



## **Connecticut Alliance to Benefit Law Enforcement Crisis Intervention Team (CIT) Training**

### **CIT Overview & History**

Crisis Intervention Teams (CIT) are programs that bring together local stakeholders, including law enforcement officers, emergency dispatchers, mental health treatment providers and those with lived experience. CIT involves the delivery of crisis intervention services by sworn law enforcement officers who have received specialized training and are active liaisons to the formal mental health system.

CIT was first established in 1988 in Memphis, Tennessee, after an incident in which an armed person with a history of mental illness and substance abuse was shot and fatally wounded by local law enforcement. Following the incident, Dr. Randolph Dupont of the University of Tennessee Memphis and Major Sam Cochran of the Memphis Police Department developed CIT as a local effort to bring together law enforcement personnel, mental health professionals, and advocates. The goal of CIT was to bring a humane and calm approach to crisis events (Oliva, 2008).

Eventually, through the development of a widely representative stakeholders' task force, Memphis created a program to provide specialized training for a select cadre of patrol officers, as well as training all police dispatchers, and established a therapeutic treatment site as an alternative to incarceration. The 40-hour training provided officers with the skills and knowledge to better respond and de-escalate situations involving persons in crisis. Additionally, with education about treatment options and access to a therapeutic assessment site, officers were able to connect individuals with needed treatment, in lieu of incarceration, consistent with the needs of public safety and addressing the underlying issue of mental illness. Effective CIT programs enhance community collaboration, develop a stable infrastructure and provide top-notch training to improve criminal justice and mental health system response to individuals with mental health issues.

The training emphasizes a better understanding of mental illnesses, including substance use disorders and how it affects a person's life. The course increases communication and de-escalation skills, using both practical experience and role-playing. Course participants are also introduced to local mental health professionals, consumers, and family members during training courses.

### **Goals, Benefits & Outcomes of CIT**

The primary goal of the CIT model is to increase safety in encounters and divert persons with mental illnesses from the criminal justice system to mental health treatment (Watson & Fulambarker, 2012). Treating individuals living with mental illness with compassion and empathy are also goals of the training. A significant body of literature identifies the many benefits and outcomes of CIT training. Benefits include:

- Increased officer/citizen safety
- Decreased police liability and litigation
- Enhanced communication skills for officers
- Reduction in the time officers spend at hospital emergency departments
- Enhanced officer/community confidence and professionalism
- Empowerment of officers to divert person(s) with a mental illness from the criminal justice system.
- Increased cooperation between criminal justice and mental health systems, including reductions in arrest rates and recidivism
- Enhanced responsibility and accountability



## **CIT Response Model**

Providing law enforcement officers with training is just one component of the CIT model. Police agencies are expected to establish CIT policies that provide guidelines regarding response to mental health calls. These policies address the actions of both emergency dispatchers/call takers and CIT trained patrol officers and provide guidelines to ensure that the individuals responding to crisis calls have appropriate training to safely de-escalate the situation and to mobilize other resources (crisis clinicians, etc.) as appropriate. The local mental health community, including the advocacy community, play a key role in providing input for the CIT program. Robust CIT programs bring together stakeholders to ensure individuals in the community are connected to resources beyond the initial crisis call.

## **CABLE Training Overview**

The Connecticut Alliance to Benefit Law Enforcement (CABLE) has provided CIT training to more than 3,500 public safety and mental health providers in Connecticut over the last 20 years. CABLE is a statewide non-profit organization that brings law enforcement officers, mental health professionals and communities together to lower the risks facing police officers and the mental health community. CABLE's CIT training model and curriculum follows the Memphis Model and aligns with best practices set forth by CIT International. Trainers are experienced law enforcement officers, mental health clinicians, academics, individuals with lived experience and family members. Course modules include learning objectives that can be assessed and that align with the overall objectives of the course. Participant's knowledge of mental health conditions as well as attitudes towards individuals living with mental illness and the mental health system are assessed pre- and post-training.

## **Course Format and Criteria for Selection**

CABLE delivers CIT training in a 5-day, sequential 40-hour format. Training participants are selected by their respective law enforcement agencies. While CABLE does not restrict course enrollment, law enforcement agencies are made aware of best practices for selection. According to CIT International, the ideal candidate for training voluntarily expresses interest in attending the training, has adequate service time prior to training and serves in a patrol capacity. In addition to training state, local and federal law enforcement, CABLE CIT training has also included participants from the court system, corrections, fire service, emergency medical response (EMT/EMS) as well as other groups that may encounter individuals in crisis (school security, hospital security, etc.). Mobile crisis clinicians from Department of Mental Health and Addiction Services (DMHAS) funded providers also participate in training to acquire a better understanding of how law enforcement is trained to interact with persons in crisis and to play an active role in building community partnerships with local law enforcement.

Law enforcement officers attending CIT training are eligible to receive 32 hours of POST-C credit in the following areas:

- 201 – Constitutional Law – 2 hours
- 312 – De-escalation – 4 hours
- 401 – Human Behavior – 2 hours
- 405 – Suicide Recognition, Intervention & Management – 3 hours
- 410 – Citizens with Special Needs – 19 hours
- 411 – Conflict Management – 2 hours



## **CABLE CIT Curriculum**

The CABLE CIT Training curriculum is intended to provide officers and first responders with the skills to:

- Recognize signs and symptoms of mental illness and co-occurring disorders
- Develop an understanding of the impact of mental illness and co-occurring disorders on the everyday lives of individuals they may come into contact with.
- Recognize a mental health crisis situation.
- Verbally de-escalate crisis situations – when safe and appropriate
- Identify community resources and jail diversion options.
- Identify what the appropriate steps to follow up are.
- Learn how to problem-solve with the treatment system.

The training curriculum is broken down into learning modules that focus on specific information, acquisition of knowledge and skill development.

## **Lived Experience Perspectives**

Throughout the weeklong training, individuals and family members who have lived experience with mental illness and/or substance use disorder share perspectives and offer input and suggestions for law enforcement for interactions with individuals in crisis and/or living with mental health conditions. Presentations are structured in a manner that encourages course attendees to ask questions and engage with presenters. Lived experience presentations are intended to provide first-hand perspective into the challenges of living with mental illness and/or substance use disorder and to share the resources needed to support individuals and family members.

CABLE collaborates with the National Alliance on Mental Illness (NAMI) in delivering [In Our Own Voice](#) and [Sharing Your Story with Law Enforcement \(SYSLE\)](#). The [Hearing Voices exercise](#) is also an integral part of training.

## **CABLE CIT Training Modules**

Course modules marked with an \* may include the integration of a lived experience perspective.

### **Introduction to CIT\***

This module introduces the history and objectives of CIT in Memphis, Tennessee and Connecticut. The goals and objectives of CIT as well as the benefits of CIT to the officer and the community are discussed in detail. The CIT model and the role of community partnerships and collaboration are emphasized. Participants complete an evaluation to establish baseline knowledge of CIT concepts and to assess attitudes regarding mental health. The concept of police legitimacy as it relates to an officer's ability to de-escalate an individual with a mental health or substance use disorder who is in a state of crisis is also discussed.

### **Introduction to Mental Health and the Brain**

This course module discusses the continuum of mental health, brain structure and the biological, environmental, and psychological contributors to mental health conditions. Classifications of mental illnesses, facts and figures on mental illness as well as considerations for diagnosis and management of mental health conditions are also discussed. The concept of a mental health crisis is defined as well as the crisis cycle and how de-escalation strategies address key considerations in a crisis.



## **Trauma/Trauma Informed Care\***

This course module defines and introduces the concept of trauma and explains how adverse experiences impact the body's psychological and biological systems. The impact of trauma on the brain and the 'fight, flight or freeze' protective mechanism are discussed as well as post-traumatic stress disorder (PTSD, PTSD-C, PTSI). Considerations for interacting with individuals who have trauma histories are discussed as well as the impact of direct and vicarious trauma on law enforcement officers.

## **Mental Health Conditions\***

This course module covers the major types of mental illness including clinical signs and symptoms as well as considerations for law enforcement interactions. A specific focus is placed on those conditions that law enforcement may frequently encounter including depression, anxiety, bipolar disorder and schizophrenia. Major classes of medications are reviewed including a discussion of specific medications, side effects, the effects of medication on psychiatric illness, adherence issues and interactions with psychotropic medications are covered.

## **Substance Use/Co-occurring Disorders\***

This course module provides an overview of substance use/co-occurring disorders. Topics include the impact of substance use disorders, signs and symptoms, consequences, the difference between substance use and substance dependence and challenges for those individuals living in recovery or living with a substance use/co-occurring disorder and mental health condition.

## **Autism Spectrum Disorder\***

This course module defines autism, discusses prevalence and explains why people with autism might come into contact with law enforcement. Symptoms and behavioral manifestations of autism as well as effective law enforcement response to individuals with an Autism Spectrum Disorder are covered in detail. Resources that have been developed to assist law enforcement in interactions with individuals with autism are also discussed.

## **Developmental & Intellectual Disabilities\***

This course module provides an overview of developmental and intellectual disabilities as well as co-occurring disorders. Ways to differentiate between medical and mental disorders, crisis intervention strategies and accessing resources in the community are discussed. Resources that have been developed to assist law enforcement in interactions with individuals living with a developmental or intellectual disorder are discussed.

## **Personality Disorders**

This course module identifies the various types of Personality Disorders as well as the behavioral characteristics that may present. Crisis intervention strategies, considerations for law enforcement response as well as issues related to accessing resources for those living with a Personality Disorder will be also discussed.

## **Suicide Assessment & Intervention\***

This course module covers current trends of suicide, common myths of suicide, as well as predictors and risk factors. Risk assessment tools, including the use of the Columbia-Suicide Severity Rating Scale (C-SSRS) for law enforcement and police liability for suicide risk are discussed. Suicidal vs. non-suicidal self-harm behaviors are discussed. The issue of law enforcement suicide and warning signs are also covered.



## **De-Escalation & Communication Techniques**

This course module addresses strategies and techniques, including active listening, negotiation, persuasion, and verbal and non-verbal communication for de-escalating a crisis situation and bringing the crisis to a safe and effective resolution. Emphasis is placed on perspective-taking, compassion and empathy. Instruction includes case study scenarios and active role-playing scenarios designed to allow participants to practice utilizing skills acquired and to receive feedback from instructors.

## **17a-503/17a-683 – Involuntary Emergency Evaluation/Protective Custody – Intoxicated Person**

This course module focuses on various areas of mental health law with a specific focus on statutory criteria that must be met before a person can be transported to and involuntarily detained for the purpose of a mental health evaluation. Connecticut General Statutes 17a-503 - *Detention by police officer prior to commitment. Issuance of emergency certificates by psychologist and certain clinical social workers and advanced practice registered nurses* and 17a-683 - *Police assistance for intoxicated persons. Protective custody of person incapacitated by alcohol. Medical examination. Detention and release. Notification to family. Assistance for non-admitted person* and statutory provisions are discussed in detail. Specific instruction on how to properly complete the Police Emergency Examination Request (PEER/PREE) form is also provided.

## **Medication**

This course module addresses the major classifications of medications including specific medications, side effects, the effects of medication on psychiatric illness, and interactions with psychotropic medications. Medication effectiveness and considerations for adherence are also discussed.

## **Officer Wellness\***

This course module emphasizes the importance of law enforcement self-care and strategies for coping with work-related stress, trauma and critical incidents. Identification of stressors and proactive strategies for wellness and coping are covered.

## **Youth & Adolescent Considerations\***

This course module covers youth and adolescent development and unique considerations related to mental health including the impact of trauma. Specific topics include stages of brain development, typical behaviors vs. behaviors of youth experiencing a mental health and/or substance use crisis, common disorders affecting youth, differences between youth and adults in crisis and techniques/strategies unique to the youth population.

## **The Elderly & Aging Interventions**

This course module provides information related to considerations specific to older adults. Practical aspects of their care that consider unique characteristics of the population in the context of possible law enforcement interaction are covered. Topics include common disorders impacting the mental health and cognitive functioning of older adults as well as types, characteristics, and symptoms of dementia. Community resources for older adults are discussed and provided to participants.

## **Community Resources & Partnerships**

This course module reviews the mental health care system and the range of local services available for the treatment and support of individuals living with a mental health condition and/or substance use disorder. Various models being used nationally and in Connecticut are discussed. Local mental health and substance use disorder resources are presented as well as how to access them. The role and function of mobile crisis clinicians in a co-response model to individuals in crisis is presented in addition to strategies for enhancing collaboration among CIT officers and community partners.



## Veterans' Issues

This course module provides participants with the knowledge of veterans' needs as well as insight into unique considerations related to the mental health and well-being of veterans in the community. Topics such as mental health and substance use disorders often associated with those who have served in the military, unique considerations for interactions and local resources for veterans are discussed.

## Suicide by Cop & Excited Delirium

This course module addresses the characteristics of an individual at risk for engaging in "suicide by cop", the use of de-escalation in situations where an individual is attempting "suicide by cop" as well as discussion of the potential issues for officers who have been involved in a "suicide by cop" incident. This module also introduces the concept of Excited Delirium and provides participants with a working knowledge of the signs and symptoms, risk factors, causes, phases, and effective strategies for responding to an individual experiencing Excited Delirium. This module integrates first-hand perspectives and lessons learned from individuals involved in officer-involved shooting and suicide by cop situations.

## Hospital Assessment Process

This course module addresses the process of a mental health assessment in the Emergency Department. Topics covered include the mental health evaluation process, assessing need for treatment, treatment options, criteria for involuntary commitment or outpatient referral.

## Site Visits

Course participants may visit local mental health and substance use treatment agencies (hospitals, community mental health centers, homeless shelters, youth services, club house programs, residential facilities, etc.) to familiarize them with area resources, and in-take procedures.

## Course Modules & Contact Hours

Module Title	Contact Hours
Introduction to CIT	2
Introduction to Mental Health and the Brain	2
Trauma/Trauma Informed Care	2
Mental Health Conditions	5
Substance Use/Co-occurring Disorders	2
Medication Considerations	1
Autism Spectrum Disorder	2
Developmental & Intellectual Disabilities	1
Personality Disorders	1
Suicide Assessment and Intervention	2
De-Escalation and Communication Techniques	4
17a-503/17a-683 – Involuntary Emergency Evaluation/Protective Custody – Intoxicated Persons	1
Officer Wellness	3
Youth & Adolescent Considerations	1
The Elderly and Aging Considerations	1



Community Resources and Partnerships	1
Veterans' Issues	1
Suicide by Cop	1
Hospital Assessment Process	1
Legal Considerations for Crisis Intervention	2
<i>Hearing Distressing Voices</i> Simulation	2
<i>In Our Own Voice</i> Program	2
<b>Total</b>	<b>40</b>

## References

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