

## Crisis Intervention Team Quick Reference Guide



For more information on:

Crisis Intervention Teams in Ohio:  
[www.neoucom.edu/CJCCOE/cit.html](http://www.neoucom.edu/CJCCOE/cit.html)

NAMI Ohio (Nat'l Alliance on Mental Illness of Ohio)  
[www.namiohio.org/](http://www.namiohio.org/)

Ohio Association of County Behavioral Health Authorities Directory: [www.oacbha.org/about\\_us/directory.html](http://www.oacbha.org/about_us/directory.html)

Supreme Court of Ohio Advisory Committee on  
Mental Illness and the Courts:  
[www.sconet.state.oh.us/ACMIC/](http://www.sconet.state.oh.us/ACMIC/)

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For additional information call



NAMI Ohio 747 E Broad Street • Columbus, OH 43215  
1.800.686.2646

## Crisis Intervention Team Quick Reference Guide



Generally, 10% of police calls will involve someone with a mental illness. The safety of law enforcement officers, persons with mental illness, and citizens can be compromised when officers are not adequately prepared to respond to such calls.

The goal of CIT training is to promote safety by:

- 1) Educating law enforcement on mental illnesses;
- 2) Having officers learn about the characteristics associated with untreated mental illnesses and practice skills designed to deescalate certain behaviors.

This booklet was prepared for CIT trained officers to reinforce some of the essential lessons provided through CIT training.

Crisis Intervention Team programs are being implemented in communities all over the state. There are many resources available to assist communities develop CIT and other jail diversion strategies such as mental health courts and jail reentry programs. To find out what resources might be available, please contact NAMI Ohio at 1-800-686-2646.

## De-escalation Skills

### Engagement

*Goal: To build trust by validating the person and situation*

- **Awareness-** Be aware that a uniform may frighten the person. Reassure the person that no harm is intended.
- **Calmness-** Try and reduce background noise and distractions. Don't allow others to interact simultaneously while you are talking. Keep a safe distance. Don't corner the person or allow a crowd to congregate. Remain calm.
- **Genuineness-** Be yourself, be consistent. Keep verbal and non-verbal cues in sync and non-threatening.
- **Empathy-** Ask how you can help them. Use their first name early and often. Attend to their words, restate their message, acknowledge their feelings/situation.
- **Acceptance-** Don't stereotype, remember, the person is sick and deserves to be respected regardless of their illness.
- **Don't touch** the person unless you ask first or it is essential for safety.

### Assessment

*Goal: To gather necessary information to make a safe resolution*

- **Patience-** Speak in a calm and clear voice and give the situation time. You may need to repeat requests.
- **Tone-** Don't be placating, condescending, or sarcastic. If they are hallucinating, don't lie, deceive or trick them to get compliance. Validate the person by stating that you know what they are experiencing is very real to them.
- **Question-** Ask open ended questions, allow the person time to vent. Be careful with WHY questions.
- **Focus-** Keep the person focused in the here-and-now. Get information about the person's illness, medications, treatment compliance, and treatment professionals.
- **Others sources of information-** Are there family members or others involved who can give you reliable information on the person's illness and past behavior/treatment history?

### Resolution

*Goal: To ensure safety by gaining control and returning the situation to a pre-crisis state*

- **Set Clear Limits-** Use "I" statements, respond positively and confidently. Explain what behaviors are appropriate and inappropriate. Explain why it is inappropriate.
- **Communicate Directly-** Be honest about your wants and motivations and state them to the person ie., (I need to make sure no one gets hurt).

### Important Notes

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### Important Numbers

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## Suicide Risk Assessment

### Low Risk

A few risk factors may be present (e.g., loss of a job or a loved one)

Lethality	Person says they will take 5 aspirin
Availability	Have access to the pills
Specificity	Expresses a desire to die but no specific plan on when or where
Time	Person will be surrounded by others 24/7

### Moderate Risk

More risk factors may be present  
(e.g., chronic health problems, lack of social support)

Lethality	Person says they will cut self with a knife
Availability	Does not currently possess a knife but could get one easily
Specificity	Some vague ideas around their thoughts of death
Time	Their plan includes a place and time where they would likely be found

### Higher Risk

The more risk factors present, the greater the risk. Important risk factors include someone with untreated mental illness or addictions who is currently under the influence and has had past suicide attempts.

Lethality	Person says they will shoot self with a gun
Availability	Currently possesses a gun
Specificity	Detailed plan around time and place of attempt
Time	Secluded place with little chance of help intervening

Restate your expectations and link these to safety issues. Set short-term goals

- **Create Options-** Provide options regarding the desired outcome. Don't make promises you can not keep. Try and retain their dignity. Praise positive steps or behaviors. Take an "I don't know" approach to long-term questions.
- **Take Action-** Assume confusion. Once you decide on a course of action, tell the person what you are doing and what is expected. Follow procedures indicated on medical alert bracelets or necklaces.

## Characteristics of Mental Illnesses

### Psychotic Disorders

*Psychotic Disorders like schizophrenia, are brain diseases that interfere with a person's ability to think clearly, manage emotions, make decisions, and relate to others.*

- Losing touch with reality will show itself through  
Delusions- false beliefs, paranoia  
Hallucinations – seeing/hearing people or things
- May have difficulty carrying on simple conversations due to disorganized thinking and confused speech.
- May show emotional flatness or lack of expression, though may easily and quickly become agitated.
- May move more slowly, repeat rhythmic gestures or make movements such as walking in circles or pacing.
- Paranoia, an overwhelming sense that people are out to "get" you.

### Anxiety Disorders

*Panic Disorders, Phobias, Obsessive Compulsive Disorder and Post-Traumatic Stress Disorder are all examples of biologically based mental illnesses known as Anxiety Disorders.*

- **Anxiety-** Excessive anxiety or worry, feelings of fear or dread, shortness of breath, trembling, restlessness, and muscle tension.
- **Panic-** Instances of extreme fear or discomfort that start abruptly and build to a rapid peak.
- **Phobias-** Exaggerated involuntary and irrational fears of particular situations or things.
- **Obsessions-** Intrusive, irrational thoughts that persist in a person's mind.

- **Compulsions** - Repetitive rituals (hand washing, counting, checking, hoarding). Trying to avoid such thoughts and rituals creates great anxiety.

## Mood Disorders

*Unlike normal emotional experiences of sadness caused by loss, mood disorders are persistent and significantly interfere with one's thoughts, mood, behavior and physical health.*

### Depression

- Loss of interest, loss of energy
- Prolonged sadness/suicidal ideation
- Significant change in appetite and sleep patterns
- Feelings of guilt and worthlessness
- Hopelessness, a pessimistic outlook

### Mania

- \* Grandiosity/ elevated mood
- \* Excessive irritability
- \* Rapid speech and racing thoughts
- \* Decrease need for sleep

## Common Medications

### Psychotic Disorders

#### Typical Antipsychotics

Haldol (haloperidol) Mellaril (thioridazine) Navane (thiothixene)  
 Prolixin (fluphenazine) Serentil (mesoridazine) Stelazine (trifluoperazine)  
 Thorazine (chlorpromazine) Trilafon (perphenazine)

#### Atypical Antipsychotics

Abilify (aripiprazole) Clozaril (clozapine) Geodon (ziprasidone) Invega (Paliperidone) Risperdal (risperidone) Risperdal Consta (injected) Seroquel (quetiapine) Zyprexa (olanzapine)

### Anxiety Disorders

Ativan (lorazepam) BuSpar (buspirone)  
 \*Inderal (propranolol) \*Klonopin (clonazepam)  
 Lexapro (escitalopram) Librium (chlordiazepoxide)  
 Serax (oxazepam) \*Tenormin (atenolol)  
 Tranxene (clorazepate) Valium (diazepam)

Xanax (alprazolam)

\*Antidepressants, especially SSRIs, are also used in the treatment of anxiety.

#### Medications for Obsessive Compulsive Disorders

Anafranil (clomipramine) Luvox (fluvoxamine)  
 Paxil (paroxetine) Prozac (fluoxetine)  
 Zoloft (sertraline)

### Mood Disorders

#### Tricyclics & SSRI's

Anafranil (clomipramine) Norpramin (desipramine)  
 Tofranil (imipramine) Celexa (citalopram)  
 Lexapro (escitalopram) Luvox (fluvoxamine)  
 Paxil (paroxetine) Prozac (fluoxetine)  
 Zoloft (sertraline)

**Other Medications:** Effexor (venlafaxine) Remeron (mirtazapine) Serzone (nefazodone) Wellbutrin (bupropion)

*Many of the same drugs used to treat schizophrenia are also used to treat mania. In addition, these mood stabilizers are commonly prescribed:*

Depakene (valproic acid) Depakote  
 Lithobid (lithium) Lithonate  
 Lamictal (lamotrigine) Neurontin (gabapentin)  
 Tegretol (carbamazepine) Topamax (topiramate)