

Crisis Intervention Training

San Jose Police Department



Crisis Intervention Training

- First CIT Training implemented in Memphis, Tennessee in 1988 after an OIS.
- San Jose PD first implemented the Memphis Model CIT training in 1999. Forty-two academies to date.
- San Jose PD was the first department on the west coast.
- The only department in the U.S. to mandate CIT training for all the Academy graduates.
- The 40 hour training is now mandated for all sworn, but is also offered to Call-takers, Dispatchers, Community Service Officers, and non-sworn personnel who directly serve the public.

Why CIT?

Nationwide:

- One in five individuals suffer from mental illness.

In San Jose:

- 2014-2015: 2,558* calls for service
- 2015-2016: 4,497 calls for service – (*Call takers received more training in identifying mental health related calls.*)
- FY 2016-2017: 5,086 calls for service
- Last year: 6 out of 7 OIS in 2017 involved an individual with a mental illness.

Countywide:

- Per the DA's Office, 35.5 % of all fatal OIS's involved an individual with a mental illness (*Jan 2011-Jan 2017*)

* All numbers are approximate.

Goal of a CIT Program*

- *If appropriate, to redirect Individuals with Mental Illness from the **Judicial System** to the **Health Care System**.*
- *Improve the safety of Patrol Officers, Consumers, family members, and citizens within the community.*

Purpose of CIT Training

- *Identify (not DIAGNOSE) the major illnesses.*
- *Learn tools to interact and communicate and possibly de-escalate.*
- *De-stigmatize mental illness.*
- *Identify Resources for the officers, families, and the community.*

Components of CIT Training

**Instructors: LMFTs, LCSW, MPA, RN, Psychiatrists, Psychologists, Attorneys & Law Enforcement*

- PTSD & TBI
- Civil Commitment & Legal Aspects
- Suicide by Cop
- Psychotic Disorders (Schizophrenia, Personality Disorders)
- Mood Disorders (Major Depressive Disorder, Bi-Polar)
- Suicide Assessment
- Dementia/Alzheimer's
- De-escalation Techniques
- Intellectual Disabilities
- Autism
- Juvenile Issues
- Alcohol and Substance Abuse
- Medications
- Homelessness
- NAMI Panel*--National Alliance on Mental Illness (Family and Consumer Perspectives)
- Case studies
- Scenarios
- Resources

Example Techniques/Tools

Do

- Slow down and keep a safe distance.
- Introduce yourself and ask the person's name.
- Ask about the diagnosis—get them talking.
- Say you don't want to hurt them.
- Let ONE PERSON talk.
- If possible, say what you are going to do.
- Say you are there to help.
- Ask "Do you want to kill yourself?" and "How?"
- Speak softly and calmly.
- With some disabilities-ask YES or NO questions. Use short, familiar words.
- Intellectual disabilities: Ask, "Do you live in a care home? Do you attend a day program?"
- Ask if they are hearing voices. Ask, "Can you hear my voice right now?"
- Try to identify veterans. PTSD? TBI?
- PTSD- Offer choices if you can so they feel they have some control.

Don't

- Play into or argue about the "voices".
- Say you know how they feel.
- Approach suddenly if you don't have to.
- Make promises you can't keep.
- Don't ask, "Are you a veteran?" DO ask, "Have you served in the military?"
- Are they suicidal?- Don't lecture. Don't tell them they have so much to live for. Don't make them feel guilty. If they are talking, don't interrupt.
- Excited Delirium- After handcuffing, do not allow the person to lie in the prone position for an unreasonable amount of time. Do not delay medical attention. Do not transport in your Patrol vehicle.
- Refer to the person by their illness.
- Use clichés or medical jargon when writing your reports.
- Minimize the situation.
- Be a hero...

Partnerships and Resources

- NAMI
- San Jose Behavioral Health
- Morgan Autism Center & Thrive
- Alzheimer's Association
- SCC Mental Health Law Enforcement Liaisons
- San Andreas Regional Center
- Momentum for Mental Health
- SCC Suicide/Crisis 24/7 Hotline
- Alum Rock Counseling Center
- Uplift Family Services
- VA Justice Outreach