THE HONORABLE JAMES L. ROBART

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

UNITED STATES OF AMERICA

Plaintiff,

vs.

CITY OF SEATTLE

Defendant.

CASE NO. C12-1282-JLR

MEMORANDUM SUBMITTING CONSENSUS ADVANCED CRISIS INTERVENTION TRAINING CURRICULUM AND STRATEGY

Pursuant to the Second-Year Monitoring Plan (Dkt. No. 129), the Parties and the Monitor hereby submit the Seattle Police Department's 2014 Advanced Crisis Intervention Training Curriculum (the "Training Curriculum") and Crisis Intervention Training Strategy.

After careful review and consideration, the Monitor agrees with the Crisis Intervention Committee ("CIC") and the Parties that this training advances the Department's ability to "reduc[e] the use of force against individuals in behavioral or mental health crisis, or who are under the influence of drugs or alcohol, and to direct or refer such individuals to appropriate services where possible." Dkt. No. 3-1 at 41. The Advanced Training Curriculum ensures that certain CIT-certified officers stay abreast of the most recent developments in this challenging

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area of law enforcement. Because the proposed training satisfies the letter and spirit of the relevant substantive provisions of the Consent Decree, the Monitor respectfully requests that this Court approve it.

The Training Strategy supplements the Training Curriculum by detailing the CIT training that sworn SPD personnel will receive under the current training plan, describing how that training will be tracked, and presenting a timeline for on-going trainings.

The Department has worked extensively with the Crisis Intervention Committee ("CIC") and the Parties to create this Training Curriculum and Training Strategy. The CIC is a group of some 42 regional mental health providers, clinicians, advocates, academics, outside law enforcement representatives and the judiciary, (*See* Dkt. 114 at 57), tasked with finding new approaches for the SPD's policies and procedures on dealing with individuals experiencing behavioral crisis. The SPD-CIC collaboration has already yielded important new policies, training, and procedures on response to individuals in behavioral crisis that align the SPD closely with departments that are "thought leaders" in the area. Importantly, the SPD-CIC collaboration yielded the Department's Crisis Intervention Training, approved by this Court on June 10, 2014. (*See* Dkt. 152 for explanation and background of CIT Trainings).

The DOJ and the Monitor have closely reviewed and provided revisions to the Training Curriculum and Training Strategy. The Training Curriculum and Strategy were drafted and revised with the knowledge the Department and CIC are developing data analysis plans for collecting data on all SPD interactions with those that appear to be in behavioral crisis, as well as analyzing the systems of resource development. Because the Training Curriculum and Strategy provide essential guidance to the execution of the Department's overarching goals for its interactions with those experiencing behavioral crisis, the Monitor recommends that the Training

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Curriculum and Training Strategy are adopted.

Respectfully submitted this 2nd day of September, 2014.

Merrick J Bobb, Monitor

The Court hereby approves the Training Curriculum filed herewith as Exhibit A and the Training Strategy filed herewith as Exhibit B.

DONE IN OPEN COURT this _____ day of September, 2014.

THE HONORABLE JAMES L. ROBART
UNITED STATES DISTRICT JUDGE

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CERTIFICATE OF SERVICE

I certify that on the 2nd day of September, 2014, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the following attorneys of record:

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DATED this 2nd day of September, 2014.

/s/ Carole Corona
Carole Corona

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EXHIBIT A

Seattle Police Department
Education & Training Section
Advanced CIT (ACI)

Advanced Crisis Intervention Training (ACI)

Assigned Course Number: TBD

Author: **A/SGT Daniel Nelson #6883**

Reviewed by: **Sgt. Christine Robbin, ETS**

Date Written/Revised: **08/25/2014**

Approving Authority: PENDING

Overview:

ACI is a 9-hour course providing, skills-based training to Crisis Intervention Team (CIT) Certified officers on identifying key behaviors associated with persons in behavioral crisis and specific tools and tactics to assist CIT Certified officers in de-escalation and referral to community resources, with an emphasis on scenario-based learning. (Consistent with the previously-approved CIT training strategy, "CIT Certified officers" are those officers who have taken the Washington State Criminal Justice Training Center's (CJTC) 40 hour course within the last five years or, if longer than that, have affirmatively volunteered to be a CIT Certified officer and have the aptitude to do so.) Pursuant to Department policy, with few exceptions, all CIT Certified officers must take a course such as the present course yearly to maintain their certification.

The course for 2014, in addition to the four e-learning modules required of all SPD personnel, will consist of 4 major blocks of instruction:

1. Tactical communication with emphasis on a practical de-escalation model.
2. Suicide intervention.
3. Reality based training / scenarios
4. SPD specific policies, on how to take the "lead" in crisis events and how to work with mental health and other community resources.

The course will contain the attached pre-load materials for CIT Certified officers to review prior to attending the course.

All CIT Certified officers must attend this course no later than June 30, 2015. At that point in time, the Department will know how many officers have actually maintained

their certification by undergoing the advanced training and will have sent any additional officers to the 40-hour training if the CIT coverage policy and analyses require it. By that point in time, the Department will also have evaluated its CIT training needs for 2015, not only for CIT certified officers, but also for both "key" or "high interaction" personnel and non-key personnel. That 2015 training may include attendance at CJTC by CIT Certified officers of "Force Options" or "Youth in Crisis" or other specialized classes; attendance by "key personnel" of the present class; or other options.

Course Goal(s):
Enhance the ability of CIT Certified officers to effectively intervene with individuals who are exhibiting behavioral-health-related behaviors and symptoms.

Course Objective(s):
Upon completion of this course, participants will:

1. Apply the De-Escalation Model while interacting with an individual in crisis.
2. Effectively assess risk with a suicidal person utilizing the "C.P.R." system.
3. Successfully demonstrate their understanding by correctly performing learned skill sets in reality based training scenarios.
4. Demonstrate how to apply SPD-specific CIT policies, such as taking command of the scene of a crisis event.

Target Audience:

All CIT Certified Officers of the Seattle Police Department.

Class size:
Maximum of 25, minimum of 12.

Evaluation Process:
Instructors will evaluate performance during scenario based exercises and remediate immediately any observed deficiencies.

Logistical Information:

Site:

Seattle Police Department
Education & Training Section
Advanced CIT (ACI)

Seattle Police Department; Education & Training Section Classroom 2 or 4
Seattle Police Department; Education & Training Section Annex 2

Training Equipment:

BDU's
Gun-belt
Eye Protection
Mock Glocks
Training Taser cartridges

Staffing Requirements:

Lead Instructors: 1
Safety Officer: 1
Instructors: 3 (1/2 day)
CIT Cadre Instructors / Role Players: 3 (1/2 day)

Training summary:

Students will be taught using a combination of lecture, skills training, and performance of drills and/or scenario training.

Training schedule: Day One

-0100 hour prior - Instructors on site, prepare for training	
Start	Introductions, student sign in, organize into small groups.

10 minutes	Interest introduction – "Sword Man" Video
10 minutes	Discussion re: Sword Man
30 minutes	Video and discussion– personal narratives of persons with mental illness
10 minutes	***BREAK***

20 minutes	Standard De-Escalation Model – presentation
20 minutes	Advanced Active Listening (MOREPIES) presentation
10 minutes	***BREAK***

1 hour 10 minutes	Scenario-based Exercise - D'Logo interactive video

30 minutes	***LUNCH***

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15 minutes	Suicide Intervention: CPR Model & videos - presentation
45 minutes	Suicide Intervention exercise (round robin "jumper")
10 minutes	***BREAK***

2 hours 40 minutes	Scenario-based Exercises

30 minutes	Wrap and class evaluation
0900	***END TRAINING***

Interest Introduction:

"Sword-man" Video

- 10.5 hour standoff
- "Thanks for not killing me. I thought you were all demons."
- No illicit drugs or alcohol found in blood during treatment at hospital.

Material Introduction:

This training was developed to give CIT Certified officers, who will be dispatched to crisis events and to whom non-CIT certified officers will be required to make every reasonable effort to summon to the scene of such an event, additional tools for dealing with individuals who are in behavioral crisis, defined in policy as "an episode of mental and/or emotional distress in a person that is creating significant or repeated disturbance and is considered disruptive by the community, friends, family or the person themselves."

This material was gathered after intensive research as well as field-tested techniques. This curriculum was compiled after consulting with the Crisis Intervention Committee and other partners in mental and behavioral health field.

- Nobody chooses to develop a mental illness. One in four families is affected.
- Mental illness is a biological illness just like heart disease, cancer or diabetes.
- There is no cure, but many people reach recovery and live full, productive lives.
- Many medications for mental illness create very negative side effects, including kidney and liver disease, diabetes, tardive dyskinesia (involuntary movements of the tongue, lips, face, trunk, and extremities) and death. These factors make medication compliance very difficult. Suggestions like, "Just take your meds" are viewed as insensitive to how difficult this is.
- Breakthrough symptoms can occur even if the person is on meds. Meds also do not resolve all the symptoms, but can help mitigate or reduce them. Some people are compliant with medications but the medications are not effective or are less efficacious due to the individual biology, etc. People with mental illness experience a high level of stigma and social isolation, which inhibits seeking treatment.
- Most people, even in the middle of a behavioral crisis, respond positively to kind and patient behavior.

De-Escalation

De-escalation is the use of words and actions to reduce a heightened emotional and physical state, in order to facilitate calm, rational interaction.
Police should use de-escalation as a tactical communication tool when they recognize a person's state of behavioral escalation prevents effective communication and objective problem-solving. Officers should attempt de-escalation only when it is safe to do so. De-escalation is a component of police response options, and like other response options, it is appropriate and effective in specific situations.

"It's all about tone." For de-escalation and/or escalation prevention, an officer's tone can make a huge difference. Tones that can be perceived as officious, disrespectful, or indifferent can dictate the outcome. An officer can use the exact same words with different tones and create a sense of comfort or aggravation on behalf of the listener / receiver.

Every interaction that an individual has with an officer will influence all future contacts with police.

Always ensure you, other officers, bystanders and the subject are safe from immediate harm before attempting de-escalation. De-escalation is <u>not</u> a reasonable alternative to <u>necessary</u> force.

Jail is about the least helpful place for someone in a mental health crisis to get stabilized. Many people with mental illness have been jailed, were victimized at that time and are very afraid of police and the jail system as a result. This absolutely influences behavior around police officers. (Lindquist, 2013)

Recognizing Escalation: The perception of fear, triggers automatic responses. The perception can be fear of physical danger, embarrassment, negative

consequences, abandonment, "loss of face" or other major or seemingly minor consequences. The automatic response is described as *psychophysical arousal*, meaning that our brains, emotions and bodies began working at heightened levels of performance.

When a situation is perceived as dangerous or having major negative consequences, a part of our brains called the *amygdala* initiates a response by stimulating brain chemicals that increase performance for survival. Observable effects of fear-induced psychophysical arousal:

- Increased muscle tension, especially in neck and shoulders.
- Increased breathing rate; shallower breaths.
- Rapid eye movements; eyes are opened wide and have a flattened appearance.
- Perspiration; skin flushed, especially in the face.
- Tremors (shaking); loss of fine-motor skills.
- Rapid, pressured speech; yelling or frequently interrupting.
- Teeth clenched, jaw set.
- Dry mouth, repeatedly licking lips.
- Irrational, expansive or nonsensical statements or physical actions.
- Failure to follow simple, reasonable requests or instructions.

As with any evaluation of behavior, we look for the totality of factors to judge whether the person is in a significantly escalated state. Psychophysical arousal promotes rapid, intuitive reaction to potential risks – deliberate, logical thought is disfavored. We know from brain scans that when experiencing fear, brain activity

in the areas of the brain responsible for objective reasoning significantly decreases.

A fear response makes constructive communication and problem-solving very difficult, if not impossible. Once an officer recognizes a person is experiencing a fear response, he or she should consider de-escalation before attempting problem-solving.

De-escalation Method:

Through skillful use of words and actions, we can reduce the fear response and its effects and encourage voluntary compliance and problem-solving. The method below provides a road map for de-escalation.

SAFE – Ensure that no one is imminent danger before attempting de-escalation. This includes proper distance and shielding for the officer as well as anyone else on the scene.

"Is the scene safe? The scene is safe."

PRESENCE – We can best minimize fear when we present a strong, protective presence. Establish a calm, poised and assertive presence. Ensure that your body language matches the words that are coming out of your mouth. Conduct "self-check-ins" during the incident to ensure you maintain control of the incident.

"I am calm, poised and assertive."

ENGAGE – Establish communication. We know when we've established communication when the person makes eye contact.

"Sir, sir, I'm over here."

CONTEXT – Define a general, positive goal and establish ground rules.

"I can listen to you when you stop yelling."

REFLECT – Active listening techniques support rational thought and reduce fear.

"Uh-huh…Umm...So you're really angry at John, is that right?"

Active listening techniques: MOREPIES

GUIDE – Verify that de-escalation has occurred to the point that problem-solving is possible.

"Can we work on that together and try to get you some help?"

The script allows for automatic use of these techniques under stress or in challenging situations. When the script is mastered, officers will find it easy to alter phrases to fit the needs of the situation. Keeping the steps in mind supports a consistent strategy.

EXERCISE – Stand up and verbally practice the De-escalation framework and model.

Active Listening (MOREPIES) – Used during "reflect" stage of de-escalation.

M - Minimal Encouragers - Small verbal statement to acknowledge that you are hearing what they the individual is saying and you are ready for the next piece of information. This technique can really help a person feel heard.

"Uh-huh, Yeah, Sure"

O – Open-Ended Questions - Asking open ended questions which require more than a one or two word response forces the individual to elaborate in their answers forcing them to access their cognitive (forebrain) thought process.

"What brought us here today? How did that make you feel? Then what happened?"

"Can you tell me more about _____?"

R – Reflecting / Mirroring - A quick re-cap of what the individual had just said to show that you were listening to what he / she is communicating.

"I lost my job and I don't feel like living anymore. You lost your job and you don't feel like living anymore."

E – Emotional Labeling - Labeling the emotions that the individual is expressing with non-verbal cues or what he / she are verbally communicating.

"I have been working at the plant for 10 years and then they just up and fire me!?"
"You're angry that they fired you."

P – Paraphrasing - Like reflecting / mirroring but a condensed version of what is being communicated. This is best used at the end of a long monologue.

"I lost my job, my partner left me, I am out of money and I don't feel like living anymore."
"What I hear you saying is that you lost your job, partner, money and you don't feel like living anymore."

I – Use of "I" Statements - Use of "I" Statements can be an excellent way to establish boundaries when dealing with someone in crisis.

"I can listen to you when you stop yelling."
"I can talk to you when you put down the stick."
"I am trying to understand you but it is difficult when you won't communicate with me."
"I'm concerned about your safety/family/etc. when you_____"

E - Effective Pauses - Effective pauses can be used as a tool to enforce boundaries that have been established, or to prompt an individual in crisis to start talking. Natural speech patterns in a conversation have "back and forth" which require input from all parties. When one of the parties stops communicating it places pressure on the other party to continue talking to ease the tension.

S – Summary - This is used as a way to re-communicate the situation, as he / she had explained it, to show that you are listening to what they have to say.

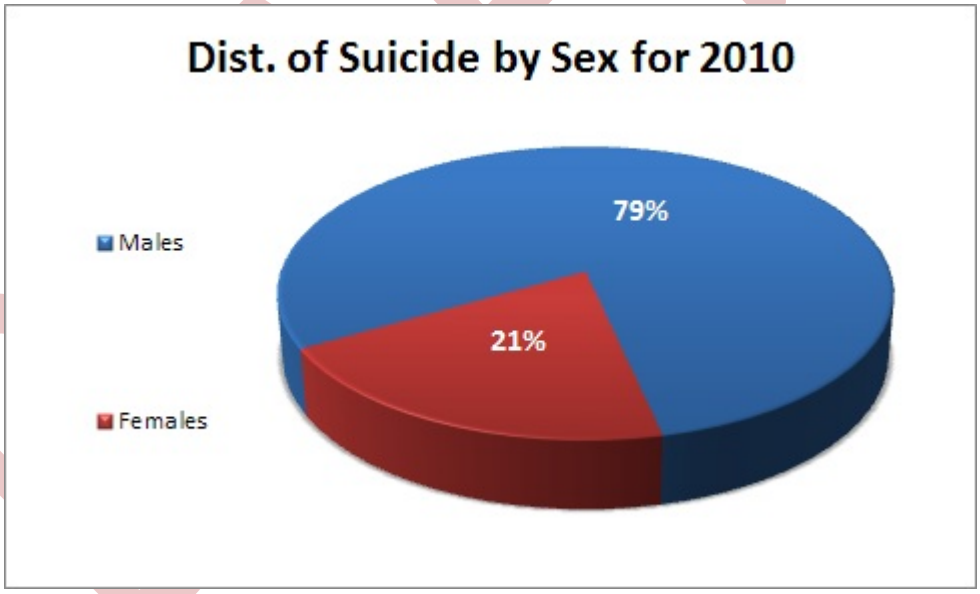
Reflecting / Mirroring + Paraphrasing

EXERCISE – Active Listening Skills (ALS) training video with embedded exercise. (FBI, 2006)

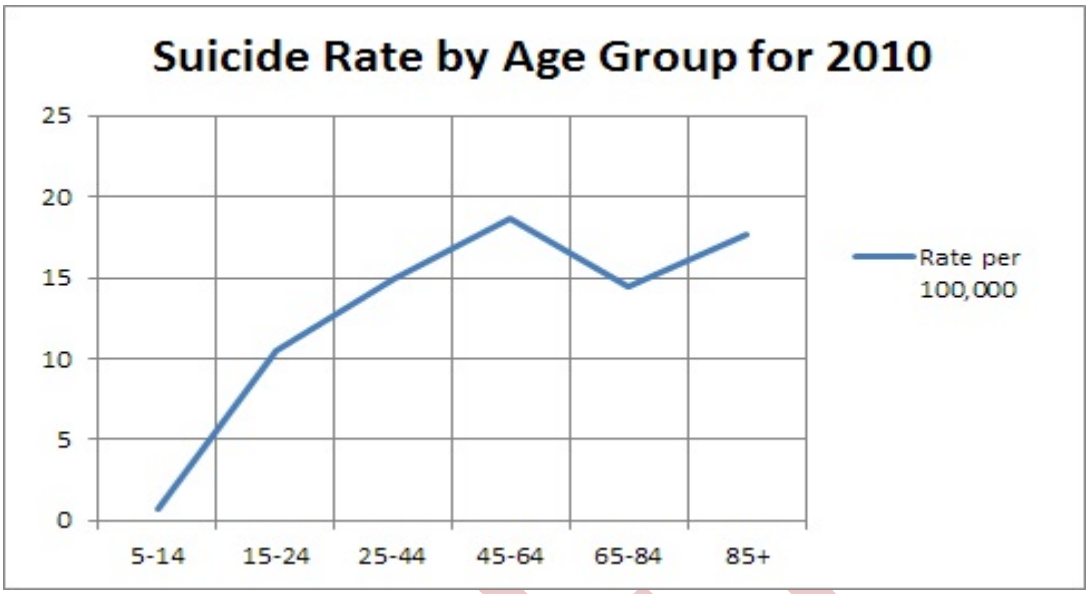
Suicide Risk and Lethality Assessment

Statistics

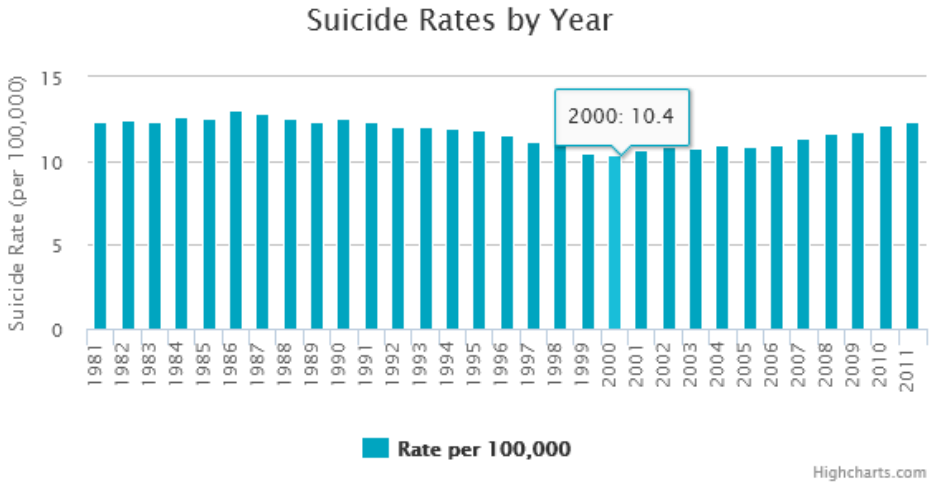
- Every 13.7 minutes someone in the United States dies by suicide.
- Nearly 1,000,000 people make a suicide attempt every year.
- 90% of people who die by suicide have a diagnosable and treatable psychiatric disorder at the time of their death.
- Most people with mental illness do not die by suicide.
- Recent data puts yearly medical costs for suicide at nearly $34 billion (2005).
- Men are nearly 4 times more likely to die by suicide than women. Women attempt suicide 3 times as often as men.
- Suicide rates are highest for people between the ages of 40 and 59. (American Foundation for Suicide Prevention)



(American Foundation for Suicide Prevention)



(American Foundation for Suicide Prevention)



(American Foundation for Suicide Prevention)

- There are four male suicides for every female suicide, but three times as many females as males attempt suicide.
- There are an estimated 8-25 attempted suicides for every suicide death. (American Foundation for Suicide Prevention)
- 22 Armed Forces Veterans commit suicide every day

Intervention Model

Ask the question:

"Are you thinking about killing yourself?"

If the answer is YES, assess the level of risk using CPR

C= Current Plan

"Do you have a plan in mind for how you will kill yourself?"

"Do you have access to the _____ (gun, knife, rope, pills, car, etc.)?"

"When do you plan to do this?"

"Have you taken any medications for this suicide attempt?"

P= Previous Behavior

"Have you ever tried to kill yourself before?"

"How did you try before?"

"What happened after your attempt?"

"Do you know anyone who has completed suicide?"

R= Resources

"Do you have a counselor, case manager, or therapist?"

"Who is generally helpful when you are having a difficult time?"

"Who can come and be with you right now?"

"What have you done in the past when you have felt like this or had these thoughts?"

"Do you have friends or family that you can check in with to make sure that you are staying safe?"

EXERCISE – Suicide intervention round robin "jumper"

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De-Escalation Model / Script Drill

Skill Training Template (Tell, Show, Do):

Introduction (intended for new or remediation of skills):

Students stand up and begin repeating the De-Escalation script verbally, sequentially. Explain that in a stressful situation individuals resort to their prior experiences and training. Successful, perfect, practice of the script will ensure officers perform the process during a crisis event.

Tell:

Identify discrete skill steps to perform skill verbally while physically showing skill
Set up drill by explaining we will be conducting verbal repetition of the De-Escalation model.

Show:

Demonstration of skill without descriptions or very brief key words only:

Instructor reads through script:

-Safe ["Is the scene safe? The scene is safe."]
-Presence ["I am calm, poised and assertive."]
-Engage ["Sir, sir, I am over here."]
-Context ["I can listen to you when you stop yelling."]
-Reflect ["Uh-huh…Umm…So you're really angry at John, is that right?"]
-Guide ["Can we work on that together and try to get you some help?"]

Do or Student Performance:

Student performance of script 5 times on each point:

1. Part
   -Safe ["Is the scene safe? The scene is safe."] x 5
   -Presence ["I am calm, poised and assertive."] x 5
   -Engage ["Sir, sir, I am over here."] x 5
   -Context ["I can listen to you when you stop yelling."] x 5
   -Reflect ["Uh-huh…Umm…So you're really angry at John, is that right?"] x 5
   -Guide ["Can we work on that together and try to get you some help?"] x 5

2. Whole
   -Safe ["Is the scene safe? The scene is safe."]
   -Presence ["I am calm, poised and assertive."]
   -Engage ["Sir, sir, I am over here."]
   -Context ["I can listen to you when you stop yelling."]
   -Reflect ["Uh-huh…Umm…So you're really angry at John, is that right?"]
   -Guide ["Can we work on that together and try to get you some help?"]

Coaching of Student Performance:

Coaching or correcting of student performance:

1. Positive orientation
2. Fix one thing at a time
3. Clear, concise and brief

Scenario Training Template (Do):

De-Escalation Scenario

Introduction (intended for learned skills):

Respond and de-escalate an individual in crisis utilizing the de-escalation model and active interviewing (M.O.R.E.P.I.E.S.).

Skills Required:
-De-escalation model
-Active Interviewing

Dispatch Instructions – Read to students:

Officers are needed to respond for a male adult who appears to be high or intoxicated yelling while walking around in the park.

Role Player Instructions – **DO NOT READ TO STUDENTS**:
Back Story-
Role player was just laid off from employer of 20 years. Role player was planning on retiring in 7 years. When the Role player told their domestic partner, the domestic partner began yelling at the Role player. Role player was angry and drove to the park.

Behaviors displayed:
Angry
Sad
Physically expressive

Role player initially does not even recognize officers are on scene.
Role player will begin communicating with officers when they start De-escalation model.
Role player will openly discuss issue with officers when they use MOREPIES, during reflecting stage.

No crimes committed during incident.
Not aggressive toward officers.
Physically compliant, but verbally escalated during incident.

Do or Student Performance:

Student performance of skills with feedback:

1. Perform the de-escalation model utilizing MOREPIES during the "Reflect" portion of the script.
2. Make appropriate referral decision (CRT/MCT).
3. Coordinate division of labor between officers and CIT certified officers at the scene and mental health and other community resources.
4. Use of training pause to reset scenario as appropriate.

Coaching of Student Performance:

Coaching or correcting of student performance as above and the use of reflective reinforcement to facilitate student learning.

Scenario Training Template (Do):

Personality Disorder Scenario

Introduction (intended for learned skills):

Respond, de-escalate, and make a suicide assessment on an individual in crisis utilizing the De-escalation and C.P.R. models while conducting an active interview (MOREPIES)

Skills Required:
-De-escalation model
-Active Interviewing
-C.P.R. Assessment

Dispatch Instructions – Read to students:
Two officers are responding to an individual who called 911 because he/she is feeling suicidal.

Role Player Instructions – **DO NOT READ TO STUDENTS**:
Back Story-
Role player has a history of cutting his/herself but has not made a serious suicide attempt.
Role player is not physically injured nor have they ingested any pharmaceuticals.
Role player current ideation is that of hanging him/herself.

Behaviors displayed:
Happy to see 1st responders
Angry
Physically expressive
Non-congruent affect

Role player confirms that they are the one that called 911. Role player requests SFD to evaluate him/her for any possible physical injury. While waiting for SFD Role player will begin to "Show and tell" different objects from around his/her residence with great pride. After SFD exam, Role player will demand to go to hospital for mental health evaluation and states that he/she wants to see an MHP.
If any of the requests are denied Role player verbally escalates.
Role player will de-escalate and become agreeable when the officer utilizes the de-escalation model and suggests the CSC as a resolution to the call.

No crimes committed during incident.

Not aggressive toward officers.
Physically compliant, but verbally escalated during incident.

Do or Student Performance:

Student performance of skills with feedback:

1. Perform the de-escalation model utilizing MOREPIES.
2. Conduct a suicide assessment using the C.P.R. model.
3. Make appropriate referral decision (MCT/CSC).
4. Coordinate division of labor between officers and CIT certified officers at the scene.
5. Use of training pause to reset scenario as appropriate.

Coaching of Student Performance:

Coaching or correcting of student performance as above and the use of reflective reinforcement to facilitate student learning.

Scenario Training Template (Do):

Involuntary Treatment Act Scenario

Introduction (intended for learned skills):

Respond, de-escalate, and evaluate an individual in crisis utilizing the De-escalation and C.P.R. models while conducting an active interview (M.O.R.E.P.I.E.S.).

Skills Required:
- -De-escalation model
- -Active Interviewing
- -C.P.R. Assessment

Dispatch Instructions – Read to students:
Two officers are responding to an individual who is acting strangely and occasionally wandering into traffic.

Role Player Instructions – **DO NOT READ TO STUDENTS**:
Back Story-
Role player has a history of disorganized schizophrenia.
Role player is not physically injured nor have they ingested any pharmaceuticals.
Role player is unaware of his/her surroundings to the level of walking into traffic.
Role player is responding to internal stimuli.

Behaviors displayed:
Angry
Physically expressive
Unaware of surroundings
Responding to internal stimuli (hearing voices; command hallucinations)

Role player is talking and yelling in response to internal stimuli upon arrival of officers.
Role player will not acknowledge officers until the "Context" stage of the de-escalation model.
While interacting with officers Role player will continually respond to internal stimuli but not focus their engagement on what the officer is saying. While speaking with officers role player will continually walk into traffic while responding to internal stimuli.

Criminal Violations:
Mental health related pedestrian interference

Do or Student Performance:

Student performance of skills with feedback:

1. Perform the de-escalation model utilizing MOREPIES.
2. Conduct a suicide assessment using the C.P.R. model.
3. Make appropriate referral decision (ITA).
4. Coordinate division of labor between officers and CIT certified officers at the scene and mental health and other community resources.
5. Use of training pause to reset scenario as appropriate.

Coaching of Student Performance:

Coaching or correcting of student performance as above and the use of reflective reinforcement to facilitate student learning.

Scenario Training Template (Do):

Round Robin (Jumper)

Introduction (intended for learned skills):

Respond, de-escalate, and evaluate an individual in crisis utilizing the De-escalation and C.P.R. models while conducting an active interview (M.O.R.E.P.I.E.S.).

Skills Required:
- -De-escalation model
- -Active Interviewing
- -C.P.R. Assessment

Dispatch Instructions – Read to students:
Two officers are responding to an individual who is standing on the Aurora Bridge. Passersby believe the subject is suicidal.

Role Player Instructions – **DO NOT READ TO STUDENTS**:
Back Story-
Role player has a history of depression.
Role player is not physically injured nor have they ingested any pharmaceuticals.
Role player has a history of suicide attempts.
Role player is extremely distraught and will not immediately interact with officers on the scene.

Behaviors displayed:
Angry
Physically expressive
No future planning ability

Role player is talking and yelling angrily to self upon arrival of officers.
Role player will not acknowledge officers until they "Engage" stage of the de-escalation model.
While interacting with officers Role player will talk about loss of job, relationships and money.

Criminal Violations:

None.

Do or Student Performance:

Student performance of skills with feedback:

1. Perform the de-escalation model utilizing MOREPIES.
2. Conduct a suicide assessment using the C.P.R. model.
3. Make appropriate referral decision (ITA).
4. Coordinate division of labor between officers and CIT certified officers at the scene and mental health resources.
5. Use of training pause to reset scenario as appropriate.

Coaching of Student Performance:

Coaching or correcting of student performance as above and the use of reflective reinforcement to facilitate student learning.

Scenario Training Template (Do):

Post-Traumatic Stress Disorder Scenario

Introduction (intended for learned skills):

Respond, de-escalate, and evaluate an individual in crisis utilizing the De-escalation model.

Skills Required:
-De-escalation model
-Active Interviewing

Dispatch Instructions – Read to students:
Two officers are responding to an individual who is refusing to leave an alcove adjacent to the front entrance of a local coffee shop. The alcove is also property of the complainant.

Role Player Instructions – **DO NOT READ TO STUDENTS**:
Back Story-
Role player has undiagnosed PTSD.
Role player is not physically injured, but appears to be slightly intoxicated.
Role player is non-aggressive but appears startled every time the coffee shop door closes loudly.
No community supports in the area.

Behaviors displayed:
Angry
Physically expressive
Slight intoxication
Heightened startle reflex

Role player is lying down upon the arrival of officers.
Role player will acknowledge officers and disclose that he served in the U.S. Army.
Role player complains of persistent nightmares and startles easily by loud noises.

While describing the nightmares the Role player will verbally escalate and appear restless.
Role player will de-escalate during the "Context" portion of the de-escalation model.
Role player refuses to leave when asked by police.

Criminal Violations:
Mental health related criminal trespass
No prior criminal history

Do or Student Performance:

Student performance of skills with feedback:

1. Perform the de-escalation model utilizing MOREPIES.
2. Request an officer who was prior/current military to the scene.
3. Coordinate division of labor between officers and CIT certified officers at the scene.
4. Make appropriate referral decision (MCT/CDF/Booking with referral to Veteran's court).
5. Use of training pause to reset scenario as appropriate.

Coaching of Student Performance:

Coaching or correcting of student performance as above and the use of reflective reinforcement to facilitate student learning.

Review:

1. Review of Performance Objectives of Class

    1. Apply the De-Escalation Model while interacting with an individual in crisis.
    2. Effectively assess risk with a suicidal person utilizing the "C.P.R." system.
    3. Successfully demonstrate understanding by correctly performing learned skill sets in reality based training scenarios.
    4. Know how to apply SPD-specific CIT policies, such as taking command of the scene of a crisis event.

2. Review of class in high points that achieved the performance objectives

    - Interactive Power-Point Presentation
    - Interactive Video Presentation
    - Scenario Based Training

3. Officer contact information for student follow-up

Lieutenant Martin Rivera martin.rivera@seattle.gov
Sergeant Christi Robbin christine.robbin@seattle.gov
A/SGT Dan Nelson daniel.nelson@seattle.gov

Debrief:

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Seattle Police Department

Advanced Crisis Intervention Training

Administrative Briefing

- Please ensure that you sign the Training Roster.
- This is an interactive class which requires audience participation.

Overview

- ACI is a 9-hour course providing, skills-based training to Crisis Intervention Team (CIT) Certified officers on identifying key behaviors associated with persons in behavioral crisis and specific tools and tactics to assist CIT Certified officers in de-escalation and referral to community resources, with an emphasis on scenario-based learning.

Overview Continued

- (Consistent with the previously-approved CIT training strategy, "CIT Certified officers" are those officers who have taken the Washington State Criminal Justice Training Center's (CJTC) 40 hour course within the last five years or, if longer than that, have affirmatively volunteered to be a CIT Certified officer and have the aptitude to do so.) Pursuant to Department policy, with few exceptions, all CIT Certified officers must take a course such as the present course yearly to maintain their certification.

The course will consist of the following:

- Tactical communication with emphasis on a practical de-escalation model.
- Suicide intervention.
- Reality based training / scenarios
- SPD specific policies, on how to take the "lead" in crisis events and how to work with mental health and other community resources.

Course Objective(s):

- Apply the De-Escalation Model while interacting with an individual in crisis.
- Effectively assess risk with a suicidal person utilizing the "C.P.R." system.
- Successfully demonstrate their understanding by correctly performing learned skill sets in reality based training scenarios.
- Application of SPD-specific CIT policies, such as taking command of the scene of a crisis event.

Introduction

- This training was developed to give CIT Certified officers, who will be dispatched to crisis events and to whom non-CIT certified officers will be required to make every reasonable effort to summon to the scene of such an event, additional tools for dealing with individuals who are in behavioral crisis.

Introduction Continued

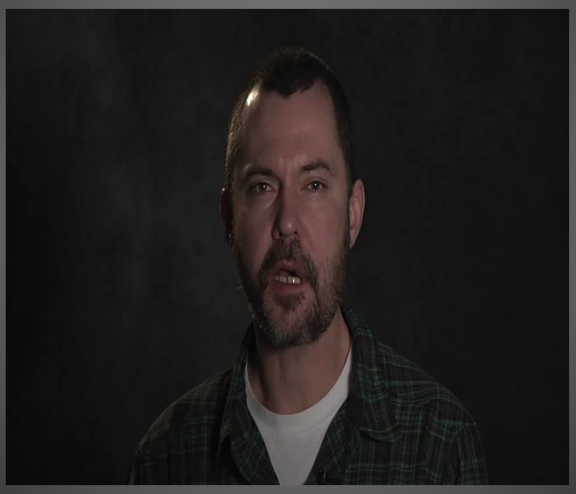
- Behavioral crisis is defined in policy as "an episode of mental and/or emotional distress in a person that is creating significant or repeated disturbance and is considered disruptive by the community, friends, family or the person themselves."

SWORDMAN Video

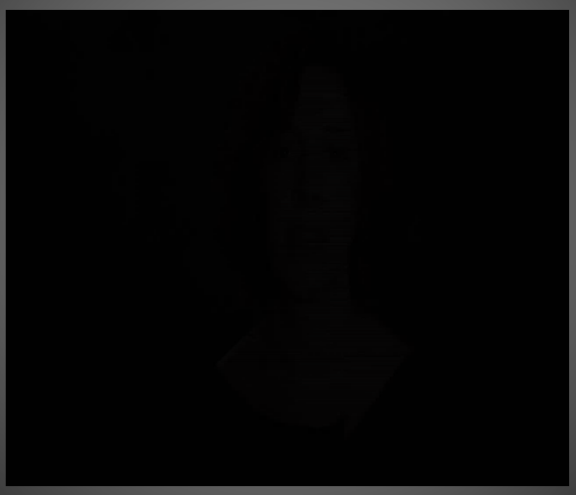
SWORDMAN Video

- 10.5 hour standoff
- "Thanks for not killing me. I thought you were all demons."
- No illicit drugs or alcohol found in blood during treatment at hospital

Consumer Videos



Consumer Videos



Break

Facts about people in crisis

- Nobody chooses to develop a mental illness. One in four families is affected.
- Mental illness is a biological illness just like heart disease, cancer or diabetes.
- There is no cure, but many people reach recovery and live full, productive lives.

Facts about people in crisis

- Many medications for mental illness create very negative side effects, including kidney and liver disease, diabetes, tardive dyskinesia (involuntary movements of the tongue, lips, face, trunk, and extremities) and death. These factors make medication compliance very difficult. Suggestions like, "Just take your meds" are viewed as insensitive to how difficult this is.

Facts about people in crisis

- Breakthrough symptoms can occur even if the person is on meds. Meds also do not resolve all the symptoms, but can help mitigate or reduce them. Some people are compliant with medications but the medications are not effective or are less efficacious due to the individual biology, etc. People with mental illness experience a high level of stigma and social isolation, which inhibits seeking treatment.

Facts about people in crisis

- Most people, even in the middle of a behavioral crisis, respond positively to kind and patient behavior.

Verbal De-Escalation

- Verbal de-escalation is the use of words and actions to reduce a heightened emotional and physical state, in order to facilitate calm, rational interaction.

Verbal De-Escalation

- Police should use verbal de-escalation as a tactical communication tool when they recognize a person's state of behavioral escalation prevents effective communication and objective problem-solving. Officers should attempt de-escalation only when it is safe to do so.
- Verbal de-escalation is a component of police response options, and like other response options, it is appropriate and effective in specific situations.

Verbal De-Escalation

- It's all about tone.
- For verbal de-escalation and/or escalation prevention, an officer's tone can make a huge difference. Tones that can be perceived as officious, disrespectful, or indifferent can dictate the outcome. An officer can use the exact same words with different tones and create a sense of comfort or aggravation on behalf of the listener / receiver.

Verbal De-Escalation

- Every interaction that an individual has with an officer will influence all future contacts with police.
- *Always ensure you, other officers, bystanders and the subject are safe from immediate harm before attempting verbal de-escalation. Verbal de-escalation is not a reasonable alternative to necessary force.*

Verbal De-Escalation

- Jail is about the least helpful place for someone in a mental health crisis to get stabilized.
- Many people with mental illness have been jailed, were victimized at that time and are very afraid of police and the jail system as a result. This absolutely influences behavior around police officers. (Lindquist, 2013)

Verbal De-Escalation

- **Recognizing Escalation:** The perception of fear, triggers automatic responses. The perception can be fear of physical danger, embarrassment, negative consequences, abandonment, "loss of face" or other major or seemingly minor consequences.
- The automatic response is described as *psychophysical arousal*, meaning that our brains, emotions and bodies began working at heightened levels of performance.

Verbal De-Escalation

- When a situation is perceived as dangerous or having major negative consequences, a part of our brains called the *amygdala* initiates a response by stimulating brain chemicals that increase performance for survival. Observable effects of fear-induced psychophysical arousal:

Verbal De-Escalation

- Increased muscle tension, especially in neck and shoulders.
- Increased breathing rate; shallower breaths.
- Rapid eye movements; eyes are opened wide and have a flattened appearance.
- Perspiration; skin flushed, especially in the face.
- Tremors (shaking); loss of fine-motor skills.
- Rapid, pressured speech; yelling or frequently interrupting.
- Teeth clenched, jaw set.
- Dry mouth, repeatedly licking lips.
- Irrational, expansive or nonsensical statements or physical actions.
- Failure to follow simple, reasonable requests or instructions.

Verbal De-Escalation

- As with any evaluation of behavior, we look for the totality of factors to judge whether the person is in a significantly escalated state.
- Psychophysical arousal promotes rapid, intuitive reaction to potential risks – deliberate, logical thought is disfavored.
- We know from brain scans that when experiencing fear, brain activity in the areas of the brain responsible for objective reasoning significantly decreases.

Verbal De-Escalation

- A fear response makes constructive communication and problem-solving very difficult, if not impossible.
- Once an officer recognizes a person is experiencing a fear response, he or she should consider verbal de-escalation before attempting problem-solving.

Verbal De-Escalation Method

- Through skillful use of words and actions, we can reduce the fear response and its effects and encourage voluntary compliance and problem-solving.
- The method below provides a road map for verbal de-escalation

Verbal De-Escalation Model

- *Always ensure you, other officers, bystanders and the subject are safe from immediate harm before attempting verbal de-escalation.*
- *Verbal de-escalation is not a reasonable alternative to necessary force.*

Verbal De-Escalation Model

- SAFE
- PRESENCE
- ENGAGE
- CONTEXT
- REFLECT
- GUIDE

Verbal De-Escalation Model

SAFE

- ENSURE THAT ON ONE IS IN IMMINENT DANGER BEFORE ATTEMPTING VERBAL DE-ESCALATION.

"Is the scene safe? The scene is safe."

Verbal De-Escalation Model

PRESENCE

- We can best minimize fear when we present a strong, protective presence.
- Ensure that your body language matches the words that are coming out of your mouth.
- Conduct "self- check-ins" during the incident to ensure you maintain control of the incident.

"I am calm, poised and assertive."

Verbal De-Escalation Model

ENGAGE

- Establish communication.
- Communication has been established when the individual makes eye contact.

"Sir, sir, I'm over here."

Verbal De-Escalation Model

CONTEXT

- Define a general, positive goal and establish ground rules.

"I can listen to you when you stop yelling."

Verbal De-Escalation Model

REFLECT

- Active listening techniques support rational thought and reduce fear.

"Uh-huh…Umm…So you're really angry at John, is that right?"

Verbal De-Escalation Model

GUIDE

- Verify that de-escalation has occurred to the point that problem-solving is possible.

"Can we work on that together and try to get you some help?"

Verbal De-Escalation Model

- The script allows for automatic use of these techniques under stress or in challenging situations.
- When the script is mastered, officers will find it easy to alter phrases to fit the needs of the situation.
- Keeping the steps in mind supports a consistent strategy.

Verbal De-Escalation Model

De-Escalation Practice Script

Active Interviewing Skills

- Used to show an individual that you are listening to what they are saying.
- Displays empathy to the person in crisis.
- Allows the person in crisis to organize their thoughts to begin "labeling" their emotions.
- Excellent way to build rapport.
- Used during the "Reflect" stage of the De-Escalation Model.

Active Interviewing Skills

M.O.R.E.P.I.E.S.

- M – Minimal Encouragers
- O – Open-ended Questions
- R – Reflecting / Mirroring
- E – Emotional Labeling
- P – Paraphrasing
- I – Use of "I" Statements
- E – Effective Pauses
- S – Summary

Active Interviewing Skills

M – Minimal Encouragers

- Small verbal statements made to acknowledge that you are hearing what the individual is saying and you are ready for the next piece of information.

"Uh-huh, Yeah, Sure"

Active Interviewing Skills

Open-Ended Questions

- Asking open ended questions which require more than a one or two word response.
- Forces the individual to elaborate in their answers forcing them to access their cognitive thought process.

"What brought us here today?"

"How did that make you feel?"

"Then what happened?"

Active Interviewing Skills

Reflecting / Mirroring

- A quick re-cap of what the individual had just said to demonstrate that you were listening.

"I lost my job and I don't feel like living anymore."

"You lost your job and you don't feel like living anymore."

Active Interviewing Skills

Emotional Labeling

- Labeling the emotions that the individual is expressing with non-verbal cues or what he / she are verbally communicating.

"I HAVE BEEN WORKING AT THE PLANT FOR 10 YEARS AND THEN THEY JUST UP AND FIRE ME!!!!"

"You are angry that they fired you."

Active Interviewing Skills

Paraphrasing

- Like Reflecting / Mirroring but a condensed version of what is being communicated.
- Best used at the end of a long monologue.

"I lost my job, my partner left me, I am out of money and I don't feel like living anymore."

"What I hear you saying is that you lost your job, partner, money and you don't feel like living anymore. Is that right?"

Active Interviewing Skills

Use of "I" Statements

- Use of "I" Statements can be an excellent way to establish boundaries when dealing with someone in crisis.

"I can talk to you when you stop yelling."

"I can talk to you when you put down the stick."

"I am trying to understand you but it is difficult when you won't communicate with me."

"I'm concerned about your safety/family/etc. when you_____"

Active Interviewing Skills

Effective Pauses

- Effective pauses can be used as a tool to enforce boundaries that have been established, or to prompt an individual in crisis to start talking. Natural speech patterns in a conversation have "back and forth" which require input from all parties. When one of the parties stops communicating it places pressure on the other party to continue talking to ease the tension.

Active Interviewing Skills

Summary

- Used as a way to re-communicate the situation the person in crisis has explained and show that you are listening to what they have to say.

Reflecting / Mirroring + Paraphrasing

Break

D'Logo Active Listening Video

Lunch

Suicide Intervention

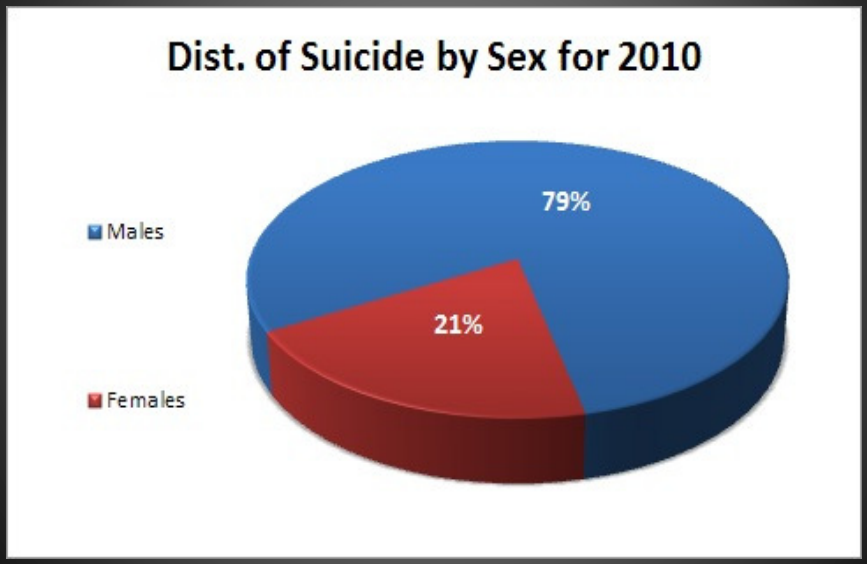
Statistics

- Every 13.7 minutes someone in the United States dies by suicide.
- Nearly 1,000,000 people make a suicide attempt every year.
- 90% of people who die by suicide have a diagnosable and treatable psychiatric disorder at the time of their death.
- Most people with mental illness do not die by suicide.
- Recent data puts yearly medical costs for suicide and attempted suicide at nearly $34 billion (2005).

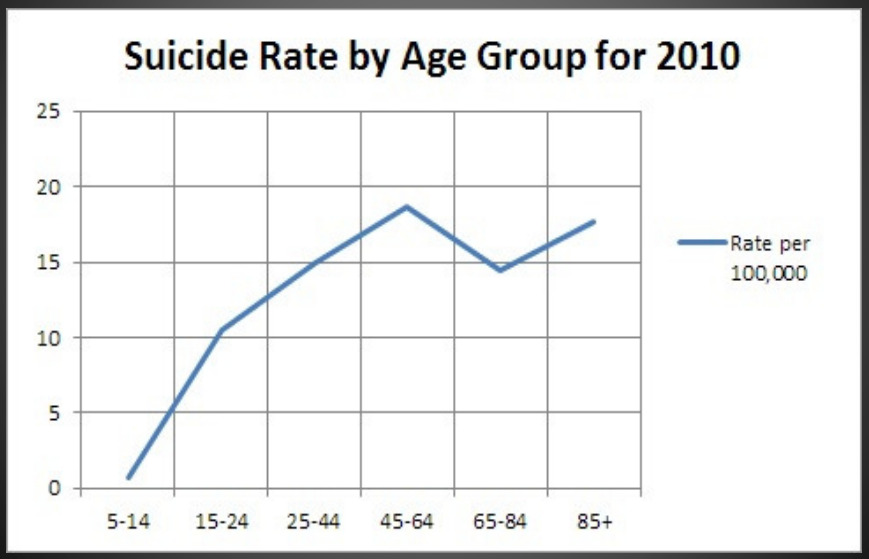
Suicide Intervention

- Statistics Continued:
- Men are nearly 4 times more likely to die by suicide than women. Women attempt suicide 3 times as often as men.
- Suicide rates are highest for people between the ages of 40 and 59. (American Foundation for Suicide Prevention)

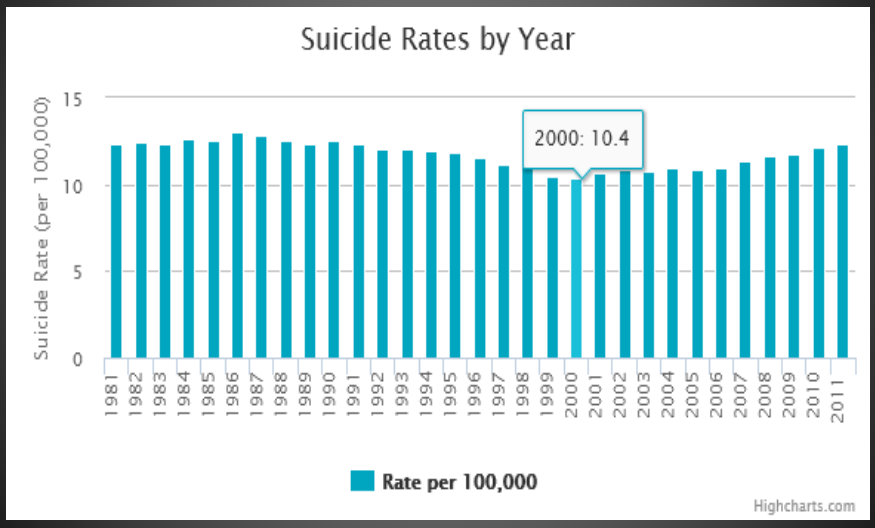
Suicide Intervention



Suicide Intervention



Suicide Intervention



Suicide Intervention

- There are four male suicides for every female suicide, but three times as many females as males attempt suicide.
- There are an estimated 8-25 attempted suicides for every suicide death. (American Foundation for Suicide Prevention)
- 22 Armed Forces Veterans commit suicide every day

Suicide Intervention

Suicide Risk and Lethality Assessment

- Ask the question:
  "Are you thinking about killing yourself?"
- If the answer is YES, assess the level of risk using CPR

Suicide Intervention

CPR

- C = Current Plan
- P = Previous Behavior
- R = Resources

Suicide Intervention

C= Current Plan

- "Do you have a plan in mind for how you will kill yourself?"
- "Do you have access to the _____ (gun, knife, rope, pills, car, etc.)?"
- "When do you plan to do this?"
- "Have you taken any medications for this suicide attempt?"

Suicide Intervention

P= Previous Behavior

- "Have you ever tried to kill yourself before?"
- "How did you try before?"
- "What happened after you attempt?"
- "Do you know anyone who has completed suicide?"

Suicide Intervention

R= Resources

- "Do you have a counselor, case manager, or therapist?"
- "Who is generally helpful when you are having a difficult time?"
- "Who can come and be with you right now?"
- "What have you done in the past when you have felt like this or had these thoughts?"
- "Do you have friends or family that you can check in with to make sure that you are staying safe?"

Review

- Apply the De-Escalation Model while interacting with an individual in crisis.
- Effectively assess risk with a suicidal person utilizing the "C.P.R." system.
- Successfully demonstrate understanding by correctly performing learned skill sets in reality based training scenarios.
- Application of SPD-specific CIT policies, such as taking command of the scene of a crisis event.

Suicide Exercise

Scenarios

Contact Information

- Lieutenant Martin Rivera
  martin.rivera@seattle.gov
- Sergeant Christi Robbin
  christine.robbin@seattle.gov
- Officer Dan Nelson
  daniel.nelson@seattle.gov

EXHIBIT B

Crisis Intervention Training Strategy

Goals:

1. Provide a baseline familiarity with the resources available and structure at the County Mental Health level.

2. Provide the basic tools and knowledge of requisite laws, forms, and key behavioral identifiers necessary for appropriately completing forms for mental health holds for both voluntary and involuntary evaluations.

3. Introduce crisis management and de-escalation skills which will assist officers in managing subjects in crisis.

4. Further develop advanced crisis management and de-escalation skills with expansion into many types of tactical interactions through scenario-based training.

5. Identify and provide 40-Hour CIT Certification training to select individuals who demonstrate an interest and aptitude for working with people in crisis.

6. Provide on-going crisis intervention training at both the basic and advanced level for the relevant audiences at least annually into the future.

There are two distinct groups of Sworn Seattle Police personnel identified as requiring some level of additional training in Crisis Intervention. These groups are identified as “key” and “non-key.” Key personnel are those personnel identified as being in positions likely to expose them to interaction with a person in behavioral crisis in the course of their duties. These Units would include:

All Patrol assignments (Patrol, Community Police Team, Anti-Crime, Bicycle Patrol, etc.)
Vice & High Risk Crimes Unit
Homicide Unit
Robbery & Gang Unit
Criminal Intelligence Unit
Harbor Patrol Unit
Canine Unit
SWAT Unit
All Traffic Units

All other Units are considered “non-key” personnel in the context of crisis intervention training.

Within these two groups, there are two possible levels of Crisis Intervention training: Basic and 40-Hour Certified.

Basic crisis intervention training is an eight-hour course intended to provide the rudimentary awareness and knowledge to identify a person in behavioral crisis and to react accordingly. The 40-Hour Certification course provides additional knowledge of the support systems and structure in place for assisting the mentally ill, more in-depth awareness and recognition of signs and symptoms most common to persons in behavioral crisis, as well as additional communication strategies. The Seattle Police Education and Training Section has developed an additional four e-Learning modules to provide additional information, knowledge of SPD-specific policies, and communication skills. These modules are completed by all Sworn personnel regardless of whether they complete the eight or 40-hour course.

Plan Summary:

Regardless of whether an organizational position is considered "key" or "non-key," the Seattle Police Department feels that all personnel will benefit from the skills and knowledge inherent in crisis intervention training. In addition to the defined Crisis Intervention courses, ETS has embedded related training into several facets of this and the coming years' training courses. The following plan describes in detail the training each sworn employee will receive, but briefly:

All who are not 40-Hour certified will attend an 8-hour Basic CIT course in 2014.

- All who are 40-Hour certified will attend an 8-hour Advanced CIT course in 2014.
- All will complete four e-Learning modules related to CIT in 2014. These will be completed within 30 days of completing their CIT course.
- All will complete physical de-escalation training as part of the Use of Force Phase 2B training in 2014
- All will complete a scenario with a person in crisis as part of their four-hour Team Tactics training in 2014
- All Crisis Response Team or Hostage Negotiation Team members may attend the Crisis Intervention Conference or Western State Hostage Negotiators' Conference in lieu of the Advanced CIT course.
- All Key non-40-hour certified personnel will attend an 8-Hour Advanced course by late 2015 after they have completed the Basic course.
- All will attend an 8-Hour scenario based course on de-escalation and decision making in 2015.
- All personnel who remain in key Units will continue to complete 8-hours of refresher or Advanced training as appropriate to their certification level annually.

Plan:

Phase I

All key and non-key sworn personnel will attend the Basic eight-hour CJTC Crisis Intervention Training Class currently offered by the Criminal Justice Training Commission. Credit will be given to those personnel who have already attended the training based on the criteria currently being established by the Crisis Intervention Committee.

All Seattle Police Sworn personnel will further complete Crisis Intervention e-learning modules tailored specifically to address Seattle-specific structure, resources, and methods, as well as a module focused on de-escalation and Active Listening. Personnel will complete these modules within 30 days of completing the 8-hour Basic course. This training will be completed by December 31, 2014.

Phase I would ensure that all Seattle Police Sworn personnel have a common, fundamental understanding of Crisis Intervention techniques, SPD specific policies and forms, and operational structure of the King County Mental Health system by December 31, 2014.

Phase II

All Seattle Police personnel will receive further instruction on de-escalation techniques in the Core Principles instruction presented as part of the Use of Force Phase II Unit to be attended in 2014.

All Seattle Police personnel will participate in de-escalation scenario-based exercises as part of the Skills II course and Tactics course also presented as part of the Use of Force Phase II Unit to be attended in 2014.

Use of Force Phase II will be presented concurrently with the proposed Crisis Intervention Phase I in Training Year 2014, so it cannot be assured that the training will occur in the ideal sequence. In any case it ensures that students are exposed to the concepts repeatedly and in different learning formats. Use of Force Phase II ensures that all Seattle Police Sworn personnel have an opportunity to apply the techniques associated with Crisis Intervention Phase I in Training Year 2014.

Phase III

The CJTC-MIDD-SPD work-group has begun development of an advanced Crisis Intervention Course to be presented to the Monitoring Team by July 16, 2014. This course will include additional training on Crisis Intervention concepts in more depth for key personnel. Preliminary meetings are underway between these groups, as well as with the Crisis Intervention Committee.

All key-personnel will be required to attend this training. Officers who have completed the 40 Hour certification course prior to 2014 and who are deemed to still be active as CIT officers will complete this course in 2014 as a refresher course. Key Sworn personnel will also attend this training at any time after they have completed the eight-hour Basic Course, but no later than Training Year 2015. Personnel who complete the 40-Hour CIT Certification course in 2014 will not be required to complete the 2014 Advanced Course.

Hostage Negotiation Team and Crisis Response Team members may substitute attendance of the Crisis Intervention Conference or Western State Hostage Negotiators' Conference to meet the Advanced Course requirement.

Phase IV

All Seattle Police Sworn personnel will attend eight-hours of scenario-based training focused on de-escalation and decision-making in 2015 as a part of their annual training. This training will continue to expand on the premise of identifying the opportunity to de-escalate a situation from the outset, as well as using learned skills to identify and implement more successful strategies to manage, de-escalate and defuse dynamic situations.

Phase V

Those personnel who have had the Basic Course and who remain in Operations-oriented Units will continue to complete annual refresher training or Advanced CIT Training as appropriate. This training will include scene management and de-escalation components in all iterations.

40-Hour Certified CIT Officer Course

Seattle Police will continue to place key personnel and others into the 40-Hour CIT Certification course. The multiple exposures to Crisis Intervention scenarios and training in the eight-hour blocks of instruction will increase the opportunities to recruit key personnel into this more comprehensive curriculum.

Officers who have completed the 40-Hour Course will be kept current through attendance at the annual Advanced Training (beginning in Phase III). There is a need for further discussion as to whether the annual and advanced training need to be separate curriculums beyond Phase IV. It may be appropriate at that time to combine both curriculums into one common 8-Hour Advanced-Refresher Block as all key personnel will have had a minimum of 24-Hours of increasingly complex CIT relevant training by this time.

Attendance Tracking

Personnel who attend each phase of training will be registered for the course by the Seattle Police Education and Training Section (ETS), regardless whether the course itself is a joint Seattle Police/Criminal Justice Training Commission course or exclusively created and offered by the Seattle Police Education and Training Section. Completion records will be maintained for each class and employee by the SPD Education and Training Section as is the case with all training associated with SPD ETS.

On-Going Review and Revisions

The Seattle Police Training Section will continue to collect data and input from the Seattle Police Crisis Intervention Team, Crisis Intervention Committee, Mental Health Professionals, and Operations Bureau to identify opportunities to improve or focus training, adjust regional resources, or otherwise meet changing needs.

The primary formal contact between the Seattle Police Department and the Mental Health Community will remain the Seattle Police Crisis Response Team. Seattle Police Training will meet with the Crisis Response Team quarterly to ensure regular contact, identification, and dissemination of concerns, best practices, and changes.

Crisis Intervention Training Timelines (approx.)

Phase I — Present to December 31, 2014
8-Hour CJTC-MIDD SPD Basic Course (existing curriculum)

Phase II — May to December 31, 2014
SPD Specific, De-escalation, Active listening e-learning modules
6-Hour Core Principles & Skills II De-escalation training and scenarios
All sworn personnel attending and completing

Phase III — Fall 2014 to Summer 2015
8-Hour CJTC-MIDD-SPD Advanced Course (In development))
All key-personnel attending
All CIT Certified personnel attending

Phase IV — Training Year 2015
8-Hour Scenario-based Training (scene management, de-escalation, active listening)
All sworn personnel attending

Phase V — Training Year 2016 – On Going
8-Hour Advanced-Refresher Training (scene management, de-escalation, as indicated)
All key-personnel and CIT Certified personnel

40-Hour Crisis Intervention Training
Initial attendance is currently voluntary, but encouraged

Advanced Training is Phase III — Fall 2014 to Summer 2015

HNT & CRT may attend CIT or WSHNA Conference in lieu of Advanced Course — 2014

On-Going Advanced-Refresher Training is Phase IV and V — 2015 – On Going