complex, ambiguous, and high-threat incident,” Williams says.

“Every victim who was found alive survived this attack because of the efforts of every responder who risked his or her life for the benefit of the victims, witnesses, and citizens they served.”

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