

MCES Crisis Intervention Specialist (CIS) Training: **Enhancing Police Effectiveness in the Community**

Background

In 2004, MCES observed its 30th anniversary as a fully integrated crisis intervention center serving Montgomery County. In the extensive planning that led to the launching of MCES in 1974, a driving force was that the new service must be a resource to all local police departments in responding to psychiatric emergencies and other situations involving individuals with serious mental illness.

When it first opened its doors, MCES offered the core capabilities that characterize it today. These included a secure centrally located crisis center, the availability of a psychiatrist to do evaluations 24/7, services based on need, and a “no questions asked” policy on police referrals. Within a year other key features of the “MCES Model” were added: a dedicated psychiatric ambulance and crisis intervention training for local police.

The MCES mission called for more than “being there” to evaluate individuals that police felt were at risk because of mental illness. MCES was intended to actively work to increase the effectiveness of police in dealing with mentally ill individuals and working to prevent their involvement with the criminal justice system. This required that police officers know the signs of possible mental illness and have the skills to safely aid individuals in crisis.

MCES acted to bridge the gap between the criminal justice and community mental health systems. The MCES “Cop Card” was used to widely disseminate pertinent information on services, involuntary hospitalization, and contact procedures. This was quickly followed by a formal police training program that gave officers the confidence and competence to intervene in behavioral health crises. This training evolved into the MCES “Police School.” It is the first effort to orient police to mental illness in the United States, as far as we know.

What Is CIS Training?

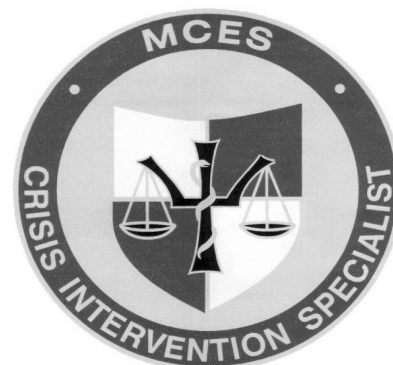
Crisis Intervention Specialist (CIS) training is designed to prepare police officers and other criminal justice personnel to deal safely and effectively with individuals experiencing a psychiatric emergency, mental health crisis, or other serious behavioral health problem.

CIS trained personnel are able to:

- Provide crisis intervention and stabilization.
- Interview and assess individuals in crisis.
- Resolve conflicts and de-escalate violent situations without force.
- Use mental health crisis services to divert mentally ill individuals from the criminal justice system when appropriate.
- Make referrals to applicable community-based services.

MCES offers CIS training in a number of formats to accommodate trainee needs. It is most commonly provided through a 3-day “Police School” offered throughout the year on-site at MCES or at the Montgomery County Police Academy and other locations. It is also offered in smaller segments over a longer timeframe for specific police departments or other law enforcement entities.

MCES also participates in ongoing training at the national and state levels and shares this learning with CIS trainees.



What Topics Does CIS Training Include?

At MCES, CIS training covers eight principal knowledge and skill modules. The training begins with an introduction to forensic mental health and the concept of jail diversion of the mentally ill. This includes a review of treatment options and their advantages over arrest, booking, and incarceration. It also looks at opportunities for diversion at the county and state levels.

This is followed by an overview of the community mental health systems in both Montgomery County and the Commonwealth of Pennsylvania. Trainees learn how the mental health system is structured and administered and how it is accessed. They specifically learn the contact point and how to make referrals to providers that can help individuals with the types of problems likely to be encountered in the course of their duties.

Trainees receive a thorough grounding in the Pennsylvania mental health law, the Mental Health Procedures Act of 1976. They learn how this statute governs voluntary (Section 201) and involuntary (Section 302) psychiatric evaluations and hospitalizations. Specific attention is given to the criteria and procedures for involuntary hospitalization. The distinction between civil and criminal law is defined and the concepts of competency and sanity are examined.

The heart of CIS training is, of course, crisis intervention. Trainees are familiarized with techniques for communicating and interacting with someone in crisis. They learn how to apply verbal and non-verbal de-escalation techniques. They are taught active listening skills, how to set limits on the crisis situation at hand, and negotiation strategies. An important aspect of the training is the identification of everyday items as potential weapons. All of these topics are covered by both lecture and role plays.

After getting acquainted with the basics of crisis intervention, the training moves on to give trainees a basic understanding of mental illness. This begins with the terminology used in mental health. Next the signs and symptoms of common psychiatric disorders such as schizophrenia, major depression, and bipolar disorder are described. The incidence of multiple morbidities, the presence of two or more disorders, is discussed. MCES also calls upon volunteers from the National Alliance on Mental Illness (NAMI) to share their first person experiences as part of the training (see inset).

About NAMI's "In Our Own Voice" Program

MCES has a close working relationship with NAMI/PA Montgomery County, the local chapter of a national mental health advocacy organization. NAMI works to counter the misconceptions and stigma surrounding mental illness. One of the most effective NAMI programs is "In Our Own Voice" that provides information "about mental illness from people who have been there." NAMI volunteers share their own stories of illness and recovery to help others understand the impact of mental illness on the lives and families of its sufferers.

Volunteers from NAMI's "In Our Own Voice" program give a presentation as part of every MCES CIS training. The NAMI volunteers speak specifically and frankly about their own encounters with police and the criminal justice system when they were acutely ill. They relate what it is like to have schizophrenia or bi-polar disorder, or to have hallucinations, or to hear voices, or to be suicidal. They describe what it is like to be involuntarily hospitalized. Most importantly, they talk about recovery and the role of treatment, self-help, and support systems.

The NAMI volunteers always receive lots of questions from the trainees who often refer to this segment as the most compelling part of their training experience with MCES. In serving as models of recovery, the volunteers personally demonstrate the rationale for diverting seriously mentally ill individuals to treatment. The MCES CIS trainers value the perspective offered by the NAMI volunteers in helping to raise the awareness and sensitivity of trainees to the interpersonal dimension of mental illness.

Pharmacological and non-pharmacological treatment modalities for mental illness are looked at next. Trainees are acquainted with the most commonly prescribed psychiatric medications, and with their indications, and side effects.

Trainees are oriented to the co-occurrence of mental illness and substance abuse, and the consequences for relapse, crisis, and hospitalization. An overview of substance abuse is provided with a particular focus on the abuse of alcohol, heroin, benzodiazepine, and other substances.

The final CIS training module centers on suicide. Trainees become familiar with the incidence of suicide in terms of gender, age, ethnicity, and other factors. They learn about

warning signs and risk factors of suicide as well as the application of crisis intervention techniques to help suicidal individuals. Trainees are also made aware of how suicide affects family members. They learn how to interact sensitively with those who have lost a loved one to suicide.

The standard MCES “police school” is offered over a 3-day period. Days one and two take place in a classroom setting and consist of MCES staff and guest presentations and trainee role plays. Day three is devoted to actual exposure to mental health settings. It involves spending time at MCES’s inpatient unit or in the field with MCES mobile crisis staff, and allows the trainees to practice their new assessment and intervention skills.

Why Do Police Officers Need CIS Training?

The police have two responsibilities: (1) to protect the public safety; and (2) to assist those unable to protect themselves from harm. These obligations routinely bring police into contact with individuals with serious mental illness who may be behaving aberrantly or in a manner that may endanger themselves or others as a result of their illness.

Traditional police training does not address mental illness. Accordingly, conventional police methods may be not only counterproductive, but may very well endanger all parties when serious mental illness is involved. Many studies confirm that violence is not inherent to serious mental illness. However, force and coercive tactics increase the likelihood of violent behavior on both sides. Given that 40% of those with serious mental illness have police contact, it is essential that police know how to respond when this occurs.

CIS training fills this critical gap in police education. It enlists police officers and other criminal justice professionals as extensions of the community crisis intervention system. CIS-trained officers reduce the prospects for criminalization and stigmatization of those with mental illness. It enables police officers, probation and parole staff, correctional officers, and others to serve as gatekeepers to the community mental health system for at-risk individuals.

MCES has summarized what it teaches about suicide in the CIS training in “A Model Suicide Emergency Policy for Municipal Police Departments” and is available at www.mces.org.

Why MCES Offers CIS Training

MCES provides CIS training as a means of informing and educating police officers and others about its services and the circumstances in which crisis intervention services are indicated. MCES decided upon the CIS approach to police training for two reasons. First, and perhaps most importantly, it gives every police officer and others in the criminal justice community the skills to resolve a mental health crisis in a positive way. Second, MCES recognized that its primary service area, Montgomery County, was made up of more than 60 municipalities with more than 50 police forces plus the state police and special police units. CIS training was the best way to embed crisis intervention expertise in such a diverse and autonomous law enforcement environment.

MCES’s CIS training is perhaps the best known example of provider-based police crisis intervention skill development. MCES strongly advocates and promotes this approach because it increases the odds that someone experiencing a mental health crisis in the community will encounter police officers specifically able to help.

MCES also sees this approach as best suited to the suburban and rural counties outside mid-sized to large cities. Like Montgomery County, such settings are characterized by many small, independent police forces.

In more urbanized settings MCES recognizes the utility of two alternative approaches. One is the crisis intervention team (CIT) comprised of a specially trained police unit that responds to mental health crises. The other is the employment of civilian mental health specialists by police departments to assist with crisis intervention.

For more information about the MCES Criminal Justice Program and MCES’s criminal justice diversion model see the following back issues of the Quest available on-line at the Reference Room at our web site, www.mces.org:

***MCES Quest December 2002
Criminal Justice Diversion of the Mentally Ill***

***MCES Quest November 2000
MCES Recognized by American Psychiatric Association***

How Updates and Advanced Topics Are Addressed

All MCES training is “evidenced based” and reflects current research. Mental health and crisis intervention are rapidly changing fields. Topics that are regularly updated include the nature of psychiatric disorders, new therapies and medications, and new techniques for communicating, intervening, and helping individuals in crisis.

With the assistance of its medical and professional staffs, MCES monitors the professional literature for developments pertinent to its overall crisis intervention practice as well as to the CIS training. As documented, evidence-based concepts and skills are incorporated into the training and offered in refresher trainings.

MCES also offers advanced trainings for police specialists, such as members of special tactical units and hostage negotiators who may be called in to assist in situations involving a seriously mentally ill individual. MCES works with these units at the county and local levels to identify their training needs and to design specific educational programs.

All graduates of the MCES CIS training receive certificates, shoulder patches, and lapel pins signifying their CIS-certified status. Completion of advanced CIS training is also denoted.

How MCES Is Increasing CIS Training Availability

MCES has offered its 3-day “police school” and other CIS trainings several times a year for three decades. Initially the training involved only police officers. In later years, its scope was expanded to include other criminal justice personnel likely to have contact with individuals with serious mental illness. Correctional officers from the county prison and adult and youth probation and parole staff were invited to the CIS training and now often make up the audience of many training sessions.

In addition, MCES has also provided mental health and crisis intervention training to Montgomery County court professionals. This includes judges, district justices, and members of the District Attorney’s staff. MCES developed a handbook for the county court judges giving an overview of the mental health system, involuntary hospitalization procedures, and major cases and rulings in mental health law.

Extending the CIS training and other mental health education throughout the criminal justice system also effectively expanded the reach of MCES’s diversion efforts. MCES’s basic jail diversion strategy has been termed “pre-booking” because it attempts to redirect individuals with mental illness who have police contact to treatment when appropriate. By giving other members of the criminal justice system the skills

Annual Criminal Justice Recognition

For many years MCES has acknowledged the contribution that police and other criminal justice personnel make on behalf of individuals with serious mental illness, particularly in crisis situations in the community.

Starting in 2004, NAMI/PA-Montgomery County joined MCES in recognizing outstanding service by police and probation/parole officers, and others to those with serious mental illness involved with the criminal justice system.

In 2005, MCES and NAMI recognized the following “Officers of the Year:”

Officer Anthony Caso, East Norriton Township Police Department
Officer Joseph Hunsicker, Lower Merion Township Police Department
Officer Barry Lopoten, East Norriton Township Police Department

In addition, Detective Walter Kerr, Lower Merion Township Police Department, received an “Ongoing Commitment Award.”

Nominations are submitted by those who were aided by the officers, by their family members, by mental health professionals, by fellow officers, and others. The article, beginning on page 5, citing recognition of Officers Caso and Lopoten, appreciatively reprinted with permission from the Times Herald, illustrates the role that the MCES CIS training plays in the community.

to recognize individuals with mental illness that they encounter, MCES made diversion possible for those already in the criminal justice system or who entered or re-entered the system by routes not involving the police (e.g., probation or parole violations).

The MCES CIS training has been supported through program funding from the Montgomery County Office of Mental Health. In 2002, MCES sought the support of the Patricia Kind Foundation and the Pew Charitable Trusts to add a full-time CIS trainer. This enabled MCES to significantly expand its training output throughout 2003 and 2004.

Over the two-year period, MCES held a combination of sixty-four 3-day “police schools” and 1-day trainings with an attendance of 1028 police officers. The full-time trainer educated 246 officers in addition to the 98 officers trained during the period by other MCES personnel. CIS training was also provided to 72 probation officers serving adults and juveniles.

The availability of a full-time trainer also led to the adoption of new training protocols. MCES introduced a 6-month extended schedule of monthly 3-day police training sessions to give greater scheduling flexibility to local departments. A 1-day on-site “modified police school” was also offered. These techniques all served to increase the overall training of police officers, but it still left some communities unserved, particularly those with small police departments

These departments have a difficult time releasing personnel for off-site trainings due to the cost of overtime and coverage. There are 30 departments in Montgomery County with complements of less than 20 full and part-time officers. They comprise the majority (60%) of municipal police departments in the county. While the communities served by these departments have small populations they may nonetheless experience mental health crises involving residents or nonresidents.

MCES’s response was on-site and “roll call trainings” at the change of shifts and at other times convenient to particular departments. This training approach was tried on a pilot basis in 2004-05 and will be offered more widely beginning in 2006. In addition to increasing the accessibility of the training, it generated a greater sense of “ownership” by the host department and opened it up to departmental personnel that would not attend such training off-site. It also demonstrated MCES’s flexibility and commitment to the training.

Police Officers Honored For Heroism

Months after confronting a knife-wielding suspect officers identified as having mental disabilities, two East Norriton policemen were recognized for their quick thinking and heroism that day.

Officers Anthony Caso and Barry Lopoten were honored as Criminal Justice Professionals of the Year by the National Alliance for the Mentally Ill and Montgomery County Emergency Services on May 15, then again by the Board of Supervisors last week.

On the afternoon of Aug. 28, 2004, Caso said he was in the area of the Northtowne shopping center when he saw a couple scrambling across the parking lot. At the same time, a call came over his radio that a man at the shopping center had just threatened people with a knife after continual harassment.

Caso located the suspect, stopping him at gunpoint. Ignoring commands to drop his weapon, the suspect instead began waving the knife and redirecting questions, Caso said.

Detecting that the suspect was “internally preoccupied” from his mannerisms, Caso decided that the suspect required extra attention and wasn’t acting on his own behalf. Caso said the man didn’t seem to even understand the concept of right and wrong during their interaction. “He just wasn’t there,” Caso said.

By this time, Lopoten had traveled to the scene to provide backup to his fellow officer. During the standoff—at which police said they would have been justified in shooting the suspect who refused to part with his weapon—the suspect suddenly became distracted by bystanders and dropped his knife.

A certified crisis intervention specialist, Caso said that his special training, police instruction and plain common sense helped him keep control through the situation and prevent injury to all involved.

“The training helped me,” Caso said. “Any police officer with training would have been able to identify that he had an issue. The training helped me deal with him, keep him at a safe distance and not have to draw a weapon.”

(continued on page 6)



Board of Directors

R. Thomas Marrone, MD
President

Margaret A. Bailey
Joan Johnston-Stern
Vice Presidents

Hudson B. Scattergood
Treasurer

Neal F. Basile
Secretary

Brad Barry
Susan Beneman
Barbara Dively, Esq.
Linda Farestad, RN
William L. Faust, Sr.
Ernest Hadrick, Jr.
Chief Peter Hasson
Marvin Levitties
Clifford Rogers, EdD

Advisory Board

Clark Bromberg, PhD
Hon. Rhonda Lee Daniele
Hon. William T. Nicholas
Edward Scolnick, MD
Chief Terrence P. Thompson

Administration

Rocio Nell, MD, CPE
CEO/Medical Director

William S. Leopold, ACSW, MBA
COO/Administrator

William Myers, MBA
CFO

Mohammad Qasim, MD
Medical Staff President

Lina Atkinson, RN
Nurse Executive

Editorial Staff

Tony Salvatore
Director of Development
Editor

Sharon Bieber
Associate Editor

© 2005 by Montgomery County
Emergency Service, Inc.

Phone: 610-279-6100
Fax: 610-279-0978
E-mail: mail@mces.org
Website: www.mces.org

The suspect was taken to Building 50 in the Norristown State Hospital, and officers said it was discovered that he had been off his medications and was later found to be not competent. "It worked out OK," Lopoten said. "Nobody got hurt. That's always the main concern."

In addition to the Aug. 28 incident, Caso also received nominations for three other occurrences. The honor was Caso's second merit commendation with the force, and Lopoten's first. Caso said he was proud to hear that he was awarded Officer of the Year from NAMI and MCES, but he also said "every cop in this department should be honored for doing what we do on an everyday basis." Lopoten, who was honored for ongoing commitment, said that it was nice to be recognized, but he was just doing his job.

Police Chief John McGowan acknowledged his officers Monday night with the board in front of a crowd of peers. "Using his quick police thinking, (Caso) acted accordingly and treated the victim with special concern," McGowan said. "A frightening, life-threatening situation was brought to a close with no injury." McGowan said Caso and Lopoten took the extra time to figure out the situation, enabling them to save a life. Describing his officers as genuine and personable, McGowan commended the teamwork the department displayed.

"We have a really good relationship with Building 50. I believe a police department has to be responsive to the community it serves. And the fact is, we have a hospital in our backyard, and that increases the likelihood of my officers coming in contact with people with special needs," said McGowan.

NAMI and MCES honor police officers each year because mental illness sufferers often come in contact with their profession, so increased sensitivity and the ability to identify these problems is commended by the organizations.

"Barry and Tony are exceptional police officers," McGowan said. "Most of my police officers are exceptional police officers. We're very fortunate in East Norriton. We don't hire often, but when we do, it's the best."

Excerpts from article and photo appearing in The Times Herald, May 31, 2005. Used with permission.

CIS Training for Mental Health Providers and Others

While the MCES Crisis Intervention Specialist (CIS) training was developed to meet the needs of police officers, other first responders, and other criminal justice personnel, its content is not meant for only these audiences. On the contrary, we have often felt that many mental health professionals would greatly benefit by taking this training.

Therefore, as part of our observation of our three decades of crisis intervention education we are offering a 2-day CIS training session at no charge to mental health and substance abuse workers at all levels in Montgomery County. Participation is also open to volunteers, advocates, consumers, and family members. The training will be held at MCES.

This training will cover all of the topics described elsewhere in this issue, except (field time) arranged for police officers. Participants who attend the two days will be certified as Crisis Intervention Specialists and will receive documentation of their training and an MCES CIS patch. Registration is open on a first come first served basis for up to 25 participants.

This special CIS training will be held as follows:

- Dates: Tuesday and Wednesday, November 8 & 9
- Time: 9:00 AM – 4:00 PM (Breaks Included/Refreshments Provided)
- Lunch: On your own
- Faculty: Donald Kline, PhD, Director, MCES Criminal Justice Department
Michelle Monzo, Forensic Education Specialist
Presentations by other MCES staff and guests

Please complete this registration and return it to MCES. (Please make copies for multiple attendees.)

Yes, I'd like to attend the 2-day, Non-Criminal Justice CIS school on:

Tuesday & Wednesday, November 8 - 9

Name: _____

Company: _____

Address: _____

Day Phone: _____ **Fax #:** _____

Please mail registration to:

**Attn: Michelle Monzo
MCES
50 Beech Drive
Norristown, PA 19403-5421**

Montgomery County Emergency Service, Inc.
Comprehensive Behavioral Health Services
50 Beech Drive
Norristown, PA 19403-5421

NONPROFIT
ORGANIZATION
U.S. POSTAGE
PAID
PERMIT NO. 225
SOUTHEASTERN PA

Address Service Requested

***Upcoming 3 Day
Crisis Intervention Specialist
Schools***

***September 6 - 8
October 4 - 6
November 1 - 3
December 6 - 8***

***Upcoming 3 Day
Advanced
Crisis Intervention Specialist
Schools***

***September 20 - 22
October 25 - 27
November 15 - 17
December 13 - 15***

One day modified CIS Schools and 1-3 hour lectures or roll call training can be scheduled at your request. Alternative dates for either school can also be arranged. Schools are scheduled on a first-come first-served basis.

Contact Michelle Monzo, Forensic Education Specialist to register for your class at 610-279-6100.