

TACTICAL COMMUNICATION

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TACTICAL COMMUNICATION MODEL

- **Tactical communication** – form of communication led by specialists and oriented towards **cooperation**.

Goal – special focus on obtaining the necessary information to reach an **as efficient solution as possible**.

- **Usage model** of tactical communication is based on the **critical assessment** of personal behaviour and situation factors.

Goal – to select the most suitable **cooperation option** that would ensure **safety** of specialists and other people.

USAGE MODEL OF TACTICAL COMMUNICATION

ACTIONS

01



PERCEIVE!

02



ASSESS, PLAN,
ACT!

03



SPEAK UP!

04



CONTROL!

05



USE!

06



ALIGN!

ASSESSMENT

ASSESSMENT PROCESS

Assessment process includes an analysis of two groups of factors:

1. Situational factors
2. Personal behaviour factors

1. SITUATIONAL FACTORS

SITUATIONAL FACTORS

Environment

- Weather conditions: rain, snow, wind, heat, etc.
- Surroundings: premises, outside premises
- Atmospheric conditions: daylight, darkness

Number of persons

- One against one specialist
- One against several specialists
- Several against one specialist
- Several against several specialists

SITUATIONAL FACTORS I

Personal abilities

- Under the influence of drugs or alcohol (reduced ability of self-control)
- **Intoxicated** (inability to stand or take care of oneself)
- Physical size, strength, skills of person
- Emotional state

Information about the person

- Information (Security Information Centre)
- History
- Reputation

SITUATIONAL FACTORS II

Time and distance

- Severity of situation
- Reaction speed
- Can time and distance be increased?
- Retreat ways

Potential signs of attack

- Ignoring
- Repeated asking
- Emotional ventilating
- Refusal to submit to lawful oral request
- Stopping of all movements
- Intrusion in the personal space
- Protective poise
- Hiding

EMOTIONALLY UNSTABLE PERSON

Emotional imbalance (impulsiveness) – person's condition when a person **is not able to control one's emotional reactions.**

Behaviour:

1. Impulsive actions
2. Anger issues
3. Changing communication background
4. Inadequate reaction

EMOTIONALLY UNSTABLE PERSON I

Reasons:

- Abuse of different substances
- Medical condition
- Mental disorder
- Excessive tension

EMOTIONALLY UNSTABLE PERSON II

Mental disorder includes severe disorders of thinking, feelings that are reflected in the person's ability to adapt to the surroundings.

The fact that a person **demonstrates psychopathic symptoms does not always mean that a person has a mental disorder**, as other factors can cause symptoms similar to mental disorder:

- Head injuries
- Medical disorders (diabetes, epilepsy)
- Side-effects of medicines
- Failure to use special anti-psychotic medicines
- Mixing medicines with other substances
- Abuse of substances (alcohol, drugs, inhaling substances, etc.)

EMOTIONALLY UNSTABLE PERSON III

How can you determine whether a person suffers from a mental disorder?

It should be taken into account that a person possibly has a mental disorder, if you can give affirmative answers to both of the following:

- When replying to questions or during conversation, person's answers are senseless, person's speech is disconnected, incoherent, etc.
- Person cannot say his/her name, place of residence and does not know where he/she is at the moment.

2. PERSONAL BEHAVIOUR FACTORS

PERSONAL BEHAVIOUR FACTORS

- Cooperation: person **reacts appropriately** to the presence of specialist;
- Resistance (passive): person **refuses to cooperate without using physical actions**;
- Resistance (active): person **uses non-offensive physical actions** and refuses to cooperate;
- Offensive: person **threats, tries to use** or uses physical strength towards specialist or another persons;
- Severe bodily injuries or fatal injuries: **person takes actions** that, upon **reasonable assessment of specialist**, can cause severe bodily injuries or death.

PERSONAL BEHAVIOUR FACTORS I

90% of personal communication is non-verbal

Observance of non-verbal communication is mandatory for the specialist, if an efficient solution is required.

Eyes can provide additional information to specialist:

1. **Size of the pupils of the eyes**
 - If a person is **nervous**, pupils **widen**;
 - If a person is **angry**, pupils **narrow**.
2. **Person's eyes change the focus from the eyes, chest, and hands of specialist**, person **assesses** the size of specialist.
3. **Person's eyes change the focus**: this can mean that a person faces **hallucinations**.
4. **Person's eyes move fast**: person's eyes move very fast from one side to another, up and down that **shows excitement and agitation**.
5. **Person looks around**: this can be a sign that a person **looks for the possible paths of escape or weapons**.

PERSONAL BEHAVIOUR FACTORS II

- 6. Person's eyesight is blurry, empty or not seeing anything.** This can be caused by one of several reasons: drugs, alcohol, medical issues, etc.
- 7. Person has a focused look** Majority of people will **look at the target before the attack**. Usually the pause between the look and attack is 1/4 of a second. This pause provides specialist with enough time to exit the attack zone or create a distance.
- 8. Person's eyes widen and the whites of the eyes are visible** It is **basic reaction to surprise or fear**.
- 9. Person's eyes are bright, glowing.** The surface of person's eyes is a little overloaded with tears as a result of emotions, suffering or sadness.

PERSONAL BEHAVIOUR FACTORS III

Gestures

Some basic gesture and posture signals specialist has to learn to recognise and understand:

Head:

- Bent back – aggression
- Bent forward – support
- Straight – self-confidence

Face:

- Muscle tension, twitches, cramps, clenching teeth: agitation or aggression

Lips:

- Pressed forwards showing teeth: anger

Breathing:

- Breaching tempo is faster and gets deeper: aggression

PERSONAL BEHAVIOUR FACTORS IV

Hands:

- Crossed on the chest – support
- Crossed with clenched fists – aggression
- Opening and closing fists (pumping) – agitation or aggression
- Placed on the hips – self-confidence
- Crossed on the groin – not aggressive
- Boxer's poise – aggression
- Poise of Eastern combat – aggression
- Clenched fists, white finger joints – aggression
- One fist open, the other closed – possibly a weapon
- Hidden on the back (one or both hands), possibly a weapon – not aggressive

PERSONAL BEHAVIOUR FACTORS V

Palms:

- Placed above the waist, hands with the edge of the palm pointed outwards – aggression

Elbows:

- Close to the body – tense
- Away from the body – relaxed

Index finger:

- Finger over the throat – aggression
- Middle finger raised – aggression
- Index finger and middle finger raised (sign of peace) – not aggressive

PERSONAL BEHAVIOUR FACTORS VI

Legs and posture:

- Weight equally on both feet – not aggressive

Threats

- Specialist stands, person sits – aggression
- Specialist stands, person stands – less aggressive
- Specialist sits (right distance, body placed in an angle), person sits – support

Body:

- Expanded body – aggression
- «Compact» body – not aggressive

MEASURING PROBABILITY OF RISK

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By assessing the **situation and personal behaviour factors** and the possible level of **threat**, you can decide on the application of **type of impact**.

Measurement of the level of threat is based on two indices:

1. Severity of consequences
2. Probability of the event

THREE LEVELS OF SEVERITY

Levels (**bodily injuries and damage of property**):

- 1) Cannot be assessed
- 2) Can be assessed partially
- 3) Predicted significance

THREE LEVELS OF PROBABILITY OF EVENT

- A. High probability – 70%-100% (will happen)
- B. Medium probability – 40%-70% (might happen)
- C. Low probability – 10%-40% (risk exists)

ASSESSMENT OF THREAT

Formula to determine the probability of risk: **level of severity of consequences + probability of the event = probability of risk** (see Table)

Severity of consequences	Probability of the event		
	High (A)	Medium (B)	Low (C)
Severe (III)	(5) Very high risk, impermissible	(4) High risk, impermissible	(3) Medium risk, permissible
Medium (II)	(4) High risk, impermissible	(3) Medium risk, permissible	(2) Low risk, permissible
Low (I)	(3) Medium risk, permissible	(2) Low risk, permissible	(1) Very low risk, permissible

DECISION-MAKING

Decision-making is based on perception-based variables:

1. Environmental impact
2. Number of persons
3. Personal abilities
4. Threat posed to specialist or other persons
5. Distance to threat
6. Reaction time
7. Specialist's experience
8. Knowledge about the person from previous experience
9. Threat level

DIRECTIONS OF ACTION

Pursuant to **perception-based** variables, you can choose the **type of impact (directions)**:

- Presence of specialist: impact of **presence of specialist** on person or situation;
- Communication: verbal or non-verbal **instructions used** to solve the situation;
- Physical control: **any physical control**, technique (or/and involvement of security service) to control person that does not include use of weapons and special equipment;
- Special equipment: **any not lethal weapons** used to control person;
- Lethal power: **weapon or technique** that can **cause** severe **bodily injuries or death**.

TACTICAL COMMUNICATION

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The specific style of communication of people is formed on the basis of a combination of several things:

- Kinetics (body language)
- Verbal (words)
- Para-language (tone, level of noise, modulation)
- Active listening (understanding, feedback)
- Role of specialist

Goals of tactical communication:

- To ensure application of professional standards
- **To prevent escalation of conflicts**
- To ensure de-escalation of situation
- To help to control situation

ROLE OF SPECIALIST

SPECIALIST = INTERMEDIARY!

Intermediation – *intermediation of specialist does not mean a comprehensive and exhaustive consultation*

Intermediation includes:

- Assistance to conflicting parties to find a solution to the current conflict
- Acting as intermediary of other support organisations

Assistance to people in finding solutions to their conflicts includes application of problem solving strategy that includes the following elements:

1. Identification of problem
2. Generating the possible solutions to the specific problem
3. Identification of the most constructive solution considering situation (usually through exclusion)

NON-VERBAL COMMUNICATION

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Three areas of non-verbal communication that define the efficiency of specialist's communication:

- Interval
- Eye contact
- Gestures

NON-VERBAL COMMUNICATION I

Interval

Four zones **intimate, personal, social** and **public**.

- Entrance in intimate and personal zone significantly **increases agitation** of person;
- **The safest distance** is **1.5 to 3 metres** from person;
- In all cases when the distance of 1.5 metres is not observed, you have to be ready for an **attack**.

NON-VERBAL COMMUNICATION II

Eye contact

If a specialist **uses eye contact correctly**, it can demonstrate care, **support, trust**, encouragement and authority. Assessment of the eye movements during conversation can provide specialist with important signals, for example:

1. Is the person submissive, angry or mentally unstable?
2. Is the person looking for escape or opportunity to attack?

NON-VERBAL COMMUNICATION III

Duration of eye contact

1. If you do not maintain eye contact, it might cause an impression that you feel insecure, shy or try to deceive.
2. If a specialist maintains a continuous eye contact during conversation, person might interpret it as a wish to dominate or it might be interpreted as aggression.

NON-VERBAL COMMUNICATION V

Use of eye contact:

- If specialist is taller than person and maintains continuous eye contact during conversation, it can be interpreted as an attempt to **dominate**.
- If specialist is shorter than person and maintains continuous eye contact during conversation, it can be interpreted as excessive self-confidence or **challenge**.
- If a specialist in a conversation with person maintains **direct eye contact and slightly bent head** and short nods, it is perceived as accessibility and **demonstrates support**.
- **To demonstrate support**, specialist during the conversation has to **maintain eye contact**. **To reduce the sense of dominating**, specialist **has to turn the eyes away** to the person's chin and neck. This turn can last even one second.

COMMUNICATION

COMMUNICATION

Initial contact

- Use **appropriate greeting** and identification documents, **explain the reason of intrusion**.

Distance

- **Do not violate personal space of a person**, unless it is necessary.

Directives

- General instructions provided by authorised representative (the difference between directive and order is that in the event of order, a person does not have the rights to choose).
- Make sure you do everything or can do everything you have promised.

COMMUNICATION I

Emphatic (active) listening

It is a well-known fact that the ability **to understand how the client feels**, perceives oneself, the situation and other people, is one of the most powerful tools to use in order to neutralise a tense situation.

Explain and inform

- **Explain actions** you take.
- Inform about the legal status and/or requirements.

Repeating/redirection

- Includes repetition of directives/requirements.
- Redirecting conversation back to the key topic.

COMMUNICATION II

Ways of action and consequences of refusal to cooperate

Orally assess all ways of action and potential consequences for both cooperation options: positive and negative. If time allows, explain to the person the consequences of action in such a detailed manner as possible.

Ignoring

- **Ignore personal comments and notes**
- Exclamations and swearing caused by stress and anxiety have to be ignored, because reacting to them can escalate the situation

COMMUNICATION III

Challenge/denial

1. Written comments or comments that provide subtext of your actions (the only reason why you have such an attitude is that I am... .).
2. Do not ignore such comments as that might imply agreement.
3. **Deny it directly** saying “No, I do not have any “special” attitude towards you, I want to help you.”
4. Redirect the challenge quickly to avoid further discussion.

COMMUNICATION IV

Timely oral interruption

People cannot talk endlessly (they have to stop to retrieve breathe every **12–18 seconds**), be calm and wait for the strategically right moment to interrupt a person to redirect the conversation to the topic of your interest.

Redirecting

1. People often try to involve you in debate by asking questions;
2. Only positive or negative answers might cause unwanted consequences;
3. Due to these reasons the best solution is to **redirect the question** saying: “I understand why this topic worries you, but I am here for another reason. I am here because...”;
4. You have to redirect the conversation as soon as possible not to provoke further discussions.

COMMUNICATION V

Authorisation (providing an opportunity)

- Authorising people to make decisions provides them an opportunity **to be heard;**
- Or to make them feel that they control the situation.

COMMUNICATION VI

Last chance

- When it is clear that **words do not help** and you have to escalate the situation (*Is there something I could say or do to make you listen? Are you sure that there is nothing that might persuade you that it is in your best interest that....*)

There are two benefits of this technique:

- It signals the partner about your intentions.
- If there are other persons around and they hear what you say, they might be valuable witnesses that would characterise your efforts to solve the conflict.

Order – Understanding – Explaining

1. Order the person to obey;
2. Make sure the person understands the order;
3. To reduce the anxiety of person, explain what you will do.

TACTICAL COMMUNICATION (SUMMARY)

Technique	Logical basis
Short expressions or confirmation <ul style="list-style-type: none"> • <i>You are angry because...</i> 	1. Starts conversation and continues it. 2. Encourages person to speak up.
Open questions <ul style="list-style-type: none"> • <i>Why do you think it happened?</i> 	Provide more information than closed questions.
Reflection <ul style="list-style-type: none"> • <i>You sound shocked...</i> • <i>It sounds like you are very disappointed...</i> 	Demonstrate your care and interest.
Do not interrupt	Allow the person to tell their story.
Re-phrasing <ul style="list-style-type: none"> • <i>Please allow me to specify, you said that...</i> 	Confirm the importance of message and provides more information.
Problem-solving strategy (summary)	
<ol style="list-style-type: none"> 1. Goal: what is/are the goal(-s) 2. Assessment: assess the situation 3. Provide solutions: provide choices 4. Conclusion: are your goals achieved? 	

ATTITUDE TOWARDS A MENTALLY UNSTABLE PERSON

Key rules when talking to a mentally unstable person:

- 1) Never **get involved in an argument**;
- 2) **Humour is not an acceptable answer**;
- 3) **Use of deception is not acceptable** because it destroys trust.

Trust can have a direct impact on further submission and level of threat.

THREAT

THREAT

Aggressively disposed attackers usually do not start an attack because **they are afraid to injure themselves** in an attack. Aggressors start with threats of attack that is a **ritualised fight**. If the level of threat is sufficient, the opponent gives in without a fight and aggressor wins without hurting oneself. When threat and counter-threat cannot end situation, intensive internal conflict situation is caused and physical action is started.

THREAT

The following are external changes that happen when the aggressor moves from a ritualised fight (when attack is not clear but possible) to a condition when attack is inevitable:

1. lips are expanded outwards showing teeth;
2. eyebrows change from wrinkled forehead look to low above eyes;
3. head is bent down protecting neck;
4. direct eye contact is stopped and person uses targeted looks;
5. breathing becomes rapid and deep;
6. shoulders bent towards the specialist are straightened;
7. fists are clenched;
8. **speech changes from threatening, shouting and rude to avoiding to speak at all;**
9. If the aggressor is outside the direct zone of reachability of specialist, the last gesture before attack would be inclining forwards to ensure take-off for a dynamic attack.

THREAT

Neutralise anger and disappointment with sympathy

- When you have to calm down other people who are suffering, always be in harmony with their pain. Lead them through their pain to the reason of pain.

Overcome strength with tenderness

- When you have to force somebody to obey law or instructions, ignore their offences. Execute the power of authority you represent rather than your anger.

Do not be interested

- Respect the authorities that entitle you to act.

THANK YOU FOR YOUR ATTENTION!