

# CIT – It’s More than Just Training!

By Michael Woody – President; CIT International

The title of this article is the motto of the CIT International Inc. organization. Those words are repeated over and over again at our yearly conferences. Those words are on their merchandise, banners, and literature. Why? Because CIT stands for **Crisis Intervention Team**. Yes, training is involved, but to be successful there absolutely has to be a team effort. That team needs to be comprised of three distinct community groups: law enforcement, mental health providers, and consumers/advocates to be effective.

Done correctly, having a CIT **program** is the ultimate in community oriented policing. And the partnership does not end when the funding ceases, hard times come, or key people leave. The community becomes stakeholders and the success of having a CIT program becomes self-evident. There currently are around 3,000 alleged CIT programs in the United States. Alleged because some of them probably are not really programs, but instead are just training.

## What is “just training”?

Just training happens when a law enforcement agency decides that all officers are the same and the only “partnership” needed is to have mental health providers teach all of them how to de-escalate persons in crisis that happen to have a mental illness. And, they see no reason why it should take a 40-hour course to do that. Additionally, no courses are given to the call-takers and dispatchers to ascertain if the call-for-service is based in mental illness. They also see little need to document just how many mental illness based calls they receive. Training is what law enforcement knows best. What they are not so good at is true partnerships.

Sometimes it gets even worse. The law enforcement agency decides to just give what they may call a CIT course in the academy! So, these new officers with no past experience dealing with folks in crisis sit through it not having a visual clue to the dynamics and intricacies these calls can bring. Thank goodness when they hit the streets they will have a field-training officer (FTO) to help guide them. Even worse than that, if the academy course is not in the rookies own community there is little chance of meeting and listening to local mental health providers and consumer/advocates who normally teach the CIT Course; hence little chance of a community partnership being established.

## What is a C I Team?

When it comes to CIT, the team concept has two meanings. One is the team formed by the three entities needed to be successful in conducting the CIT course and then meeting regularly to iron out, improve, and fix perceived problems that may arise. The other meaning is the CIT team created within your larger law enforcement agencies.

Let me expand on this. Not every police first responder is suited to interact really well with persons experiencing a mental illness and in crisis. Do not misunderstand, they may be very good officers but just are not comfortable handling these types of situations. And, unfortunately there are those that you can lead to the water but you cannot make them drink. Special people deserve special officers. So, how does one get special officers? Well, you ask for **volunteers!** It must be within their heart to want to handle these often-difficult calls. You interview the candidate as to why they want to handle more calls involving people in crisis and look at their personnel files for an abnormal amount of complaints.

These handpicked officers once graduating from the 40-hour CIT course then return to the Patrol Division with a connotation on the Detail that they are CIT officers. They handle the same calls other officers do, but when the call is based on mental illness being a factor it is given to the CIT officer. That translates into their handling approximately 3 to 4 times as many calls based in mental illness as before. This is what quickly makes them experts at handling these types of calls. Now, they have probably been to that address before; probably already built up a rapport with the family and the individual in crisis;

and because the community knows a CIT officer will respond they probably call the police earlier in the crisis when the person just starts to escalate.

### **Why 40-hours**

Law enforcement officers generally have an unrealistic view of mental illness. Why? Because they only get called when the person with the illness is in crisis. This is when the person is at their worst. The statistics showing that people with a mental illness are no more dangerous than the general public just does not hold true in the officer's personal experience. This pre-conceived notion is not easily debunked.

It takes the officer in a CIT course getting to meet persons with a mental illness when they are having a good day. It takes meeting the family of the person on a good day and hearing about their trials and tribulations, money spent on treatment for their loved one, time in court proceedings, arguments on refusal to take medications, etc.

It takes a medical professional telling the officers about the different mental illnesses and how they manifest themselves in an individual, the terrible side-effects of medications for the illness, and other reasons a person might not take what is prescribed for them before the future CIT officer starts to feel **empathy** for those with the illness.

It takes field trips to jail mental health pods, psychiatric ER's, state psychiatric & veteran facilities, social centers for those with mental illnesses, and ride-a-longs with case managers to the homes of those with this illness for check-ups.

Once this happens the officer is now ready to learn, and more importantly accept, the de-escalation techniques. Until then they are apt to think that learning to use body language, tone of voice, and active listening skills is an unsafe practice. They need to recognize **"That at times, it is the wise officer who can conceal their combat-ready status!"**

### **Small Law Enforcement Agencies**

Small law enforcement agencies may have to mandate all of their first responder officers through the 40-hour course in order to have coverage 24/7. This flies in the face of volunteer officers, special officers for special people, etc. There is no easy answer to this dilemma. But, their community should teach these officers so that there is still a partnership.

### **The Movement to Mandate CIT Training in States**

As CIT has become more publicized and studied it is becoming quite popular. There are even state legislators and others trying to mandate it for all officers. These compassionate officials do not know what they do! This would probably mean giving a much shorter than 40-hour course to cadets in academies and in-service trainings to all veteran officers. There go the partnerships and quality of the course. A typical CIT Course has PhD's, M.D.'s, judges, attorneys, advocates/consumers and experienced CIT officers teaching the class from the students community. They get to know each other and the student gets to know where they can take a person in mental health crisis other than a jail.

However, it does make sense to give Cadets in a police academy more training than they probably currently receive on mental illness and to have in-service classes for veteran officers. Just do not call it CIT as many will mistake it as such – and we know **CIT is more than just training – much more!**