

Crisis Intervention Team Training

Facilitator Guide

Session Overview

Personal Introduction & Learning Objectives	05m
Introduction to CIT	15m
Sequential Intercept Model	30m
SMALL GROUP EXERCISE – Predictors of Violence	10m
Break (as needed)	10m
Types of Crisis Intervention	10m
Identifying Mental Health Behaviors	50m
Break (as needed)	10m
Cont. Identifying Mental Health Behaviors	30m
Developmental Disabilities	20m
Break (as needed)	10m
Involuntary Treatment Act	20m
Dementia	20m
Post-Traumatic Stress/TBIs	15m
Introduce Regional Resource Exercise	05m
End of Session / Break	

Learning Objectives:

- Identify the different levels of intervention in the Sequential Intercept Model as presented in class.
- In a mock scene demonstrate skills presented to communicate with a subject experiencing a Mental Health Crisis as presented by the instructor.
- In a mock scene demonstrate skills presented to communicate with a subject with a developmental disability as taught by the instructor.
- In a mock scene demonstrate skills presented in class to de-escalate a subject experiencing a mental health crisis.
- On a given assignment research and answer questions on resources available for presented scenarios, for the officer's assigned jurisdiction.

Total Session Time: 4 hours

Main Topics of Session:

- *CIT is Officer Safety Training*
- *LE as the first line of the Mental Health System*
- *Identify MH Behaviors*
- *Involuntary Treatment Act*

Facilitators Needed: 1

Location: Classroom

Materials Needed:

- *PowerPoint*
- *Top 10 Predictors of Violence Chart*
- *Regional Resources Handout*
- *Sequential Intercept Poster*



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NOTE TO FACILITATOR

Crisis Intervention Team Training is a widely used process that was originally developed in Memphis, Tennessee, and is universally used in law enforcement today.



SAY TO CLASS – Introductions/Foundation

Introduce facilitators and objectives, explain class agenda and process:

- Introduce Crisis Intervention Team Model
- Handouts
- Describe resources and partnering with different providers to improve outcomes for persons in crisis

What is Crisis Intervention Team Training?

Crisis Intervention Teams or CIT refers to specialized training for LE on how to respond to calls involving persons in mental health crisis, with developmental disabilities, or other severe behavioral emergencies. Officers learn appropriate techniques to identify, assess, and resolve these calls in a safe and efficient manner. The training needs to be specific to an area because it involves using local resources, shelters, and consumer groups so officers can network, establish relationships, and learn what local facilities and resources might be available.

Program Benefits:

- Significant decline in incarceration rates with a corresponding decline in housing and medical costs.
- Decrease in use of force incidents.
- Decrease in both SWAT and Hostage Negotiation Team call outs.
- Increased collaboration and trust with both consumer and provider groups.

Officers who complete the training also find they gain empathy and tolerance for persons experiencing these issues. Consumers and family members report increased trust and faith that issues will be resolved satisfactorily.



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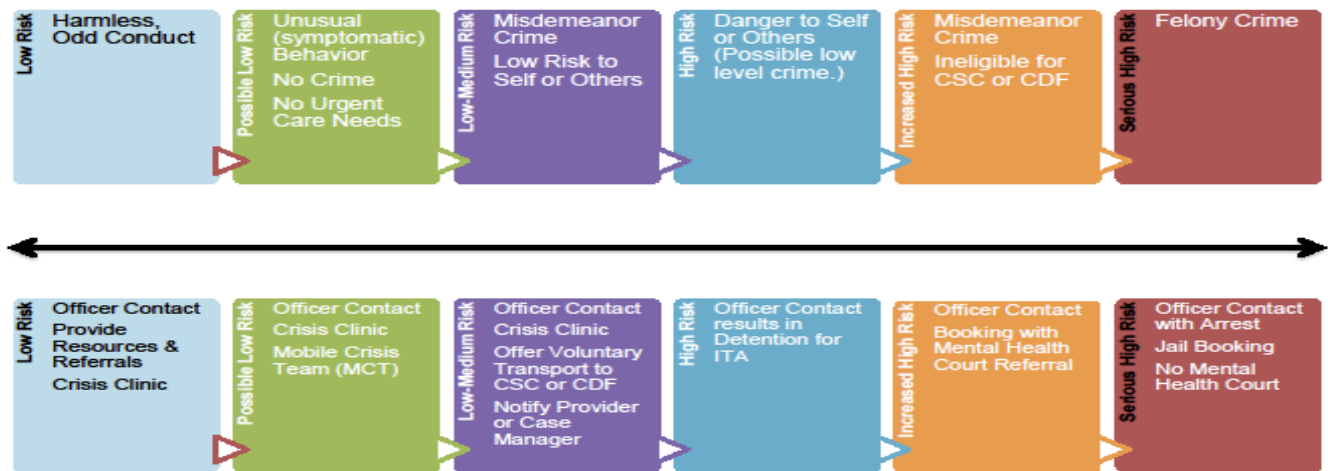
NOTE TO FACILITATOR

In presenting the Sequential Intercept Model refer to the Continuum Chart and give examples at each level that equate to the mock scenes that will be given.

Sequential Intercept Model:

Officers can encounter individuals across a wide spectrum of behaviors due to mental illness, drug abuse, developmental disabilities, dementia and so on. This individual could also be just acting strangely in a park to committing a Class A felony. As one of the paths to the mental health system we can dramatically improve the outcomes for persons experiencing a crisis. The way an officer responds in these situations not only has a significant impact on the successful resolution of the specific incident, but also impacts all future contacts with this individual.

Sequential Intercept Model



NOTE TO FACILITATOR

The purpose of this exercise is to get students to understand that while mental illness can be concerning in a majority of cases it is not **dangerous**. Students will brainstorm and come up with a list then the instructor will present the actual list, compare and discuss.



**SMALL GROUP EXERCISE – Brainstorm Top Ten Predictors of Violent Behavior**

Time: **10 minutes**

Materials: **• 10 Predictors of Violent Behavior: Chart**
• Colored Pens
• Flip Charts

Instructions: *(Do not reveal the Chart until after the brainstorm)*

(Have each group Brainstorm then prioritize their lists)

- Each Group Present their list
- Reveal the actual list

What are the differences in what was expected to what is actually predictive of violent behavior?

BREAK

NOTE TO INSTRUCTOR: The next several sections are types of crisis behaviors and how to recognize them. Present examples of each category of crisis behavior and ask when they might encounter that situation. We will address the intervention later in the curricula.

TYPES of CRISIS INTERVENTION:

There are many types of crisis behaviors that you may encounter across a wide range of situations. Early recognition of the behavior is important for safety and for a successful resolution. The purpose is not to have you diagnose individuals, but to recognize behaviors that might indicate roadblocks to communication, perception, or emotional functioning. By recognizing the behavior you will know what interventions have the best chance of successfully diffusing the crisis and achieving the best possible outcome for you and the individual experiencing the crisis.

Types of Mental Illness:

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Mental illness is a disease of the brain. It can cause difficulties with emotion, thinking, and perception. It can occur at any time and symptoms can come and go. There are 384 different diagnostic categories and you are not expected to know them all, but you should be able to recognize a few common ones. Mental illness does not necessarily impair intelligence; Mental illness may not alter the person's premorbid personality. Don't take a person's attitude towards you personally.

Major Depression: Depressed mood > 2 weeks, appetite and weight changes, sleep problems, restlessness or loss of energy, feelings of worthlessness or guilt, concentration problems and thoughts of suicide.

Bipolar Disorder: Both episodes of mania and depression.

Mania--at least one week of abnormally elevated, expansive, or irritable mood
Grandiosity, decreased need for sleep, rapid speech, racing thoughts, distractibility, increase in goal-directed activity, high risk activity (spending sprees, high risk sexual behavior).

Anxiety Disorders: Panic Disorder, Social Phobia, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Generalized anxiety disorder

Schizophrenia: Duration of at least six months, Delusions, Hallucinations, Disorganized speech disorganized or catatonic behavior, negative symptoms (alogia, avolition), social dysfunction, Considered a "thought disorder"

Personality Disorders: Paranoid, schizoid, schizotypal, Antisocial, borderline, histrionic, narcissistic, avoidant, dependent, obsessive-compulsive

Substance Abuse: Substance use resulting in failure to fulfill major role obligations at work, school, or home, substance use in hazardous situations, substance-related legal problems, and continued use despite persistent social or interpersonal problems.

BREAK

Developmental Disabilities: People with Developmental Disabilities and Autism typically do not fully comprehend nonverbal communication, such as: tone of voice, body language, eye contact, facial expression or personal space. As a result, they are typically socially awkward, have difficulty communicating, and have trouble recognizing safety hazards and understanding social norms and the law. Persons with DD and Autism are 7 times more likely to encounter the police than other individuals, because of their unique communication styles and social characteristics they may frighten or disturb some people.

Typical Behaviors:



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Stimming: These are self-soothing behaviors that can present as hand flapping, body rocking, twirling, off key humming or repeating a word, phrase, vocalization or echolalia.

Acclimation: Subjects will familiarize themselves with a new environment by walking around looking or touching things to make sure their environment is safe. This could also lead to invading others personal space without regard for societal norms. (Often focused on weapons)

Delayed Response: Subjects will often react slowly to commands and it might take them up to 15 uninterrupted seconds to process the command and comply.

Lack of Eye Contact: Often subjects with these deficits will make little or no eye contact. They may appear to ignore you or not pay attention.

Attracted to Shiny Objects and Water: Persons with these disorders are often intrigued by shiny objects and/or water. They often will enter the water even when they cannot swim with a total disregard for the danger to themselves.

Dementia:

Dementia is irreversible cognitive decline that causes significant impairment in social, personal and occupational functioning. 10% of the over 65 Year old population has dementia rising to 50% of population by age 85.

Symptoms include:

- Inability to learn new information,
- Impaired ability to carry out motor activities,
- Difficulty planning, organizing, and abstracting,
- Shows confusion when performing simple task they have done before

Other indicators:

- Piles of unopened bills
- Frequent falls
- Untreated injuries or health problem
- Spoiled food or lack of food
- Refusing assistance
- Unsafe living environment

Post-Traumatic Stress Disorder (PTSD):

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that's triggered by a terrifying event. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event. Many people who go through traumatic events have difficulty adjusting and coping for a while.



Post Deployment Symptoms:

Enhanced Startle reaction
Avoidance of Crowds
Hyper vigilance
Sleep disturbances
Guilt, Depression and Anger
Concentration and Memory problems
Substance Abuse/Self-Medicating
Suicidal Thoughts

Traumatic Brain Injury (TBI):

A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The majority of TBIs that occur each year are concussions or other forms of mild TBI.

Symptoms include:

- Loss of Consciousness
- Being dazed, confused or disoriented
- Memory or concentration problems
- Headache
- Dizziness or loss of balance
- Nausea or vomiting
- Blurred vision, ringing in the ears or bad taste in the mouth
- Sensitivity to light or sound
- Mood changes or mood swings
- Depression or anxiety

Involuntary Treatment Act:

RCW 71.05 gives peace officers the authority to take into custody an individual who the officer believes is suffering from a mental disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled. Within 12 hours a county Designated Mental Health Professional (DMHP) must determine if the individual meets the



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criteria for detention. If the DMHP makes that determination they will file a petition with the appropriate court. This actual process varies across the state and officers need to know what their local policy and procedure is for an ITA.

Instructor Note: Students will be completing a written ITA request in the second block of this unit. The research they will be conducting between now and then should assist them with this assignment.

Conclusion: Crisis behaviors can have many root causes even beyond the information presented here. Please keep this information in mind as we will be giving an assignment and in the second block of this course will be covering intervention and de-escalation strategies.

Ask for questions.

Exercise:

Regional Resource Research: Each student will conduct research on a group of scenario questions answering each from the perspective of their jurisdiction. Resources vary a great deal across regions of this state and answers can and will be different depending on the officer's jurisdiction.

Handout: Regional Research Exercise

