

CIT Topic Rationale Sheet
Presenter Outline

Topic: Returning Veterans

Why is this topic relevant to the STREET ENCOUNTER?

1. Frequency of LE encounters expected to grow as more veterans come home.
2. Officers will need to be prepared to de-escalate PTSD and TBI encounters
3. Encounters with veterans pose unique issues that LE should be aware of due to access to weapons and vets have highly specialized combat and weapons training.
4. Command and control tactics may escalate the situation
5. The basic de-escalation guidelines identified within the EAR model are the suggested tactics

Proposed learning objectives to prepare the officers for such encounters?

1. While most veterans make successful transitions to civilian life, some returning veterans face heightened risks for post traumatic stress disorder (PTSD) and traumatic brain injury (TBI).
2. Define and provide prevalence estimates of PTSD and TBI in returning vets.
3. Describe what these issues look like in the street encounter. Re-enforce that someone with PTSD or TBI may present in several of the LOSS categories depending on if the observable characteristics being displayed are anger, anxiety, or loss of hope.

What do officers need to know about de-escalating this encounter that is unique to the EAR Model?

Engage*	Assess	Resolve
If you are unsure if you are in an encounter with a vet based on what they are wearing or things they are saying- Ask them	Vets may have received specialized training, including hand-to-hand and weapons training	Younger veterans may respond well to direct orders once you decide on a course of resolution.
When you ask, don't ask if they are a vet, ask if they have any US military experience.	Ask if they have a weapon, especially if you are in their home and attempt to disarm them. Vets OFTEN carry their gun and or probably have access to a weapon	Let them know that the local Veterans' Affairs Office and the Red Cross provides resources and supports for returning vets.
Thank them for their service.	Don't forget to use loved ones on the scene as sources of information.	See if they have enrolled with the VA should they need health or mental health services
If you have served, let them know that and talk with them about your common experiences as long as talking about it does	Find out if the vet is experiencing transition problems. Usual problems associated with re-entry back	

not de-escalate their behavior.	into civilian life include nightmares or flashbacks of the trauma the person faced.	
Ask directly if it has been difficult coming back home and see if the person will explain the difficulties.	Ask about their emotional health, Veterans with PTSD can often feel numb or detached from others, activities, and their surroundings.	
Veterans, like law enforcement officers, are conditioned to survive Establish hope within the encounter. Let them know you are in a position to get them help (e.g., “You worked hard to get home, I can help you protect what is important to you.”)	Be mindful of co-occurring issues that may happen with returning veterans, including alcohol and substance abuse, as well as suicidal thoughts.	

**Presenters Note: Engagement strategies are based on behavior and communication, two of the most studied, yet poorly understood fields. These are offered as guidelines, Let the class know that this is still more art than science and if these suggestions are working to calm the person, great. If they are escalating the person, try something else.*

Possible Resources

The Army has an entire training module dealing with PTSD and the returning veteran that includes PP with video (<http://www.behavioralhealth.army.mil/battlemind/index.html>), Local Red Cross, Veterans Administration, especially their Veterans Justice Outreach Coordinators. Local or regional veterans and or their families who will talk about their experiences.