

## **CIT...more than just training**

### ***Identity and Ownership of CIT --- the MORE***

### **AND You can't have a journey without a Destination**

By Sam Cochran, CIT International

I am submitting this message to direct attention to concerns that the Crisis Intervention Team (CIT) can be lost and/or underdeveloped as a community program. This message has several different passages of thoughts; none of which are intended to be critical of any one CIT program. Never-the-less, some CIT programs throughout the country have lost or are in jeopardy of losing some of the identifying characteristics of CIT, thereby, this message should be taken as a warning/caution. I will try to be brief as to some concerns of CIT lost (at the national, state, county, and local levels). I also use the word "lost" noting that some CIT programs have fallen short of accomplishing the "**MORE**" of CIT (the engagement to integrate community partners, funding, policy and mental health services supporting the mission of CIT).

CIT (Crisis Intervention Team) was started in 1988 in Memphis, TN. It was a new ground breaking – and life changing community initiative. Since then, many communities, counties and states are engaged within multiple committees, discussions, planning sessions, and of course training under the initial letter heading -- CIT.

I am writing this seemingly long message for various reasons. Giving homage to CIT as a community program will be expressed throughout. I do not question the sincerity of different CIT efforts, but my message hopefully will express caution where CIT is in harm's way -- misdirected and/or not engaging as a community program.

As one of the CIT pioneers, I have had the honor and pleasure of watching CIT grow from a local community necessity to a national movement with international appeal. I know too well the difference between general law enforcement training and a community initiative comprised of community partners that invest in the whole CIT Program model -- more than training. Intentional outcome of CIT is a transformation of partnerships within the community to better foster systems and infrastructures that are addressing mental illness crisis issues. It is unfortunate that some training aspects of CIT are overshadowing the purpose (meaning) of the "MORE" – CIT is more than training. Whereby, training becomes the primary objective – training as many officers as possible all the while losing focus and attention to many of the specialized components of CIT as a program. Regrettably, good intentions of training sometimes fail in reach "more" objectives, thus jails continue as the designated community treatment plan.

### **Words of Wisdom From the past – Here are excerpts from a memorandum written by:**

Dr. Randy Borum  
Professor and Director of Intelligence Studies  
Associate Director, School of Information  
University of South Florida  
Tampa, Florida

Memorandum, September 1999

- “... I believe must be addressed: That is, the distinction between (1) Implementing crisis intervention **training**, and (2) Implementing a Crisis Intervention Team (CIT) Program. These are two different initiatives ...” [*Training vs Team*]
- “Training is a good thing.... However, it is useful to note that there have been several studies conducted on the effectiveness of training police on these issues. Overall, the results suggest there is some support for the ability of educational intervention to improve officers’ knowledge of mental health issues, and ability to identify and describe features of mental illness; however, it has been more difficult, to effect significant changes in attitudes. To the extent that attitudes effect officers’ behavior, this is an important consideration.”
- “The slogan of the Memphis model is: ‘CIT-More Than Just Training.’ The acronym CIT, does not stand for Crisis Intervention **Training**, rather, it stands for Crisis Intervention **Team**. The 40-hour training module is a necessary component of CIT, but it is not sufficient to comprise a CIT program.”
- “‘Training Only’ and ‘CIT Program’ have merit; however the expected results from each may differ. It would be a mistake to opt for training only with the expectation that CIT results will follow. An agency that only implements a 40-hour training may come to believe that ‘CIT doesn’t work’ here’ **{hold that thought}** when, in fact, CIT was never implemented... we should not make a decision based on an incorrect understanding of the distinctions or on erroneous expectations.”

CIT International appreciates the many tenacious partnerships and commitments to move CIT into the future – “*More Than Just Training.*” While this adage has served us well from the beginning (1988) nevertheless, the existence of CIT growing pains and national attention to “training only” have brought concerns to many. Thus, I engage my thoughts of caution (warning) for your consideration.

The partnerships – law enforcement, mental health and advocacy (NAMI and others too) helps to capture an understanding to our “adage” word – MORE. For many years Crisis Intervention Team (CIT) partners holdfast to their rightful placement to and with CIT – the placement I speak is the ownership of CIT. Debating who owns CIT would not be wise – passion runs deep within territorial rights, and CIT in many cases, rightfully so, are personal within the hearts of its varied partners. The early message of CIT programs throughout the country was simple – a simple truism by many NAMI voices -- “*We can do this.*” (Build CIT). And they did! This honor is now shared in theme and vision by many other partner voices to engage CIT as a community program.

CIT was directed to do more than “just” training – partnerships were to also engage systems and infrastructures issues for improvements. The leaderships of partners helped to set direction to the “More” movement. With contagious passions the CIT partnerships soon accomplished necessary structural elements (Core Elements) – i.e., the ownership of CIT as a community program.

While some communities struggled to empower CIT as a community program, many set community engagements as a CIT standard, thereby, holding to CIT honors and distinctions. The focus of CIT partnerships was centered on unity with purpose and with reachable goals to better serve people who live and cope with mental illness.

I apologize for this CIT generic history summary; many of you are more than familiar with history of CIT past – Georgia, Ohio and Florida to name only a few. In fact, many of the early CIT community champions are present and engaging as CIT moves forward sustaining success for the future. The success of CIT has been noted by many personal testimonies and research efforts. Never-the-less, success should not

negate viewing the issues and/or concerns that are apparent – not achieving CIT beyond limitations of “just” training.

As I move to portray some possible harmful challenges that have jeopardized CIT in the recent past, and may jeopardize CIT further in the future, I do so as a friend who supports the *MORE of CIT*. I introduce caution because I have witnessed strong CIT programs that have lost their original intended purposes that were part of their CIT start. This loss comes about sometimes as a result or pretext to establish a greater good, of training all but failed to recognize and/or understand repercussions that likely bring internal harm to CIT. The net result: loss of CIT identity and/or ownership.

The harm of losing CIT as a community program can be initiated within many different forms and/or structures – ignoring and/or indifference to **mental illness stigma/prejudice** is but one real possibility.

Why am I writing this message? I played a small part helping CIT voices steer the development and sustainability of CIT to success – examples of some previous successful programs: Georgia, Ohio, Florida and many others. The CIT movement is powerful. My role has always been as a compass – pointing to CIT as more than just training. The passion of heartbeats for CIT has always been the citizens of states, counties and communities and the law enforcement, mental health and advocates who devote time making CIT a community transformation. The engagements of CIT are to be embedded with passions and spirit. Partnerships are the force energy of the community -- kindred spirits of people living as a community, while committed to CIT principles. I write in part because of the great honor I have for CIT programs that have formalized sound partnerships and practices to implement CIT beyond limitations of “just” training. Such success was not about luck or happenstance but about the will and tenacious focus to CIT as a community program.

As my thoughts go forth I bring attention to what I see are concerns where some programs have lost (potential loss) their CIT identity – thus losing their community ownership of CIT. Not to be discouraging I am also very familiar of great success of many CIT programs and their cherished partnerships, their CIT identity and CIT ownership which gives me comfort that strong CIT programs will maintain purpose and zeal promoting the theme adage, “CIT, **More** Than Training.” Never-the-less, “caution signs” are not to be ignored or trivialized as insignificant within one’s thought.

Allow me to share some concerns where some existing CIT programs (some with many years of CIT services) reportedly lost their CIT identity (ownership). I speak of “identity” in terms where training becomes a takeover identity and overshadows the community identity. Please note the points listed below are samples of some concerns and each point could easily be discussed in greater detail than this outline. Again, these points help to reflect how a loss of CIT identity / ownership can undermine a CIT program: failing to reach a broader understanding of CIT and/or failing to accomplish sustainment of CIT as a community program hurts the mission of CIT as a community program – addressing mental illness community issues.

- **Concern:** Communities (agencies) hesitant to send officers to a 40-hour training program and/or hesitating to actually establishing a CIT program. Yes, this commitment can be difficult for smaller communities (law enforcement agencies), but with leadership and planning, such challenges can be successfully addressed. Because of some of these challenges agencies sometimes opt to send officers to an 8-hour or 16-hour training course – also calling such training “CIT.” Sending officers to an 8-hour or 16-hour training session is **NOT** the Crisis Intervention TEAM model.

- **Concern:** Training becomes the **only** focus and/or the only common connection with CIT partners. During a community CIT presentation I present the audience with a point of thought: *"I know what officers are walking away from ... (at CIT Graduation on Friday – after 40-hours of training) -- they are walking away from 'GREAT' training. But, what are the officers walking into?"*

Communities need to be engaging beyond “training” – engaging and addressing mental illness community, county, and state issues – great training does not reduce the inappropriateness of placing people in jail when services and care are not in place (or that service linkages are problematic to access).

No, I do not expect systems to be perfect – but I do expect systems and infrastructures to be better than they were yesterday -- as a result of (because of) the “**MORE**” of CIT, which requires communities to engage (address) system and infrastructure issues (via partnerships). The “**MORE**” is a necessary heartbeat by which to extend “training” beyond limitations of “**JUST**” training.

- **Concern:** Minimizing training participation of advocate partnerships, and minimizing engagement times interacting with people living with mental illness.
- **Concern:** Minimizing verbal de-escalation training hours.
- **Concern:** Training all officers to be CIT – training becoming an instrument for preparedness missing the broader understanding of specialization and leadership. A CIT Officer is a leader – the CIT officer must have an understanding of his/her role as a CIT leader (specialist). Not every officer can be a leader – Yes, there are plenty of officers who can and are ready for this leadership role. Training is great but the CIT officer role is more than just training. Many officers are not ready for such a specialist role and forcing officers to assume a specialty status role marginalizes the integrity and honor of CIT officers and the CIT program.

- ✚ “First, not every officer is well suited to effectively deal with people with mental illness.
- ✚ For example, during our investigation a patrol officer stated that his job was “to put people in jail, not to provide social services.” ....
- ✚ A team of crisis intervention officers reduces the likelihood of encounters of such officers with people in mental illness crisis.
- ✚ ...departments cannot rely on academy crisis intervention training to develop officer expertise in working with individuals with MI.
- ✚ New recruits in a basic police academy are not generally ready to receive, absorb and implement critical information about how mental illness calls need a different response than the more common police calls.”

[http://media.oregonlive.com/portland\\_impact/other/PPB%20Letter%20of%20Findings.pdf](http://media.oregonlive.com/portland_impact/other/PPB%20Letter%20of%20Findings.pdf)

The specialization of CIT is a much needed ingredient (element) by which to nurture identity, ownership and commitment to the community. No one expects SWAT Commanders to acknowledge every officer ready and suited to fill a specialty role as a SWAT officer. Likewise, it is unwise to assume that a CIT training curricula qualifies every officer to be a CIT officer. Yes, training is necessary, but so too are passions supporting performance and leadership skills. Recruits and other officers who demonstrate lack of judgment and maturity (disciplinary proceedings) underscore a lack of leadership traits. They (officers) are not ready – yet. Ensuring traits of judgment, maturity and leadership are sound pillars that hold onto the specialization of the CIT “identity.”

(a) **Fact:** There are currently some on-going Justice Department lawsuits critical of agencies that had moved away from some of the CIT core elements – as in, training all officers to be CIT -- caused much harm – destroying the pillars of CIT identity and ownership. Those who knew some of these original CIT program pointed out that “new leaders” moved to train all officers to be CIT – resulting in the displacement of CIT as a uniform patrol specialized crisis response. For example, recruits had no idea how to process mental illness crisis call events within their newly “specialized” 40-hour Academy CIT Training – the identity and ownership of being a CIT officer was not captured (understood). The CIT training academy further moved to minimize interacting with consumers (persons living in recovery with mental illness) to that of a one-hour video tape of a consumer. Recruits and many other officers had no understanding, purpose or identity as to their “specialized” role as a CIT officer (great training – but no understanding of purpose or identity).

(b) **Fact:** Recent national attention has encouraged CIT “training” to all police officers - confusing CIT with de-escalation training. De-escalation is only a part of the 40 hour CIT training academy. In the writer’s opinion there is likely a need for new lesson plans (or a re-design of some current plans) for law enforcement training on verbal de-escalation. All officers can benefit from more de-escalation training. But de-escalation training (or CI-Training) is **NOT** the full scope and purpose of a Crisis Intervention Team (CIT).

Training is good and necessary, but should not be as an intended or unintended detriment to CIT as a community program. It’s the **MORE** that helps to make CIT unique and successful. Again, training is great and will accommodate many crisis responses, but efforts to minimize the specialization sometimes give way to outcomes that thwart the full expectations achievements of CIT. CIT as only a training program does not nurture or engage underlying structures linking leadership with the crisis performance.

My concern is highlighted within a brief notation as recorded in the March 2016 issue of the CIRTICAL ISSUES IN POLICING SERIES:

**CRITICAL ISSUES IN POLICING SERIES**

**Guiding Principles on Use of Force**

**March 2016**

*Police Executive Research Forum, Washington, D.C. 20036*

*PERF’s 30 Guiding Principles on Use of Force — page 61*

*“As we read about these incidents that upset our communities, often it says that the involved officers were trained in CIT. **And we ask, how can this be? ....**”*

❖ I believe I could answer this question ... ***“And we ask, how can this be?”***

CIT is a movement beyond training. Please do not miss-interpret my message – your “hearts” are strong, but distractions of training have caused harm to some of our CIT programs, thereby causing a separation from some of the core structural pillars (CIT Core Elements) that should be embedded within CIT – as a community program. The letters “*C I T*” must have an identity by which ownership is obtained – ownership is powerful and gives design and clarity to resolving the answer to the question – *“And we ask, how can this be?”*

Failure to utilize specialized CIT Officers will marginalize the purpose of CIT as a community program. Some agencies send officers to CIT Training (40-hours) but the agency ignores or

fails to recognize and/or utilize the officer's skills (as a CIT Officer). Agency dispatchers don't have a clue who or what a CIT Officer is all about and/or for what purpose a CIT Officer should be used. Even more so – Officers do not see themselves as a CIT specialist with identity and ownership.

## Summary:

All law enforcement professionals appreciate more and better training, but it should be noted that the CIT model was introduced as a first response specialist approach specific to mental illness crisis call events.

CIT was founded within many different principles and attributes – excellent training is but one; whereby CIT programs have successfully accomplished many sustainable programs. Leadership is also another critical and essential element separating CIT from other traditional law enforcement training efforts (lacking leadership understanding of “specialist”). The term leader is a reflection of many: Sheriffs, Chiefs, Administrators, Supervisors, MH Executives and Professionals, Advocates and Officers. Understanding leadership roles within CIT is essential.

Not all law enforcement roles require such a specialty role (CIT) – but many voices echo the need of specialization within events specific to mental illness crisis calls. Is not “specialization” a way by which our history of time can acknowledge the existence of citizens within our communities who by no fault of their own are living, struggling and coping with mental illness and that this population is deserving of special care and services. CIT is but one special service of care and correctly performed carries much power for change.

In closing, I would also like to express appreciation to the researchers who pursue CIT research projects. CIT is a field that some suggest research does not fit well as a research model or field. My expertise is not within all the research methodology, but I know that comparing apples to apples and oranges to oranges are important ground rules. Encouraging researchers to maneuver within non-traditional playing fields of heart and passion might help bring a clearer dawning of CIT as a MORE program.

Please encourage CIT research opportunities in effort to make your CIT program MORE sustainable. As CIT moves forward in the future, so too must CIT founding principles of partnerships, identity and ownership. CIT welcomes strength in unity and purpose, but gives caution of quick fixes within advertising words promoting “new” and “improved” yet without real substantive care of CIT identity and ownership.

As CIT embarks on many *journeys*, let's not forget: *You can't have a journey without a Destination....* **The Crisis Intervention Team as a Community Program is our Destination** ... our passageway... for now and beyond.

Sincerely, (your CIT friend)

Major Sam Cochran (ret)

