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Crisis Intervention Training

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ABSTRACT

The topic and the purpose of this research focuses on Crisis Intervention Training. The purpose of Crisis Intervention Training is to educate law enforcement officers about issues pertaining to crisis intervention techniques, especially in communicating with persons with a mental illness. The author used the training received in Crisis Intervention Training and mental health peace officer school to inform this research. Crisis intervention programs will educate law enforcement officers in the basic elements of mental illness and prepare them to utilize practical applications of de-escalation techniques. This will assist the officer in being able to recognize the signs and symptoms of mental illness and to respond effectively, appropriately, and professionally. Identifying the signs and possible symptoms of mental illness and determining the process and levels of a crisis situation are crucial in preventing or de-escalating violent behavior and keeping the officer, consumer and community safe. Safely transporting a consumer to the proper referral resources will then begin the process of diagnosis by health professionals.

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INTRODUCTION

The purpose of Crisis Intervention Training (CIT) is to educate law enforcement officers about issues pertaining to crisis intervention techniques, especially when communicating with persons with a mental illness. This topic is so important that the Texas Commission on Law Enforcement Officer Standards and Education made Crisis Intervention Training a mandated sixteen hour class for all Texas certified peace officers by September 1, 2009.

With increasing frequency, law enforcement is being called upon to respond to individuals in serious mental health crises. It is necessary for the law enforcement personnel to understand mental illness and be familiar with the tactics and techniques that have been proven to work most effectively when responding to individuals in these situations. These tactics and techniques are different than those routinely taught to officers to control conflict since the underlying elements behind the certain behavior is not always of criminal or malicious intent. This information can help protect the officer, keep the mental health consumer safe and greatly reduce liability on the part of the officer and his or her agency.

Ideally, the benefits of this research will help educate law enforcement officers by teaching them to use a less physical, less authoritative, less confrontational, less controlling approach with the mentally ill in order to maintain more control and authority over the person in a mental health crisis. The author's research will cover how to develop a basic understanding and respect for the fundamental rights of the mentally ill. Additionally, the research suggests that a high level of proficiency must be employed when interacting with people with mental illness. The research proposes the importance

of sensitizing officers to the adversity of mental illness and helping them develop a knowledge base concerning suicide and a system of evaluating the varied danger levels surrounding the issue of suicide. The research also suggests that it is imperative to introduce officers to a variety of advanced modes of communication and to further internalize the crisis intervention skills involved with communicating with individuals with a mental illness.

REVIEW OF LITERATURE

In a given year, it is estimated that about 22.1% of the U.S. adult population (about 1 in 5 adults) suffers from a diagnosable mental disorder. This estimation is an understatement when assessing the number of persons in the U.S. with mental health problems, as many people remain undiagnosed or do not seek treatment. Some studies indicate that 32% of U.S. adults suffer from some sort of mental illness within their lifetime.

The crisis intervention training program inception in Memphis, TN. occurred after shooting of a 26-year-old mentally ill person. In September 1987, Caucasian Memphis police officers answered a 911 call. A young African-American man with a history of mental illness was cutting himself with a knife and threatening suicide. Police officers are trained to respond with deadly force when they perceive their lives are in danger. At the outset of the incident, it appeared that the only life in danger was the young man's from self-inflicted wounds. As they were trained to do at the time, officers at the scene confronted the man and demanded he drop his weapon. At this, he became more upset and ran at the officers who, in fear for their own safety, opened fire and killed him. Although the welfare of both the officers and the mentally ill (involved in confrontational

situations) have been a concern for some time. Furthermore, this death, with its racial overtones, was the catalyst that resulted in the creation of CIT a year later ("U.S. Department of Justice", 2000*).*

The need to be non-confrontational is the essential difference between suspect encounter training (that officers traditionally receive) and how to approach the mentally ill is. This requirement to shift gears when dealing with a mentally ill individual is diametrically opposed to the way officers are routinely expected to control conflict. The same command techniques that are employed to take a criminal suspect into custody can only serve to escalate a contact with the mentally ill into violence.

The National Law Enforcement Policy Center (NLPC) statement states, it is helpful for officers to understand the symptomatic behavior of persons who are afflicted with a form of mental illness. In this way, officers are in a better position to formulate appropriate strategies for gaining the individual's compliance. Officers should first take time, if possible, to survey the situation in order to gather necessary information and avoid hasty and potentially counterproductive decisions and actions. Additionally, officers should avoid approaching the subject until a degree of rapport has been developed. For example, all attempts should be used to communicate with the person first by allowing him to vent.

The Police Executive Research Forum statement explains for officers not to rush the person or crowd his/her personal space. Subsequently, any attempt to force an issue may quickly backfire in the form of violence. A mentally ill suspect may be waving his/her fists, a knife or even yelling. If the situation is secure, and if no one can be accidentally harmed by the individual, the officer(s) should adopt a non-threatening, non-

confrontational stance with the subject. Excessively emotional or even violent outbursts by the mentally ill are often of short duration and it is often better to let the outburst dissipate, rather than wrestle with a person who is under extreme emotional stress. Bizarre behavior alone is not considered a reason for the use of restraints or physical force. Increased adrenaline (causes) insensitivity to pain and what often works best and what is most beneficial for the mental ill individual is patience and communication.

It is also important to recognize the community mindset as it relates to the mentally ill's relationship with law enforcement personnel. Individuals with mental illness are traditionally not hardened criminals and law enforcement is highly scrutinized by the public and private sectors when force is utilized in these cases, even when provocation is evident. Often, no matter what the situation, the public views these individuals as ill, not criminal. If force is used (especially deadly force), the officer's actions will be put under a microscope and the public expects law enforcement personnel to do everything in their power to help, not hurt the mentally ill individual. "If police perform their role effectively, our society benefits immeasurably; if the police perform their role poorly, the damage to public confidence and democratic principles can be irreparable" (Louis/Resendz, 1997, p. 22).

An analysis of 1,439 CIT calls by the Houston Police Department in 2004 revealed that only 1% of the individuals in a mental health crisis were arrested. In the remaining 99% of the incidents, no crime was reportedly committed; or, a petty class C crime was committed, but was not filed. Response to individuals in a mental health crisis constitutes a more refined use of the officer's expertise in communication.

The paradox of Crisis Intervention Training for the law enforcement officer suggests the control paradox which proposes that by using a less physical, less authoritative, less confrontational, less controlling approach, an officer ends up having more control and authority over the person in a mental health crisis. Law enforcement involvement in this training is greatly increasing even though at first response departments found it diametrically opposite of the traditional training model. However, mental health funding in Texas is continually decreasing and Texas continues as one of the lowest (currently 47th in the nation) in funding for mental health.

METHODOLGY

The author's goal in conducting this research is to produce an answer to the research question which considers the importance of Crisis Intervention Training. The author's purpose is to establish the value of, and need for more education and training when law enforcement officers respond to individuals in serious mental health crisis. The author hypothesizes that this research will confirm that both officers and law enforcement agencies benefit when they are properly trained and educated in Crisis Intervention. Additionally, the author contends that this study will also affirm that as a result of this information can help keep the officer safe, keep the mental health consumer safe, and greatly reduce liability on part of the officer and the agency. Having established these results through research, the author ultimately hopes that law enforcements officers by using a less physical, less authoritative, less confrontational, less controlling approach you end up having more control and authority over the person in a mental health crisis.

The author's method of inquiry will examine information from various web pages, journals, magazine articles, and report what was learned while attending a Crisis

Intervention Training instructor class at the Regional Police Academy located in Arlington, Texas. The author will also use any personnel experience derived from teaching Crisis Intervention Training at the Tarrant County College Police Academy and the Denton County Sheriff's Office. The author will use the research and resources that the Texas Commission on Law Enforcement Officer Standards and Education has obtained and set forth for Crisis Intervention Training.

FINDINGS

The author found that Crisis Intervention Training is foremost an involved officer safety training course. It assists in keeping the officer, mental health consumer and community safer in difficult and potentially volatile situations. The author discovered that CIT training takes a different approach to the process of subduing a suspect and adds another tool to an officer's repertoire of skills. Interestingly, the author discovered that Phoenix, Arizona reported that CIT training increased their safety by 70 percent.

A study of FBI statistics explains that individuals with mental illness are no more prone to violence than the average population. However, the variables (mental instability, high emotions, possible paranoia/delusions and substance abuse) can be very dangerous if not handled appropriately. The person in a mental health crisis is usually excited, alarmed, confused, and feeling a lack of control. When a person feels cornered, especially if he/she is psychotic, chances are he/she will respond with sudden violence. In a crisis, reason takes a back seat to emotion, even when one does not have a mental illness.

"The essential difference between suspect encounter training, that officers traditionally receive, and how to approach the mentally ill is the need to be non-

confrontational. Such a requirement to, in effect, shift gears is dramatically opposed to the way officers are routinely expected to control conflict. The same command techniques that are employed to take a criminal into custody can only serve to escalate a contact with the mentally ill into violence" (Police Magazine, 2000, p. 45).

The Treatment Advocacy Center in Washington, D.C. reports that "people with psychiatric disabilities are four times more likely to die in encounters with police than members of the general population" (p. 33). Crisis Intervention Training is proven to be effective in helping law enforcement de-escalate the situation so that officers are not placed in the position of having to use force. As with all crises, a situation can quickly escalate to violence if not handled appropriately and officers may find themselves in a situation requiring the use of force.

Many individuals who are functioning well in their lives may display characteristics of what are known as personality disorders. Individuals experiencing these disorders show personality traits that are inflexible, maladaptive or inappropriate for the situation, and this causes significant problems in their lives. Those individuals who have personality disorders usually have very little insight that they have a problem and tend to believe that the problems are caused by other people, the "system," or the world at large. These traits are often accompanied by some form of depression and may also be seen in those with chemical dependency problems. The research also discovered that persons with personality disorders are not usually treated like those with other mental illnesses, but are taught a variety of communication and coping skills, or treated for other problems such as chemical dependency or depression.

Although the causes for these disorders may not seem relevant for the officer dealing with these individuals, their backgrounds are significant. It is believed that most personality disorders are caused by a family history, usually beginning at a young age as a result of physical or emotional abuse, lack of structure and responsibility, poor relationships with one or both parents, and alcohol or drug abuse.

Common personality disorders that may be encountered by peace officers include: paranoid personality disorder, antisocial personality disorder and borderline personality disorder. The three most common personality disorders encountered by law enforcement officers are paranoid, antisocial and borderline. Paranoid persons have a tendency to interpret the actions of others as deliberately threatening or demeaning. They foresee being in a position to be used or harmed by others and they perceive dismissiveness from other people. An antisocial personality disorder is most commonly recognized in males and borderline personality disorder is most commonly recognized in females.

The research implied that it is paramount to identify prevalent behaviors associated with personality disorders. People with personality disorders usually will not seek treatment because they don't think they have a problem. Unfortunately, these individuals may end up in the criminal justice system because their disorder may lead them to break laws and come to the attention of law enforcement (i.e., by theft, hot-check writing, fraud, etc.). They may also use alcohol and illegal substances as a form of self-medication, due to the stress and the consequences of their behaviors and they often need treatment for chemical dependency or depression.

The research found that a mood disorder is another type of mental illness demonstrated by disturbances in one's emotional reactions and feelings. Severe

depression and bipolar disorder, also known as manic depression, are referred to as mood disorders. Recognizable behaviors that are often associated with mood disorders include: lack of interest and pleasure in activities, extreme and rapid mood swings, impaired judgment, explosive temper, increased spending and delusions. Researcher's believe that a complex imbalance in the brain's chemical activity plays a predominate role in mental illness selectivity in the individual. Environmental factors can also be a trigger or buffer against the onset.

The research further suggested that an officer should demonstrate the communicative approach when confronting a person in a psychotic episode. For instance, the officer should always be cautious, never startle the person, be patient and try to learn and use the person's name. The officer should talk in a calm, soft tone of voice and allow the person to verbally ventilate. He/she should not crowd the person's space. The officer should introduce himself/herself and assure the person that all of the officers at the scene are there to help, not hurt him/her. The officer may have to repeat himself/herself several times.

The research established that two of the most common developmental disorders that relate to officer contact are Autism and Mental Retardation. Autism is a developmental disorder, affecting 1 to 2 in 1,000 Americans, usually appearing before age three, characterized by impaired non-verbal communication (including abnormal speech patterns or loss of speech), lack of eye contact, a restricted range of interest, resistance to change of any kind, obsessive repetitive body movements, a lack of awareness of the existence or feelings of others, and social isolation. Symptoms vary from child to child and can range from mild to severe. "The child may act as if unaware

of the coming and going of others, or physically attack and injure others without provocation" (NIMH, 2001, p. 82). Although autism is diagnosed three to four times more in males, females with autism tend to have more severe symptoms and cognitive impairment. Treatment is basically experimental and few autistic children show significant remission of symptoms. (Columbia Encyclopedia, 1995).

Persons with Autism suffer from sensory disorders that keep them from effectively filtering and blocking painful sensations. Their sensory disorders can cause extreme pain from loud noises and bright light that can move them toward frustration and acts of aggression. Officers in contact with these individuals will notice certain behaviors such as fear of touch, repetitive behavior, insistence on routine, anxiousness in new situations, and a tendency to become confused easily. When interviewing, an officer should be patient, calm and detached, which tends to help prevent agitation during the questioning process. Illustrative materials, repetition of previous statements, praise, encouragement and attentive listening will also assist in the exchange process.

Mental Retardation (MR) refers to a range of substantial limitations in mental functioning manifested in persons before the age of 18. Characteristics of MR are a below-level intellectual capacity, plus limitations in two or more adaptive skill areas such as: communication, self-care, home living, social skills, health, safety, academic functioning, and work. Guidelines for law enforcement in contact with mentally retarded persons include: speaking directly to the person in slow, clear, simple language and use simple phrasing. When possible, it is beneficial to move everyone involved to a less disruptive location to assist with focusing. It is also important for the officer to be

highly aware of questioning techniques, proceeding in a patient, calm, non-threatening, but firm and persistent manner.

When identifying behaviors associated with developmental disorders (as they relate to officer contact) an officer should consider the several important points regarding his/her approach to an individual with a developmental disorder. For example, the individual may be overwhelmed by the police presence and might attempt to run or flee the scene out of a fear of the officer's uniform. These individuals may also confess to a crime to please the officer or end the line of questioning. It is good to keep in mind that these individuals are usually concrete thinkers and speak slowly and clearly. The usually use concrete words and concepts, need visual cues to assist in understanding, may need a more in depth explanation of their rights and an advocate to verify, may be sensitive to touch, creating a "fight or flight" reaction, and always need any tactile intentions explained prior to action.

Findings from the Mental Health Association of Texas reports that: half of all Americans will experience a mental disorder at some point in their lives and 4.3 million Texans (3.1 million adults and 1.2 children) had some form of diagnosable mental health disorder in 2002 (20%). There are 1.5 times more suicides than homicides, with an average of 6 deaths each day by suicide in Texas. The latest statistics reported in 2001 states that 121 more people committed suicide in 2001 than in 2000. This is a six percent increase in one year. The gender breakdown was reported at 1,772 males vs. 442 females (i.e., about 4 men for each woman). The highest rates of suicide reported are in the 45-54 age group (15.2 per 100,000), with the second being the 75-year-and-older age group (18 per 100,000).

The phrase “suicide by cop” as it relates to persons with a mental illness. From a recent briefing paper from the Treatment Advocacy Center (2005): “People with severe mental illness are killed by police in justifiable homicides at a rate nearly four times greater than the general public” and “one study…found that incidents determined to be suicide by cop accounted for 11 percent of all police shootings and 13 percent of all fatal shootings. The study found that suspects involved in such cases intended to commit suicide, specifically wanted to be shot by police…provoking law enforcement officers into shooting them” (p. 20).

“In 1997, Moe Pergament was driving erratically on the Long Island Expressway. When the police pulled him over, he brandished what turned out to be a toy gun he had purchased earlier that day and advanced on them, despite warnings to stop. The police shot and killed him. They found 10 letters in his car, including one addressed “to the officer who shot me”. It said: “Officer, it was a plan. I’m sorry to get you involved. I just needed to die. Please send my letters and break the news slowly to my family and let them know I had to do this. And that I love them very much. I’m sorry for getting you involved. Please remember that this was my doing. You had no way of knowing” (p. 20).

The research discovered that the following characteristics that contribute to a positive communication experience are: the introduction of officer to subject/suspect and telling him/her that your are a police officer, making use of identifying statements like, “I am (name), I am a police officer with the (location) Police Department and I want to help you.”

Opening statements in the initial contact do several things like: establishing a leadership role in the conversation, identifying the ultimate goal-to resolve the situation

with minimal harm to any person, allowing the subject/suspect to respond with his/her immediate thoughts in order to structure a dialogue. Such dialogue might include a statement like "I want to help you resolve whatever concerns you have and I want to understand what you need. I understand what has been done and want to help you in minimizing your consequences. Together, we should be able to find some alternatives to your problem." Reflecting statements encourage communication and neutral responses to statements made by the subject/suspect in order to encourage him/her to continue talking. For example, reflecting statements like "I see…", "tell me about it…", "that would be one option…", and asking "what other options" the individual might "have" can be particularly helpful when communicating with individuals in a crises.

Methods essential for gaining and maintaining trust include: honesty and sincerity for current and future consumer/officer contact. Other methods include: self assigning simple tasks in which the officer can follow through immediately to reflect honesty, making sure that the positive things that the subject/suspect has done are validated, and gaining confidence by forewarning that certain things may take place like: "I'm not going to lie to you. You will probably be going to jail" and "you have been very straightforward with me and I am going to be straightforward with you. You are going to have to be handcuffed when you ride in the car."

Using communication to defuse include: calming techniques, which show understanding/empathy in an attempt to calm an agitated subject/suspect by showing an understanding of his/her feelings, modeling used in an attempt to calm a suspect by displaying the officer's own calmness, speaking slowly and evenly, using reassurance to calm the agitated subject/suspect by easing his/her fears; assuring the subject/suspect of

their own personal safety, allowing ventilation in attempt to calm an agitated subject/suspect by encouraging communication, and allowing a person to unload their frustrations without becoming caught up, instead of becoming solution-oriented.

The research found that communicating on a level that is easy for the subject/suspect to understand and respond is very helpful. Use similar words, don't talk over the subject's/suspect's head, keep it simple. Example: Rather than saying "At this time, you are required to exit the vehicle" use "I need for you to step out of the car." The three levels of active listening are as follows: 1) listening – 3 levels: listening to words, 2) listening to whole message (content, feelings, reason), 3) reflecting the message by stating things like "you seem to be feeling ____ when ____ is happening because ____" and "you seem to be feeling frustrated when you hear these voices because the medications don't seem to be helping you."

Some techniques of repeating, paraphrasing and reflecting of feelings as they relate to active listening are: repeating by simply restating what the subject/suspect has said in his/her words. This helps ensure that an officer heard what he or she believes he/she has heard. If possible, the use of less provocative language helps minimize the danger. Such as, "blowing someone away" becomes "harming somebody." Re-wording should be used to determine whether a meaning for a word or phrase is the same as the subject's/suspect's and for further redefining the situation to create the desired option. An officer could say "I don't know what you mean by that." Paraphrasing is going beyond what was stated in an attempt to understand the meaning behind the words. However, it is important that an officer be careful not to inject his/her own feelings when paraphrasing a suspect's dialogue. A good example of paraphrasing

would be to state, “It sounds like you are really worried about money right now.” In order to use the reflection of a suspect’s feeling, the officer could express an awareness of the other person’s feelings using statements like, “You sound depressed.” Additionally, minimal encouragers make use of words like “uh-hunh,” “yes,” and “I understand,” encouraging communication and reinforcing that the suspect is being listening to. A mixture of these words and silence also invites an individual to continue in a dialogue.

Four effective communication/interaction skills used when dealing with persons with a mental illness include: 1) Safety - personal safety comes first. Control the surroundings. Remove harmful obstacles from the surroundings, 2) Crisis facts - the person in distress is usually excited, alarmed, or confused. Control is very important to persons in crisis. When people feel cornered, which translates to a lack of control, they may respond with sudden violence, 3) Language - use the person’s name. Talk quietly. Speak firmly. Use a calm tone of voice. Avoid direct confrontation. Avoid labels and acronyms. Limit the number of instructions and give them one at a time. Be patient and consistent. Reactions and verbal responses may be slower than you expect, and 4) Movements - be aware of body movements. People in crisis often need more physical space. If possible, position yourself at or below the individual’s eye level. Keep all movements slow and deliberate. Here are some helpful hints: ask the person about available supports, e.g. clergy, family, therapist, doctor. Don’t be afraid to reveal your own emotions by using statements like, “Mr. Smith, you’re making me nervous.” Introduce yourself clearly. You may need to re-introduce yourself, as well. Try to find ways to establish trust. Keep your own emotions under control. Allow ventilation. Reassure the person in crises, but be realistic, don’t lie and listen actively.

The following criteria an officer must meet in order to take a person with a mental illness who has committed no crime into custody involuntarily for emergency mental health evaluation. A peace officer, without a warrant, may take a person into custody if the officer believes that the person is mentally ill and that, because of that mental illness, there is a substantial risk of serious harm to the person or others unless the person is immediately restrained; and believes there is not sufficient time to obtain a warrant.

The following are some propose justifications in assessing proper use of force. The use of force keeps situations with the person in crises in perspective. The officer may use force comparable to any other legal duty when a person is resisting arrest as long as the force is reasonable. According to the Texas Penal Code, Sec.9.5, the goal of this is to obtain care and treatment for the mentally ill person. Additionally, according to the Texas Health and Safety Code, Sec. 571.019(a), the officer's limitation of liability is people acting in good faith, reasonably and without negligence are not civilly or criminally liable.

The factors to be considered in determining whether or not assistance should be requested during approach suggest that the size and age of a person with mental illness has very little to do with whether a back-up officer should be called. Like any other person under stress, a person with a mental illness may exhibit extraordinary strength. Persons with a mental illness may, but not always, be unpredictable and irrational. Behavior is very individualized and assistance must be requested as needed and backup may be needed for the safety of the officer, the individual or others. Contacting the local Mental Health Mental Retardation (MHMR) center for assistance, education and referrals to appropriate resources can be very helpful.

Crisis intervention programs are designed to educate law enforcement officers in the basic elements of mental illness and prepare them to utilize practical applications of de-escalation techniques. This will assist the officer in being able to recognize the signs and symptoms of mental illness and respond effectively, appropriately and professionally.

DISCUSSIONS/CONCLUSIONS

The purpose of Crisis Intervention Training is to educate law enforcement officers about issues pertaining to crisis intervention techniques, especially when communicating with persons with a mental illness. This topic is so important that the Texas Commission on Law Enforcement Officer Standards and Education made Crisis Intervention Training a mandated sixteen hour class for all Texas certified peace officers by September 1, 2009.

With increasing frequency, law enforcement is being called upon to respond to individuals in serious mental health crises. It is necessary for law enforcement personnel to understand mental illness and know how to use the tactics and techniques that have been proven to work most effectively when responding to individuals in these situations. These tactics and techniques are different than those routinely taught to officers to control conflict which, due to the underlying elements behind the behavior, is usually not of a criminal or malicious intent. This information can help keep the officer safe, keep the mental health consumer safe and greatly reduce liability on the part of the officer and the agency. Furthermore, crisis intervention programs are designed to educate law enforcement officers in the basic elements of mental illness and prepare them to utilize practical applications of de-escalation techniques. This will assist the officer in being able to recognize the signs and symptoms of mental illness and assist him/her in

responding effectively, appropriately and professionally when dealing with a mentally ill individual.

The research concludes that the identification of the signs and possible symptoms of mental illness and understanding the process and levels of a crisis situation are primary in preventing or de-escalating violent behavior and keeping the officer, consumer and community safe. Safely transporting a consumer to the proper referral resources will then begin the process of diagnosis by health professionals.

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