



CIT INTERNATIONAL ADVANCED / IN-SERVICE TRAINING

Overview / Purpose

Advanced/In-Service training for CIT trained first responders is an important Core Elementⁱ of a vibrant and sustainable CIT program. Advanced/In-Service training should be provided at least every two years and ideally annually, post 40 hours of CIT training. In-service training advances knowledge and skills related to recognizing and responding to mental illness, addictions, and other vulnerable populations with whom CIT officers regularly interact. Other specialized law enforcement teams have regularly scheduled trainings; CIT programs should be treated similarly. CIT in-service training also offers an opportunity to reinforce and strengthen the partnerships (between law enforcement, service providers and advocates) that are an integral part of CIT programs. Many communities have either overlooked this core element, lack the resources to provide in-service training or do so on a very infrequent basis.

The purpose of this project was to promote and encourage CIT programs to conduct in-service training. We piloted a framework/model of delivering in-service training and worked with four localities to conduct the training. Below is a brief summary of the project, including results from the evaluation.

Background

In 2016 CIT International conducted a survey of CIT programs to determine how often Advanced/In-Service training was delivered. The main finding was of the 253 respondents, 104 (41%) said their program had some sort of in-service training offering. In other words, over half of the respondents reported that their CIT programs had no in-service training. CIT International decided that we needed to offer the field a framework that communities could use to conduct in-service training.

A wide variety of topics are appropriate to include in CIT advanced training. Oftentimes reviewing and/or expanding some of the core competencies that were addressed during the core 40-hour training is indicated. For instance, reviewing general de-escalation skill (via lecture, discussion and scenario training) is important. Likewise, more specific additional training on assessing and intervening with suicidal citizens is beneficial.

In-service training also provides an opportunity to address special topics and different populations that may not have been addressed (or only quickly mentioned) during the core, 40-hour training. For example, some programs have used in-service training to teach about hearing impaired subjects, diabetes, and/or eating disorders. Some programs have also used in-service training to educate officers about the role of peer specialists and how to make referrals to those sorts of non-traditional, effective programs.



We were particularly interested in promoting in-service training about other conditions that individuals with mental illness and/or developmental disabilities have that law enforcement respond to. Because many people with mental illness and/or developmental disabilities experience seizures, we decided that epilepsy would be a good choice for the foundation of the in-service training.

Partnerships

For the purposes of this project, CIT International partnered with Sunovion Pharmaceuticals. Sunovion is a strong supporter of and advocate for CIT programs.ⁱⁱ We also partnered with the Epilepsy Foundation of America (EFA), who had developed a training curriculum for law enforcement and were interested in promoting it to the field. The other partner for this project was the National Alliance on Mental Illness (NAMI). NAMI is an integral partner and collaborator with CIT programs in many localities.

CIT International reviewed and suggested minor modification to EFA's curriculum. With the guidance of Sunovion, EFA and NAMI, four sites were selected to participate in the pilot. The four communities selected were Miami-Dade, FL, Chicago, IL, Albany, NY and Columbus, OH.

The Advanced / In-Service Training Framework / Model

We worked with each selected locality to develop a day-long in-service program. The morning session was devoted to epilepsy. Because the EFA had already developed a law enforcement training program, this was relatively easy to implement. With EFA's assistance, we connected with the local/regional EFA affiliate who provided subject matter experts to deliver the curriculum in each locality.ⁱⁱⁱ

Each locality developed the afternoon session to address identified needs in their specific program. The afternoon content, therefore, was varied across the sites, as summarized below:

Afternoon Session Content

- Albany
 - Review of the Core Elements of CIT Programs
 - Panel Presentation/Discussion by Local Partners
- Chicago
 - Panel Presentation regarding Involuntary Commitment
 - Vicarious Trauma
 - Understanding Dissociative Identify Disorder
- Columbus
 - First Responders Encountering Individuals with Developmental Disabilities
 - Effective Communication Skills with Individuals with Developmental Disabilities
 - De-escalation Techniques for People with Developmental Disabilities
- Miami-Dade
 - First Responders & Traumatic Events



- CIT Training Enhancements
- 11th Judicial Circuit Criminal Mental Health Project Initiatives
- Miami-Dade County Behavioral Health Resources

Outcome Evaluation

Like any aspect of CIT program implementation, CIT in-service training participants should always be asked to evaluate the training.

The results of the evaluations from all four communities indicated that overall participants felt the content of the morning session (focused on epilepsy) was valuable. Participants were asked to rate whether the content of the training would help them do their job better on a scale of 1 (“not at all better”) to 5 (“much better”). The overall rating was 4.39. In addition, the vast majority (98%) of the 145 participants across all four sites indicated that they would recommend epilepsy as an in-service training topic to others. The afternoon session evaluations were similarly positive.

Other positive outcomes included identifying aspects of in-service training that are important for communities to be aware of as they plan advanced/in-service training programs. These include:

- Developing new (or strengthening existing) partnerships with local or regional organizations.
 - In this instance, capitalizing on the EFA’s existing law enforcement curriculum made it particularly appealing to create a stronger local partnership between local CIT programs and the regional affiliate of the EFA.
- Connecting previous CIT training to new areas.
 - It’s important for CIT Coordinators to be involved in the planning of in-service training so that when the training takes place, Coordinators can connect previous CIT “learning points” to new areas. CIT International staff modeled this on occasion during the morning sessions regarding epilepsy.
- Planning scenarios ahead of time is important.
 - The extent of planning scenarios ahead of time varied by site. Consequently, not all sites had the benefit of practicing/rehearsing using their newly acquired knowledge, particularly regarding epilepsy.

Conclusion

CIT International is dedicated to ensuring CIT communities have necessary information and a framework/model for conducting advanced / in-service training as this is critical for CIT sustainability. CIT International is also dedicated to encouraging communities to go beyond traditional mental health focused training for in-service instruction and consider training on other conditions and vulnerabilities that connect to mental health. This increases the specialization of



the CIT officer and brings in new partnerships that can expand resources and enhance the service system.

The availability of the law enforcement curriculum from the EFA makes planning a day-long in-service program a little easier because half of the day is already planned and available. Our hope is that for communities that have not previously conducted in-service that the task will not seem as daunting with the availability of the EFA curriculum. Likewise, there are other national organizations that may have curricula geared toward law enforcement that could be incorporated into a CIT in-service training (e.g., the ARC and/or the Autism Society). We encourage localities to tailor the other half of the day to address identified needs in their program, as our four pilot sites did.

We've shared the results of this pilot program at the 2018 CIT International Annual Conference^{iv} and plan to develop a summary of CIT International's framework/model for CIT in-service training that will be made available to the field through a guide sheet posted on CIT International's website by summer 2019.

ⁱ See Dupont, R., Cochran, S. & Pillsbury, S. (2007). *Crisis Intervention Team Core Elements*. Available at <http://www.citinternational.org/resources/Documents/CoreElements.pdf>

ⁱⁱ We'd like to thank Sunovion Pharmaceuticals for their ongoing support of CIT programs, and for their generous support of this project.

ⁱⁱⁱ Minor modifications to the content and delivery were made by subject matter experts in each locality who delivered the curriculum, the outline of which can be found at <https://www.epilepsy.com/living-epilepsy/our-training-and-education/law-enforcement-training>

^{iv} The presentation is available at <http://www.citinternational.org/Conference-Powerpoints-for-Download> (click on "Advanced / In-Service Training: Lessons from our Four City Pilot").

This report was written in May 2019.