

Crisis Intervention Team (CIT) Training



Introduction

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Crisis Intervention calls on Police/Law Enforcement to recognize the symptoms of mental illness in the course of a call, and to respond in a way that maintains safety while addressing the individual's immediate needs.

Background of CIT

- **CIT was developed by the Memphis Police Department in 1988.**
- **Resulting community outrage led to police and mental health professionals working together to train officers on how to manage crisis situations with the mentally ill.**
- **This collaborative effort led to the “Memphis Model”, a forty-hour training program that combines mental health education with effective police tactics and de-escalation skills.**

CIT Training Consists Of...

- Education on Mental Illness: diagnoses, symptoms, treatments
- Training on Active Listening: get to the root of the problem and allow the individual to speak
- Training on De-Escalation Skills: calm crisis situations, gain cooperation

Collaborative Effort

- **Partnerships: Law Enforcement, Mental Health, Communities**
- **Community Ownership: Planning, Implementation & Support**
- **Policies and Procedures: Implementing Systems Change, Maintaining up-to-date Training and Education.**



History...

How did we get here?

How we used to treat the mentally ill:

- Mentally ill were typically cared for by family members. Those who were not cared for by family were left to languish in almshouses or jails, in terrible and typically filthy states.
- Dorothea Dix is credited with raising public awareness of the need for humanitarian care and conditions.
- Hospitals were built: Insane Asylums, Lunatic Asylums, Asylum for the Relief of Persons Deprived of the Use of Their Reason, etc.

Scene at Bedlam, Hogarth 1796



Madness, More than Chains of Iron, / That set that Patient free, and from / Tyranny of Fancy's Reign: / Richman's Fancy, that can fustle / that Lazarus, & all else will.

With this devoted, supple Rapture / Still with Torment, still with Pleasure: / Signs of Torment, that would even / Call Death of Mercy upon Heaven.

Signs of Pleasure, that but seem / To yield up the Madman's Liberty / To Fancies of Sec! Here he / The Avenger of Heaven, fed by the

The Assemblies House of Youth has run / That thrives from this darling Sin: / No nothing shows with Torment here / Richard Death propelling with Progress.

As seen by this, to have all / And such, they not, A cup of Gold.

Engraved by W. Hogarth & Published according to Act of Parliament June 24, 1731.

Scene at Bedlam from 'A Rakes Progress' - Hogarth, 1796 - Photo: ©Wellcome Library, London.

Why not hospitals now?



- Eventually, the public again lost interest in caring for the mentally ill; funding dried up and hospitals in many states began to resemble jails and almshouses of old.
- Public outcry over ‘warehousing’ led to deinstitutionalization: beds were reduced in number, hospitals closed.
- Spending dovetailed the issue.
- The “right” to be “crazy” compelled the issue further.

Inevitable Outcome

- People were released to their communities without adequate community treatment resources...The money did not follow.
- Result: untreated serious mental illness lead to increased homelessness→ jails, prisons and once again, warehousing.



Cyclical effect?

- **More mentally ill are in jails and prisons than in hospitals.**
- **An estimated 16% of inmates have a serious mental illness, a number that has tripled in less than three decades.**
- **40% of the seriously mentally ill have been in jail or prison at some point in their lives.**
- **We have returned to the days of Dorothea Dix.**

Torrey, 2010.

How we are approaching the problem now: The Sequential Intercept Model

- Because it is expensive to house and treat the mentally ill in jails and prisons, efforts are made to divert and/or treat these individuals at multiple steps:

The Sequential Intercept Model*

Pre-booking

Post-booking

Arrest/Pre-Trial

Post-Trial/Incarceration

Post-Incarceration (prisoner re-entry)

* http://gainscenter.samhsa.gov/text/integrated/Sequential_Intercepts.asp

Why Not Cure Mental Illness??

- Why can't people stop acting crazy?
- Why won't they just take their meds?
- Don't they realize that it's more comfortable to be clean and living indoors?
- What are they thinking??
- And seriously...can't their doctors just fix them?

The Human Brain: A Quick MI Summary...



- Your brain is an **ORGAN**, just like your heart, lungs, kidneys, etc. Think of it as your body's computer motherboard.
- The brain is susceptible to dysfunction, disease, structural abnormalities, and injury, just as any other organ is.
- Disease/disorder manifests behaviorally; think of it as a sort of 'computer virus'

The Human Brain: A Quick MI Summary...



- Varying symptoms and varying degrees of severity.
- There are a multiplicity of: causes, treatments, complex diagnoses and medications...Mental illness can be very, very difficult to treat.
- **Because the brain is an organ:
MENTAL ILLNESS IS PHYSICAL
ILLNESS!!!**

Mental illness: Let's get comfortable for a minute.

- Crazy
- Cuckoo
- Looney
- Nut Job
- 10-96
- ?

Terms and Attitudes Increase Stigma



- Words can be humiliating, painful and devaluing. Repeatedly hearing these terms can increase a person's sense of defeat, demoralization, and reluctance to seek help.
- *Nobody* plans to become mentally ill.
- Mental illness does not discriminate.
- Err on the side of caution; people may or may not be offended, family included.

Why CIT Training?

- You are the first responders—unfortunately you are forced to deal with this population regularly.
- CIT methods improve officer and community safety and assist in more therapeutic outcomes for those involved.
- CIT is in use across the country and internationally (www.vacitcoalition.org; www.citinternational.org ; <http://cit.memphis.edu>).
- It is an effective program that has been studied and shown to work.

First line of response = first line of assistance.

- **CLT is the first step in jail diversion, a concept that seeks to prevent *unnecessary* arrests among the mentally ill.**
- **CLT is about responsibility to the community, as well as responsibility to the criminal justice system.**

Benefits to Law Enforcement

- **Stopping the ‘revolving door’: CIT reduces the number of the mentally ill in the criminal justice system**
- **Decreases officer and civilian injuries and reduces tactical team call outs.**
- **CIT has the further advantage of increasing community support for law enforcement.**

CIT: You Will Gain These Proficiencies

- **Greater understanding of mental illness**
- **Reduction in stigma**
- **Active listening skills**
- **De-escalation skills**
- **Situational Flexibility**



Fundamentals...

- **Not a ‘Hug-a-Thug’ program**
- **SAFETY FIRST!**
- **Listen carefully, note non-verbal communication**
- **Don’t ignore your instincts, perceptions and experiences; integrate what you know.**
- **Be flexible**

Department of Criminal Justice Services

- Approves curriculum annually
- Mandated 40 hours
- Specific requirements regarding courses, including order of presentations

The CIT Manual: It Rocks. Trust Me.



- The CIT manual is not just for use this week. It is for your personal use and professional development.
- Sections represent all areas of CIT training, as well as a section expanding on Special Populations and Police/LE Stress.
- You will receive articles, documents and updates via the CIT Listserv; feel free to print and add them to your manual.
- Questions or comments?