

# VBPD CIT and ID/DD

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# Why CIT?

The City of Virginia Beach is dedicated to the establishment and ongoing development of CIT

CIT is fully supported and endorsed by VYPD Chief Paul Neudigate and VB Sheriff Ken Stolle

Virginia State Code established requirements for state agencies to implement Crisis Intervention Team programs (1/1/2010)

Police officers are typically the first to respond to crisis situations

# CIT Goals

- ▶ Jail Diversion
- ▶ Crisis Recognition
- ▶ Quicker Access to Resources

# Why Virginia Beach?

Largest city in the state, 39<sup>th</sup> largest in the United States, with approximately 450,000 residents

Large Military Presence

Tourists

Homeless

Urban And Agricultural

Beachfront

# What is CIT?

## Crisis Intervention Training

Developed by Memphis Police Department and NAMI (National Alliance on Mental Illness) in 1988

Developed as a result of a crisis in which a young man with mental illness was shot and killed by police

- ▶ Samuel Cochran (now retired Major) was told by his Chief to deal with the public reaction to the shooting
- ▶ He met with NAMI and families and learned that most situations could be defused if police officers were trained to approach mentally ill people differently from common criminals (slowly and calmly)
- ▶ Since 1988 Memphis continued to develop model that works
- ▶ **Efficient, Effective, Integrated Crisis Intervention System**

# Improve Coordination Among Resources

- ▶ Police Departments
- ▶ Mental Health Resources
- ▶ Hospital Systems
- ▶ Corrections
- ▶ Community Relations



- ▶ Government
- ▶ Law Enforcement
- ▶ Judiciary
- ▶ Advocates
- ▶ Citizens and Consumers
- ▶ Health Care
- ▶ Mental Health
- ▶ Local and Regional Resources

# Not Exclusive to Police

- ▶ Numerous agencies are becoming CIT certified
  - ▶ VB Police
  - ▶ VB Firefighters
  - ▶ Emergency Medical Services (EMS, Rescue)
  - ▶ Animal Control Officers
  - ▶ Chaplains
  - ▶ Sentara VB General Hospital staff
  - ▶ Numerous outside city agencies

# CIT and Disability

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# Intellectual Disabilities

- ▶ Deficits in intellectual functions confirmed by standardized testing (IQ of 70 or below)
- ▶ Adaptive deficits that limit functioning in one or more activities of daily life across multiple environments
  - Communication
  - Social Participation
  - Independent Living
- ▶ Onset of intellectual and adaptive deficits during the developmental period (before the age of 18)

# Developmental Disabilities

- ▶ Severe, chronic disability of an individual that:
- ▶ Is attributable to a mental or physical impairment or combination of the two, other than sole diagnosis of mental illness
- ▶ Is manifested before the age of 22
- ▶ Is likely to continue indefinitely
- ▶ Results in substantial functional limitation in 3 or more areas of major life activities

# Considerations

- ▶ When interacting with individuals that live with an ID/DD, remember:
  - ▶ There are often other psychiatric and medical conditions present
  - ▶ Can the person hear me? Can they speak?
  - ▶ Does the person have sensory processing/integration issues?
  - ▶ Does person have receptive/expressive language skills deficits?

# Living with ID/DD

- ▶ Living with a life long disability
- ▶ Coping with medical and mental health issues that are often misdiagnosed and improperly treated or untreated
- ▶ Lacking ability to express discomfort or take comfort
- ▶ Living with abnormal physical and behavioral characteristics that lead to exclusion and isolation
- ▶ Living a service life
- ▶ Living with loss of control
- ▶ Being treated according to a diagnosis rather than abilities, gifts and dreams

# Dual Diagnosis

- ▶ Receiving more attention in recent years due to deinstitutionalization
- ▶ Psychiatric symptoms can be overlooked by professionals if considered less debilitating than ID/DD or thought to be a result of ID/DD
- ▶ Professionals pressed to assign a primary diagnosis may focus on ID/DD
- ▶ Separate service delivery systems and funding streams

## Dual Diagnosis (cont.)

- ▶ Major Depressive Disorder
  - ▶ Irritable Mood, Withdrawn, Psychomotor agitation, Somatic complaints, Suicidal ideation, guilt, hopelessness (adequate expressive language skills)
- ▶ Anxiety Disorders
  - ▶ Aggression, Blaming others, Physical symptoms may be reported or observed – chest pain, nausea, dizziness, chills, hot flashes, Self injurious behaviors – picking, scratches, biting, hitting, Screaming
- ▶ Obsessive-Compulsive Disorders
  - ▶ Hoarding
- ▶ PTSD

# Stigma

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Unfair discrimination, rooted in ignorance

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Born of a lack of information or awareness

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Keeps people from seeking help when they need it

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Keeps people from receiving services and basic life necessities

# How does CIT help?



**De-Escalation training**



**Build rapport through  
empathy and  
understanding**



**Build an understanding  
of the situation**

Gather information, reflect



**Positive interaction**

People first  
Clear communication

# Four Coaching Plays

- ▶ Introduce yourself
- ▶ Ask for his/her name
- ▶ Tell them your observations
  - ▶ "I see you're upset. I see you're angry, etc."
- ▶ Restate what they tell you
  - ▶ "You're angry because..."
  - ▶ "You're sad because...."

# How to communicate

- ▶ Patience, Patience, Patience
- ▶ Have only 1 officer speak with person
- ▶ Gain attention by making eye contact and using person's name
- ▶ Move to a quiet setting, if possible
- ▶ Speak slowly and pause frequently
- ▶ Use simple language, short sentences
- ▶ Use concrete terms rather than abstract language – “Show me”, “Tell me”, “Do this”, “Come with me”
- ▶ Say “Are you happy, sad, angry” instead of “What are you feeling”

## How to communicate (cont.)

- ▶ Use open-ended questions – avoid “yes” or “no” questions
- ▶ Make concept of time more concrete (breakfast time, lunchtime, bedtime)
- ▶ Give 1-step commands
- ▶ Allow adequate response time (at least 30 seconds)
- ▶ Rephrase question if not understood
- ▶ Ask person to explain what you have said in their own words
- ▶ Keep conversation at an adult to adult level
- ▶ Do not pretend to understand what the person is saying – ask person repeat or rephrase or offer a pen and paper

# CIT Training Fundamentals

***Safety First! You must maintain personal safety and communication***

**Remain patient and understanding**

**Present a caring and sincere attitude**

**Treat others with dignity and respect**

**Be honest**

**Offer hope**

**Be a quiet leader**

# Know yourself



BE PREPARED



BE CONFIDENT



RESIST NEGATIVE  
THOUGHTS



BE CLEAR AND  
CONCISE



ABSORB-SOAK UP  
EVERY DETAIL



STAY FLEXIBLE

# Listen, Listen, Listen!

- ▶ **Non-verbal communication is the new verbal...What does the consumer see in you and what do you see in them?**
- ▶ **Don't ignore your thoughts, experiences instincts feelings and surroundings. Listen to the person in crisis, but listen to yourself as well**
- ▶ **You have time! Does the consumer see your “time” in your listening skills?**