CIT TOOL KIT

By Michael Woody
Retired Director of Training – Akron Police Department

Forward:

This tool kit is a step by step instruction booklet of the necessary parts and pieces that must be in place in order for Crisis Intervention Team(CIT) training and implementation to be the most successful from the law enforcement perspective. It is chronological in order and hopefully easy to follow. It should save police agencies time, money and effort.

Learn from my mistakes.

Copyright 2003 All Rights Reserved

Backing

First and foremost you must have the backing from the head of your organization. If the Chief is not totally sold on the idea you have no trump card to play when someone above you tries to throw a monkey wrench into the machine.

So, how do you get his/her support? You must make them understand the term "deliberate indifference". They may say they totally understand it, but tell them anyway. I think you will find that they gain a better understanding. Be sure to refer them to the United States Supreme Court Canton vs. Harris Civil Case where the term was first used. In that Case the Supreme Court stated that to not teach police officers first aid on a continuing basis made the city of Canton negligent. It is so likely that an officer will need this skill that to not instruct it on a regular basis was ludicrous.

Then tell the Chief that nationwide 10% of the calls an officer goes on involves someone with a mental illness! Ask the Chief how much training your department has had in dealing with persons in mental crisis? Ask him/her to show you the records of this training. My bet is that they can't.

Next tell the Chief that you want to keep your department and city from being deliberately indifferent by giving officers great mental health training to de-escalate persons in mental crisis.

Ammunition

Assure the Chief that the training is state-of-the-art and is very cost-effective. The training is actually provided by the mental health system and National Alliance for The Mentally Ill (NAMI) organization in your community. They normally volunteer their expertise to provide this community service work.

When the Chief balks because he/she believes that Overtime will have to be paid for officers to fill-in while people are in school remind them of what is done during the summer when officers need vacations. The time-off book is blocked out so that no one can have off other than those on vacation. This is during the summer when you are the busiest. Surely this is no problem in the other seasons when it is less busy and officers traditionally do not ask to be off as much (The Chief must think outside the box).

If all else fails remind the Chief that by working with the mental health community and NAMI organization the police department is taking community oriented policing to it's highest level. Inform him/her that the Akron Police Department received $1.3 million dollars from the federal government for starting a CIT team. And, they were picked as one of 500 grants out of 18,500 to police agencies as the best use of monies to be showcased by the Department of Justice Services.

If he/she is really hardheaded just pull out your departments Mission Statement and read it to them. I'm sure somewhere in there it talks about "Doing the Right Thing" or forming partnerships with the community! Are these just idle words or does the head of the organization stand behind them/ I also bet there is no mention of money standing in the way etched in that "Statement".

If your department has a Vision Statement also, or instead of a Mission Statement, I am positive that linkage to the communities wishes and doing police work as efficiently and safely as possible are engrained in that expensive plaque! CIT training not only saves injuries to those that have this illness, but also to the officers that use the learned techniques.

**note*

If you are the Chief disregard the first three pages. You must truly be a visionary and committed to making your department the very best. That's probably why you were promoted to this position. You would not dream of letting down the community. You are proactive, not reactive. You are not going to be the one responsible for the million dollar lawsuit!

Mental Health System Support

If the other non-police parts needed to implement a CIT program are doing their job it should then be easy for you to find your very much needed counterpart from the mental health system. This person has to have clout and be well respected. Most of all, you must have a good chemistry with them. This will make things run much smoother.

This "partner" should be able to line up the necessary speakers to teach the officers. You must add your input to this selection process. Granted you probably do not know the presenters but you need to at least get a feel for the kind of person they are. Try to find out how they feel about police officers. Try to make sure they will not bore the officers with technical jargon that wastes the student's time. And above all, strongly encourage each and every instructor to do an 8-hour ride-a-long in a cruiser before they write up their lesson plans. I believe this will change the thrust of their presentations and make the teaching/learning experience more enjoyable for everyone.

Remind Instructor's to try and provide time for role-playing on the subject they just taught. Officers love this type of learning just as most adults do. And, they will remember the role-play long after they have forgotten the lecture.

Role-Playing

A big part of the training involves role-playing. This usually gets the highest ratings on evaluation forms done by the students. You want this to be as realistic as possible. I recommend that you set up a room as an apartment. Set pill and alcohol bottles around and make the place look messy. Find actors that are good.

Try to have several scenarios that cover all the different mental illnesses that an officer is likely to run into out on the street. If using non-police actors, as Akron does, make sure they understand police tactics. I tell the officers to wear their uniforms on this day because I want them to act exactly as they would in real life with the exception of using these new-found skills. Therefore, I warn the actors not to touch the officers – I do not want to see them taken to the ground and cuffed.

The object is for the officers to get the actor to go with them to seek help at an emergency mental health facility. This should not be easy! The actors are also prepped as to negative approaches and words that should set the situation back. We need the officers to learn from their mistakes.

Because role-playing eats up a lot of time it is best to partner officers up for this training. You and someone from mental health need to monitor the scenarios. If you see that one of the officers is letting the other one de-escalate the situation make sure that the quiet officer is made to interact in the next scenario by telling the actor(s) to key on him/her.

You do not need to let the pair of officers take the scenario from beginning to end. This would not be efficient, as the rest of the students would have a tremendous amount of “down time”.

In fact, ideally the rest of the class would monitor what is going on in the scenario from another room equipped with visual and auditory abilities. Therefore, this would necessitate a camera and microphones in the scenario room. In Akron we (meaning the monitors) let the scenario go on from 5 to 10 minutes in hopes that the officers will experience a breakthrough with the actor(s). Then we call “break”. The officers then leave the room.

We then send in two more officers to pick up from the point that the last two left off. They pretend to be the same two officers so as not to have to keep introducing themselves and starting over.

In this way you can usually put 3 to 4 sets of officers through one scenario with one or two actors. A scenario should not run any longer than 20 - 30 minutes total. All the students get to learn from each others mistakes and a good time is had by all.

As a good rule-of-thumb, I have found that twenty-four(24) officers is about all you can handle in a class because of the time restraints when conducting such comprehensive training. Pairing up officers means that 12 sets of officers need to go through role-playing training at least twice. Do the math! Each set of officers in the scenario for 5 to 10 minutes plus the added down time for such things as scene changes, etc. It adds up. We even have the actors come out after the scenario is over and give feedback to the several sets of officers they had to interact with.

Faces with the Illness

Some of the most powerful teachers in CIT training are persons who are cursed with mental illness. They put a face with the illness and make a lasting impression. You must screen these potential presenters thoroughly. You need to make sure they are articulate and comply with their medication schedule. And, above all, they must truly like police officers even if they have had a bad experience. NAMI is a good source to find speakers as well as beat officers that work an area with a large amount of group homes or homeless populations.

We have been fortunate to have a psychologist who has Schizophrenia and is nationally known and well respected to put a face to this illness. His story shows the brightness of those with this disorder. It is always enlightening for the officers.

We bring in a former homeless person who is very candid about his dual diagnosis and bouts with liquor and drugs to self-medicate. He tells how when he thinks he is better he goes off his medication, only to find himself backing the deep black hole of his illness.

I also bring in a very good friend of mine who just happens to have Bipolar disorder. I met him when our beat officers brought him to me a few years ago. I have learned more about mental illness from him than all the lectures I have listened to over the years.

NAMI

Make sure that The National Alliance for The Mentally Ill (NAMI) is involved with the CIT training. They are very big stakeholders and a valuable ally. You will find them to be wonderful people with hearts of gold. They will be thrilled to help provide a graduation ceremony. Invite them to say a few words of appreciation and let them give the officers the CIT pin while you give them they're Certificate of Completion.

It will not be hard for you to find a NAMI parent of someone who is mentally ill, that will come forward and tell their heartbreaking story about their child, or children. This disease appears to be hereditary.

The speaker we use has 5 children, but only one has mental illness. She talks about her fear of calling the police when her son is "acting out". Until CIT she did not know if the responding officer(s) would over-react and hurt her son. She no longer worries – she just makes sure that it is CIT trained officers that respond by requesting them through the police dispatcher.

Make sure to invite the media to the role-playing and graduation. They eat this stuff up. You will get a positive story about partnering with the community and being proactive. Give all the credit to your visionary chief and the mayor. This will ensure that CIT does not go away in the near future due to politics.

Selecting Officers

This step deals with selecting potential CIT officers to go through the training. Do yourself a big favor and choose wisely. What you want are individuals who want to be involved with the mentally ill and, above all, already have really good communications skills. By picking these types of quality people the classroom will be alert and active. Stand your ground with the Chief or others above you that want everyone trained. “Special people deserve special officers” is our motto.

Let’s be realistic here; 40 hours of training on how to deal with the mentally ill is not going to make an officer an expert. To accomplish this, the officer needs the experience. In Akron, CIT officers handle about 4 times as many mental illness calls as they did before they were certified. This experience turns them into experts in time.

If all of your department officers receive the training they will handle the same amount of calls as they did in the past. They will have more knowledge but will not become experts. The rule-of-thumb is that one-fourth of your patrol force should be CIT trained. This gives you 24-hour coverage. Non-CIT trained officers can call for a CIT officer to respond to the scene or the dispatcher can funnel these calls to them at the get-go if they know it to be one.

In Akron, I took an approach to selecting CIT officers that had never been tried before. I put a brief description of what a CIT officer was in our Daily Bulletin. I further stated that if you thought you had the qualifications to be a CIT officer you must type paper to me explaining those qualifications. You would then be scheduled for an interview.

My thoughts were that if an officer would put his/herself though this amount of work and time they must be truly interested. Three years later, after three annual CIT classes, we have a standing list of potential CIT officers. They are considered by others as the crème of the crop. As a side note they seem to get promoted more often than other non-CIT officers.

**note*

To keep from being deliberately indifferent all your officers need more training in how to deal with the mentally ill on calls. In Akron we mandate that all our personnel (including dispatchers) receive more training. We accomplish this through the relationships we have built with the mental health profession, and now our own CIT officers who have become experts. An 8-hour course is completed and knowledge learned is tested at the end of the day. If they pass, the officers are given a Certificate of Completion and they're test papers attached to a copy. This goes into their personnel file.

Feed & Nurture

You cannot start-up a CIT program in your department and expect it to run smoothly on its own. This is a common mistake made. This is your baby! Help it to grow in a positive way. If the officers sense that they have been forgotten they will lose the incentive to" keep up the good work". They must feel that they actually are a part of a TEAM!

How do you do this? By feeding and nurturing them. If you are not in charge of your Training Bureau contact them and request any articles that they run across that have to deal with the police and the mentally ill. Log onto websites such as psychlaws.com and look for interesting articles. Put these articles in the CIT officer's mailboxes on a regular basis. Line up yearly up-dated training for them. Be sure to ask their input as to what type of further training they would like? Make them a part of the selection process for future CIT hopefuls. In short, keep them involved. Make them feel ownership.

It is a very good idea to establish a form that CIT officers fill out when they handle mental illness calls. This should be funneled to you. In this manner you can monitor what's going on with each CIT officer and identify problems, etc. as well as keep statistics you can show the Chief. Encourage the CIT officers to include any problems they encountered with the hospital, etc. so that you can iron things out with the help of your new-found partner (Mental Health System).

Less-Lethal Option

The police are never called heroes when they are forced to take the life of a mentally ill person. After all, the public see's them as sick, not a criminal. All of us in police work know that the public thinks we can handle anything and we get that knowledge through osmosis. We are not allowed to make mistakes!

A former police trainer from Salt Lake City in Utah named Dennis Teuller proved a theory he had a few years ago. He proved that an average person holding an edged weapon could run 21 feet and stab an officer before that officer could unsnap his/her holster, draw their gun, aim it and fire one shot. This fact has been highly publicized in police magazines over the years and routinely taught to police officers. But guess what? The public is largely unaware of this important fact!

Through my research and experience I have come to the conclusion that persons with mental illness in crisis oftentimes use an edged weapon as their "protection" against whatever they are being delusional about. Where the "normal" person would drop the weapon when confronted by police officers with drawn guns, the person in mental crisis may not. When told not to come any closer it's hard for a "normal" person, let alone a person in mental crisis to perceive that getting closer than 21 feet from an officer puts them in "immanent danger" and justifies the use of deadly force.

It is my opinion that the mentally ill in crisis have been getting shot in ever increasing numbers because of the "21 ft. Rule" in policing. Now, since CIT officers are going to significantly increase their chances of running into such situations I believe they need a viable alternative to deadly force. Hence, Akron CIT officers carry the M26 Advanced Air Taser. I ordered this $400 device in yellow (it comes in black also) so that it is easily recognizable and would never be confused as a real, bullet shooting gun. Two probes that are tethered to the Taser can penetrate up to 2" of clothing and make contact with the subject. It delivers 26 watts of electricity that immobilizes the individual immediately. This gives the officers enough time to approach safely and cuff the threat.

When confronted with an edged weapon and given the time, one officer covers the situation with deadly force while the other one uses the Taser. There are no lasting effects from Taser use, except that you usually never have a problem again with this individual on a call. It does leave a lasting impression.

The Taser has been used many times now by our CIT officers with fantastic results. No less-lethal device is full-proof but this is as close as I have been able to find. It definitely has saved officers grief as well as suspects death in our community. I highly recommend it.

**note*

Be wary in interviewing candidates for CIT training that having the "yellow gun" is not their motive. Also, make sure you have meetings with NAMI and give demonstrations of the Taser to put them at ease and get them in your corner on this issue. Electricity and mental illness are terms that have stereotypes connected with them due to electric shock treatments given to patients in mental facilities (remember the movie "One flew Over the Cuckoo's Nest").

Final Thoughts

There are bound to be items in this tool kit that I forgot. So, I want you to think of me as a Sears Department Store. I am readily available to send you the needed tools via e-mail (michael.s.woody@earthlink.net) or phone (Home 330-896-4001 or Work 330-762-3500). I also make house calls.

If I do not have the answers to your questions I can get them from the numerous police and mental health professionals I have built lasting relationship with.

"Special People Deserve Special Officers"

"CIT – It's More Than Just Training"
Major Sam Cochran – Memphis police Department – founder of CIT

Michael Woody retired from the Akron Police Department after 25 years of service. He spent the last 4 years of his career as the Director of Training (this was a good fit since in his previous life he was a high school teacher). He is credited with starting the 1st CIT program in Ohio and, the 4th in the country. He currently sits on an Ohio Supreme Court Committee that is looking at the way the criminal justice system interacts with the mentally ill. He is the chairman of a subcommittee of the Supreme Court titled: "Police Training". This committee is committed to ensuring that all of Ohio's police officers get more training in how to deal with the mentally ill in crisis.
Mr. Woody has received national recognition and is an advisor to "The President's Commission on Mental Health" formed by President Bush and headed by Michael Hogan, the Director of the Ohio Department of Mental Health. Mr. Woody was recently invited to Washington D.C. for his expertise in adult educational curriculum modules being proposed for the cross-training of agencies associated with substance abuse, criminal justice, mental health, and services that can be integrated for persons with co-occurring disorders.