

Crisis Intervention Teams

Jane called the Mental Health Center in a panic. She lives with bi-polar disorder and had just returned home from a two-week involuntary psychiatric hospitalization. She was frightened, psychotic and demanding to speak with people in the agency who were not available.

While Liz Wixson, Division Director of Clinical and Emergency Services, was locating someone who could speak with her, Jane told the operator, "If somebody doesn't help me right now, I'm going to kill myself."

Shortly thereafter, the operator transferred the call to CSB's Intake Supervisor Sarah Ahmed. A few minutes into their conversation, Jane hung up the phone. Ahmed called her back and told her staff was worried about her and wanted her to come into the office, but Jane adamantly refused. She told Ahmed that the last time she came to the office she was picked up by a police officer, handcuffed, "thrown in the back of a police car and locked up in the hospital." Again, she hung up.

Ahmed called police dispatch and asked if there was a member of the Crisis Intervention Team (CIT) on duty. Fortunately, Officer Benny Evans, a recent CIT graduate, was on duty and available. Wixson called Evans on his cell phone and explained the situation. When Evans got to the house, he left his cell phone on so that Wixson could hear the interaction.

Wixson heard Jane speaking rapidly and incoherently. Then she heard Evans talk to her in a de-escalating, friendly demeanor - commenting to Jane on the Philadelphia Eagles jersey that she was wearing, talking about television shows and remarking on her home. Within five minutes, Evans was able to help Jane go from agitated and panicked, to calm and compliant.

Finally Evans was able to say, "I'm worried about you. Let's take you to the hospital so we can get you checked out." By this time, Jane was agreeable and willingly got into the police cruiser and went to the hospital.

Even though Evans was wearing a police uniform and carrying a gun – representing the very things that Jane feared because of her last interaction with police — his verbal de-escalation techniques helped ease her fears and allowed her to safely and calmly go to the hospital. This is CIT in action.

The story of Jane (the name is fictitious) was told by Wixson to the audience at the third graduation of the CIT in December. Sixteen City staff (six police officers, seven Sheriff's Office staff, and three Fire/EMS staff) received their certification.

In his remarks to the group, Sheriff Dana Lawhorne noted that when he and Chief of Police Earl Cook went through the Northern Virginia Criminal Justice Academy in the 1970's, they had received about an hour of training on mental health issues.

He is grateful that times have changed and that first responders are getting a thorough instruction on handling a crisis. "In a crisis," he added, "intervention is key. Oftentimes it's the difference between life and death." Chief Cook added that he envisions a day where every APD officer will be CIT-trained.

The City's Crisis Intervention Team (CIT) was developed in May 2010 through a partnership with the Alexandria Community Services Board, the Alexandria Police Department and the Alexandria Sheriff's Office.

A Crisis Intervention Team is comprised of highly skilled and specially trained police officers and deputies who have



Police are often the first responders in a mental health crisis.

completed 40 hours of specialized instruction in the recognition of psychiatric disorders, suicide intervention, substance abuse issues, verbal de-escalation techniques, the role of the family in the care of a person with mental illness, and legal training in mental health and substance abuse issues.

Classroom instruction is provided by DCHS staff including Emergency Services Supervisor Jonathan Teumer, Jail Diversion Coordinator Bill Rooney and Comprehensive Recovery Coach Dana Woolfolk. Officers and deputies participate in role playing exercises based on real-life scenarios. They spend an entire day visiting mental health and substance abuse inpatient and outpatient treatment facilities where they have the opportunity to engage in one-on-one dialogue with mental health consumers and learn about resources available to help people in crisis.

Unlike most CIT programs around the nation, which are comprised solely of police officers, Alexandria's program includes representation from all first responding agencies to ensure that a comprehensive, City-wide approach is in place to

assist residents with mental illness. To date, 56 police officers, sheriff's deputies and fire staff have been trained and within a year, enough patrol officers will be trained to ensure that CIT coverage will be available 24 hours a day. All Alexandrians will be able to receive the sophisticated, targeted intervention that Officer Evans was able to provide to Jane.

CIT is based on a model developed by the Memphis Police Department in 1988 following a police shooting of a person with mentally illness, and it has since been adopted in communities in 45 states. The training is designed to educate and prepare first responders who come into contact with people with mental illnesses to recognize the signs and symptoms of these illnesses and to respond effectively and appropriately.

Since police officers and sheriff's deputies are often the first on the scene in these incidents, it is essential that they understand how mental illnesses can alter people's behaviors and perceptions. The trained CIT staff person is skilled at de-escalating crises involving people with mental illness, while bringing an element of understanding and compassion to these difficult situations.



Jonathan Teumer and Liz Wixson..