

POLICE TRAINING AND STANDARDS COMMISSION MODEL POLICY

Crisis Intervention Team Model

STANDARD TRAINING CURRICULUM

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Crisis Intervention Team Model: Standard Training Curriculum

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Purpose

This training provides a knowledge base for behavioral health conditions (including mental illness and substance use); intellectual and developmental disabilities (IDD) and neurocognitive conditions; and the intersection of law enforcement and these populations. The course is designed to deepen knowledge, reduce stigma, and enhance communication skills through a combination of direct instruction by local subject matter experts, interaction with consumers and family members in the classroom and the field (site visits), and experiential learning.

Objectives

This course is intended to prepare participants to meet the following terminal objectives:

- I. Discuss the purpose of crisis intervention team (CIT) training
- II. Identify behavioral indicators that may be associated with behavioral health conditions (i.e., mental illness and substance use), intellectual and developmental disabilities (i.e., intellectual disabilities, cerebral palsy, epilepsy, and autism spectrum disorder), and neurocognitive conditions (i.e., acquired brain injury and degenerative brain conditions).



- III. Engage in realistic simulations of behavioral crisis situations to apply learned skills and receive instructor feedback
- IV. Utilize de-escalation and communication skills to enhance interactions with consumers in crisis
- V. Identify legal and ethical considerations of interacting with consumers with behavioral health conditions
- VI. Identify appropriate local resources, jail diversion options, and steps for followup

Sample enabling objectives can be found in Appendix B: Sample Enabling Objectives.

Evaluation

This course is intended to be evaluated via the following methods:

- Pretest-posttest examination with a minimum posttest grade of 70%
- Demonstration of skills through role-play scenarios
- Minimum attendance of 90% of CIT training curriculum (per MPCTC guidelines)

Due to the sensitive nature of the topics at hand and the instructions received, not all personnel may be appropriate for this course. Instructors are encouraged to continually evaluate students for suitability; candidates may be excused from the course at the instructor's discretion. Dismissal in no way prevents a student from attending at a later date.

Instruction and Role-Play

Instruction should take place as a collaborative effort between law enforcement and behavioral health professionals to ensure that topics are covered with accuracy and in alignment with agency policies. Role-players should have the appropriate topic exposure and training to ensure that student participation is both safe and effective.

Curriculum

This curriculum is adapted from Crisis Intervention Team (CIT) training curricula across the state to align with the widely recognized 40-hour in-person training curriculum which has been designated an evidence-based practice (EBP) for officer-level cognitive and attitudinal outcomes.



It is recommended that instructors utilize adult learning theory as a guiding framework for course design to enhance the effectiveness of the learning experience. By incorporating principles such as self-directed learning, relevance, experience, practicality, respect for diversity, and flexibility, instructors can create engaging, meaningful, and learner-centered courses that empower participants to achieve their learning goals and apply their knowledge effectively in real-world contexts.

Five essential modules have been identified below including minimum hours for each; programs are strongly encouraged to expand on these components to maximize the 40-hour curriculum. <u>Module length may vary from program to program; however, de-escalation must account for no less than 10 hours of the course.</u> Class size may vary locally regarding the maximum number of students that can be provided with effective instruction and sufficient opportunity to engage in role-play. Programs should always keep in mind that a larger class size can constrain students' ability to obtain the maximum functionality of role-play exercises and participation in discussion. For this reason, it is recommended that class size not exceed 24 students.

Essential Modules

Research & Systems – 2 hours

- CIT overview
- Evaluation
- Administrative tasks

Behavioral Health & Intellectual and Developmental Disabilities (IDD) – 12 hours

- Perceptions and attitudes on behavioral health and disabilities
- Mental health conditions and severe persistent mental illness
- Substance use disorders and co-occurring disorders
- Intellectual and developmental disabilities (IDD) and neurocognitive conditions
- Crisis, the crisis cycle
- Special focus issues (e.g., trauma/PTSD, suicide)
- Assessment

Community Support & Resources – 12 hours

- Cultural awareness and diversity
- Consumer and family perspectives
- Special population perspectives (e.g., youth, military-connected individuals, people experiencing homelessness)
- Community resources
- Site visits



De-Escalation - 10 hours

• De-escalation strategies, communication skills, and scenarios

Enforcement – 4 hours

- Legal and policy topics
- Mental health courts/jail diversion programs
- Officer wellness and resilience

Curriculum

The curriculum outlined below allows flexibility for each agency to develop resources to address the needs unique to their community.

Achievement of the minimum/maximum recommended hours may be acquired over several presentations.

CIT Curriculum (Total Hours = 40)			
Core Courses (32 – 34 hours)	Minimum Hours	Example A	Example B
The minimum number of core course hours is 32 (of 40 total hours).			
Evaluations	1	1	1
Overview of CIT	1	1	1
Research & Systems Total	2/2	2/2	2/2
Intellectual and Developmental Disorders [Intellectual Disabilities, Cerebral Palsy, Epilepsy, and Autism Spectrum Disorder]	2	2	2



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Medication	1	2	1
Threat/Risk Assessment	1	1	1
Neurocognitive Conditions [Acquired Brain Injury (Including TBI) and Degenerative Brain Conditions (Including Dementia)]	1	1	1
Overview of Mental Health Disorders	1	3	2
Simulations	1	1	1
Substance use/Co-Occurring Disorders	1	2	2
Behavioral Health & IDD Total	8/12	12/12	10/12

Community Resources	1	1	2
Lived Experience / Anti-Stigma	2	2	1
Site Visits	2	2	2
Suicide Intervention	1	2	1
Trauma and PTSD	1	1	1
Youth/Adolescent Health, Resilience, and Resources	1	1	1
Community Support & Resources Total	8/12	9/12	8/12



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De-Escalation Role Plays	4	4	4
De-Escalation Strategies and Techniques	4	4	5
De-Escalation Total	8/10	8/10	9/10
Officer Wellness	1	2	1
Overview of Civil Involuntary Detention Laws and Liability	1	1	2
Enforcement Total	2/4	3/4	3/4
Core Course Hours Total	(28 + 4*)/40	34/40	32/40



Elective Courses (6-8 hours) The maximum number of elective course hours is 8 hours.	Minimum Hours 6-8 elective hours are needed from the list below.	Example A 6 elective course hours are needed from the list below: + 3 Community Support & Resources +2 De-Escalation +1 Enforcement	Example B 8 elective course hours are needed from the list below: +2 Behavioral Health & IDD + 4 Community Support & Resources +1 De-Escalation +1 Enforcement
Disorder Types: Personality Disorders, Mood Disorders, Thought Disorders, etc			2
Mental Status Examination			
Diversity/Special Populations: Military-Connected, LGBTQ, Dementia/Alzheimer, etc		1	2
Crisis Response System			1
Special Response: Grief Support, Intimate Partner Violence, School Safety, At-Risk Search/Rescue, etc		2	1
BWC Footage/Discussion		1	1
De-Escalation: Special Populations		1	
Specialty Courts (Mental Health, Problem-Solving, Juvenile, etc)			



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Emergency Petitions & Extreme Risk Protective Orders (ERPOs)	1	
Behavioral Health During Incarceration		
Transport		0.5
Elective Course Hours Total	6/40	8/40
TOTAL	40	40



Appendices

Appendix A: Alternatives to CIT Training

Training can be provided on any of the topics listed in this document but in and of itself cannot be considered CIT training. While not every agency chooses to provide CIT training to the entire staff or at all, *all agencies should be providing foundational training to their entire staff on information, tactics, and techniques for safely and effectively responding to incidents involving individuals experiencing a behavioral health crisis.*

In addition to topic-based training, there are structured programs available that can provide foundational instruction on recognition and appropriate response to individuals in crisis.

- Creating Safe Scenes: A free, online training course accredited by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) designed to help first responders (police, fire, and emergency medical services) work with individuals experiencing a mental health and/or substance use crisis: <u>https://www.samhsa.gov/dtac/creating-safe-scenes-training-course</u>
- ICAT (Integrating Communications, Assessment, and Tactics training: A 12-hour training (with a 4-hour train the trainer) to address patrol officer response to non-firearm incidents with a focus on integration of crisis recognition/intervention, communications, and tactics; registration is through FEMA Center for Domestic Preparedness (requires FEMA SID): <u>https://www.policeforum.org/icat-training-guide</u>
- Mental Health First Aid: A curriculum developed by the National Council for Behavioral Health to effectively train individuals (including criminal justice professionals) to recognize behavior commonly associated with mental illness: <u>https://www.mentalhealthfirstaid.org/</u>



Appendix B: Sample Enabling Objectives

Sample enabling objectives are provided as a resource for curriculum development. Local jurisdictions are encouraged to tailor enabling objectives as appropriate to meet the standard terminal objectives (underlined).

- 1. Discuss the purpose of crisis intervention team (CIT) training
 - 1.1. Discuss goals for CIT
 - 1.2. Discuss benefits of maintaining a CIT program
 - 1.3. Discuss the history of CIT
 - 1.4. Define the meaning of "crisis" as it pertains to CIT
- 2. <u>Identify behavioral indicators that may be associated with behavioral health</u> <u>conditions (i.e., mental illness and substance use), intellectual and</u> <u>developmental disabilities (i.e., intellectual disabilities, cerebral palsy, epilepsy,</u> <u>and autism spectrum disorder), and neurocognitive conditions (i.e., acquired</u> <u>brain injury and degenerative brain conditions).</u>
 - 2.1. Identify signs and symptoms associated with thought disorders
 - 2.2. Identify signs and symptoms associated with mood disorders
 - 2.3. Identify signs and symptoms associated with personality disorders
 - 2.4. Discuss co-occurring/dual diagnosis disorders
 - 2.5. Explore impact of behavioral health conditions on daily life
 - 2.6. Identify signs and symptoms associated with intellectual disabilities
 - 2.7. Identify signs and symptoms associated with cerebral palsy
 - 2.8. Identify signs and symptoms associated with epilepsy
 - 2.9. Identify signs and symptoms associated with autism spectrum disorder
 - 2.10. Explore impact of intellectual and developmental disabilities on daily life
 - 2.11. Identify signs and symptoms associated with acquired brain injury including TBI
 - 2.12. Identify signs and symptoms of degenerative brain conditions including dementia
 - 2.13. Explore impact of neurocognitive conditions on daily life
- 3. <u>Engage in realistic simulations of behavioral crisis situations to apply learned</u> <u>skills and receive instructor feedback</u>
 - 3.1. Engage in realistic simulations of crisis situations to apply learned skills
 - 3.2. Receive feedback and debriefing to identify areas for improvement
 - 3.3. Enhance decision-making and critical-thinking skills in dynamic environments
 - 3.4. Practice clear and concise communication techniques under pressure
 - 3.5. Develop strategies for communicating with diverse populations and across communication barriers



4. <u>Utilize de-escalation and communication skills to enhance interactions with</u> <u>consumers in</u>

<u>crisis</u>

- 4.1. Practice clear and concise communication techniques under pressure
- 4.2. Develop strategies for communicating with diverse populations and across communication barriers
- 4.3. Implement effective verbal and non-verbal de-escalation strategies
- 4.4. Practice techniques for reducing tension and defusing volatile situations
- 4.5. Utilize active listening and empathy to establish rapport
- 5. <u>Identify legal and ethical considerations of dealing with consumers with</u> <u>behavioral health</u> <u>conditions</u>
 - 5.1. Discuss ethical standards and the value of cultural sensitivity in all interactions
 - 5.2. Discuss legal rights and responsibilities when interacting with individuals experiencing a behavioral health crisis
- 6. Identify appropriate local resources, jail diversion options, and steps for follow-up
 - 6.1. Explore the local diversion and deflection resources available
 - 6.2. Identify appropriate follow-up procedures for consumers with behavioral health needs