



# TEACH ME TO TALK

Kentucky Crisis Intervention Team training coordinator Denise Spratt talks about the benefits for CIT-trained agencies and officers / **Abbie Darst**, Program Coordinator

**A** London police officer hears a 10-72 come across his radio. Recognizing the address, his mind races through the stories he has heard about this one. He arrives on scene, knocks on the door and shouts, 'Police, open the door': a voice from inside answers. As he and his partner push open the door, they find themselves staring down the business end of a 12-gauge shot gun. Snatching his pistol from its holster, he aims it at the bridge of the stranger's nose and begins squeezing the trigger – then stops. He realizes the man's gun is actually rested on the arm of the chair, pointed between him and his partner at the door. "Hey buddy, what's the problem, here? You having a problem with your neighbor?" the officer asks calmly, de-escalating the tension and allowing this call to take a dramatically different path that potentially leads to all three lives being spared.

This case, like so many other examples provided to Denise Spratt, is a prime example of how officers trained in crisis intervention can use communication and de-escalation skills to lessen the need for lethal force in many situations encountered during routine calls for service with those who are mentally ill or emotionally disturbed. As Kentucky's Crisis Intervention Team training coordinator and one of the instructors, Spratt has helped officers across the commonwealth learn reliable communication skills that defuse many situations posing a serious threat to law enforcement officers.

*Crisis intervention is a second career for you. How long were you with the Louisville Metro Police Department before you retired and what duties/positions did you hold there?*

I actually started with the Jefferson County Police Department in 1984. The departments merged in 2003, so I actually retired from the Louisville Metro Police Department in 2007. I was there 23 years and about 10 of those were spent in patrol. I was a homicide detective for seven years and spent about two years in internal affairs as an investigator, which was very interesting. I spent about a year in training and a couple of years in support operations. I also served as the domestic violence coordinator and the Crisis Intervention Team coordinator. I had a lot of different assignments and I was able to do a lot of different things. During that time, I had a collateral assignment with the hostage negotiation team and was a negotiator for 19 years. I was the commander of the Jefferson County hostage negotiating team and then, after the department merger, was the commander of the Louisville Metro negotiating team.

Working on the negotiating team gave me a lot of experiences. What I found was the same basic skills that negotiators use are the same ones that we are teaching in CIT class. As the commander of the negotiating team, the CIT program is where I did much of my recruiting for the agency. Because the people that excelled in the >>

/Photos by Elizabeth Thomas

>> CIT class and did well with those skills obviously did well as negotiators.

If there was a hostage-negotiations career track at the Department of Criminal Justice Training, the CIT class would be the first class in the track and basic hostage negotiations would be the next one. Advanced hostage negotiation would be third. I also teach the basic and the advanced hostage classes with Jeff Majors for DOCJT, which I have helped teach since 2000.

▼ Participants in a Crisis Intervention Team training in Elizabethtown engage in a scenario where they respond to a call of a woman sitting naked in a park, played by Denise Spratt, CIT coordinator and instructor. As Spratt's character sits smoking a cigarette, the officers bring to her attention that she is sitting there unclothed — a tell-tale sign to the officers that she is suffering from some sort of emotional disturbance.

**How did your law enforcement career guide you toward crisis intervention?**

When I came through recruit school, 25 years ago — at the age of 12 — we received two hours of training about how to deal with difficult subjects, which included drunks, the mentally ill and emotionally disturbed. When you look at the statistics, one in five of the national population has a mental illness, but a lot more than 20 percent of the runs that officers make are dealing with someone who has a mental illness. Com-

ing out of the academy, we were not prepared. Once I started working with CIT at the Louisville Metro Police Department, I found the officers were hungry for the training. Officers get all this training on defensive tactics and firearms training and they need every bit of that, they need every second of it. But what kind of training do they get on verbal tactics and learning how to talk to people? I cannot tell you the amount of evaluations that we get from classes that say, "We need this in basic training I wish I would have had this 20 years ago." And this is coming from Kentucky State Police troopers with 20 years of experience.

CIT teaches active-listening skills and verbal de-escalation skills. I never received those kinds of skills until I started taking hostage negotiation training. We should have those skills and know how to talk to people when we start our career, and we do not. There is a big need there. If you know how to talk to people, you are going to get a whole lot more cooperation. You are not going to need to resort to use of force. It is going to keep you safer, it is going to keep your subject safer and neither one of you is going to get hurt.

**As far as what CIT teaches, does it focus on just being able to communicate for safety reasons or on dealing with people with specific mental illnesses and emotional distress?**

They actually get both. We set up the training with the local community mental health center. The state of Kentucky is divided into 14 community mental-health centers. So we offer our training regionally. Wherever we go across the state, I will work with the local community mental health center and they will provide about half of the instruction and then law enforcement instructors provide the other half. Students receive instruction from the mental-health professionals on what the signs and symptoms are of mental illness, what medications are prescribed for the mental illnesses and how they interact with drugs and alcohol. Oftentimes, people with mental illness will self-medicate to either stop or dim the voices they hear in their head, or to try to escape whatever symptoms they are having. So a lot of times, it is hard for us when we encounter them to know whether we are dealing with a person with mental illness or a substance abuser, and a lot of times we are dealing with both. So, they receive instruction on the mental illnesses and developmental disabilities.

There are times when officers may be giving someone instructions or commands and it is important for them to understand and to be able to recognize if the individual is not doing what they are told to do, it may be because he/she simply cannot comprehend what the officer is telling them. It is not that the individual is being uncooperative, resisting or being non-compliant, it is just that the individual is not comprehending be-

cause he/she is either not in this reality or is hearing other voices and cannot hear the officer. We are trying to teach them to recognize that difference.

Particularly, someone who is paranoid or in a psychiatric crisis is extremely afraid of human touch. If officers mistake an individual's not abiding by their commands as non-compliance and they go to put their hands on the individual, they can escalate that situation into a violent confrontation real quick. The mentally-disturbed individual is fighting for his/her life, and officers are just fighting for their paychecks. As an officer, you are trying to control these individuals to get them to do what you want them to do and they think you are trying to kill them because they are having some kind of delusion. The chances of someone getting hurt in that situation are huge and that is what we are trying to show them.

So back to the question — they get both. We involve the experts in the signs and symptoms — the information on what these illnesses are — and then we have the police instructors come in and explain how to use that information and stay consistent with officer-safety training and use these verbal tactics to enhance officer safety. It does not replace it.

I think sometimes officers coming into the class think, 'Oh you all are going to teach me verbal skills and I am not supposed to put my hand on somebody or I am not supposed to use any kinds of tactics.'

That is absolutely not true. If you need to protect yourself, officer safety is No. 1 and we preach that from day one. This whole course is designed to keep officers safer and that does not mean they park their tactics at the door when they walk in the class. If they think that, they are absolutely wrong. The verbal tactics are designed to enhance their officer safety skills and a lot of times if they can talk to somebody, they can keep it from escalating to the point of a physical confrontation and that is what it is about.

**How long has CIT training been available to Kentucky officers? How many officers have been trained to date?**

It started with the old Louisville Police Department in 2001. Then after the merger they started training officers out in the county. So Louisville Metro has more than 500 officers trained. In the year and a half since we have taken it statewide, we trained more than 200 last year and this year we are set to train 180.

**How often are classes offered and where are they offered?**

Initially, classes were set up based on where we could draw the most officers, but now we are having agencies contact us to bring them this training. We receive

our funding from the Department of Mental Health, and at this point, how many classes we can have per year is a question of funding and how often we can get the instructors. One big push for us is to get more local instructors certified. Right now, the only instructors that are certified and qualified under Senate Bill 104 that regulates the training across the state are the Louisville instructors. They are taking vacation time to teach these classes. That limits how many classes we can have each year. We have averaged six and seven classes each year. Our goal is to get local instructors in each region and then they can work with their local mental health instructors and provide a class whenever one is needed.

**What is the most important aspect of CIT training for officers?**

Officer safety, absolutely. Increasing officer safety is the most important aspect.

**What assumptions do most officers make in communication that can pose serious danger to or threaten an individual with a mental illness or an emotionally disturbed person?**

A couple of things that officers are learning in the class is we hear about people with mental illness and we automatically think of those instances like Virginia Tech or other really news-worthy incidences and, truthfully, those are so rare. The percentage of people with mental illness that are truly violent is really low. They are much more likely to be the victim of a violent crime than the perpetrator of a violent crime.

In class, I equate that to the number of police officers there are across the United States and have them think about how many are corrupt or get into trouble, but those are the ones people hear about. Because they make such big news, you think there are much more of them than there are because of the media hype. I think that is something officers can relate to. There are only a small number of bad officers and the rest come in every day and do what they are supposed to; but you do not hear about them, just like you do not hear about all those people with mental illness who are taking their medication, going to work and doing whatever they need to do, and not causing any problems.

**Does CIT training focus on any particular type of mental illnesses or emotional disturbances or does it cover the gamut of how to deal with nearly any situation involving these individuals?**

It covers the major mental illnesses, and then it also covers developmental disabilities and substance abuse. In their basic approaches to people who are in a psychiatric crisis — we do not expect officers to be psychologists, but we do want them to understand some of the basic, major mental illnesses so they know what



## First CIT Conference

The first ever Crisis Intervention Team one-day conference will be conducted June 24. It is in Frankfort at Kentucky State University and is free to any officer wishing to attend. Speakers will include:

- Sen. Julie Denton, chair of the Kentucky Senate Health and Welfare Committee and sponsor of the 2007 SB104 that authorized CIT in Kentucky
- Shannon Ware, CEO of the Bluegrass Regional MH-MR Board
- Janie Miller, Cabinet for Health and Family Services
- J. Michael Brown, secretary of the Kentucky Justice and Public Safety Cabinet
- Rodney Brewer, Kentucky State Police commissioner
- William Smock, M.D., a Louisville Metro Police Department police physician. Dr. Smock will address the medical issues related to excited delirium and mental illness and how law enforcement can more effectively interact with them.
- Bobby Smith, Ph.D., will be the keynote speaker. Smith is a former Louisiana State Trooper who was shot in the line of duty and blinded. He will relay his story of accomplishment and comeback from this ordeal. Dr. Smith founded and is the director of the Foundation for Officers Recovering from Traumatic Events. ■

>> they are dealing with. But we do not expect them to be street-corner psychologists.

*Do you feel like being a female has given you a better understanding of how to do what you do now, or is it just a matter of training?*

I do not think that gender has as much to do with it as a desire to help, and especially if you have been touched in your family or if you have some kind of personal experience with a mental illness. Men do just as well in the course, I think. There are people that just do better at it.

It is rather like – not everybody is trained to be a SWAT officer, they are just not geared to do that, but everybody needs basic firearms preparation. This course will help everyone. It will improve everyone’s verbal skills. There are people that will just excel at it, and other people just will not feel comfortable with it. It is just never going to be their thing; but they will still be better after it.

“ I know that it works. I know that it keeps officers safe. I know that it keeps vulnerable people safe. ”

*Do you have a specific example of a case where CIT training made a dramatic difference in the way a situation was handled here in Kentucky?*

I have a collection of e-mails that officers from departments across the state have sent me just one right after another after another, and wow. Those letters to me are what make it all worthwhile because when I get them back from the officers and they are saying, ‘Wow, this really works.’ That is when I think it is worthwhile, that what I am doing really matters. When I hear back from the officers and they say, ‘I know what I would have done before. This would have ended up where I would have taken them down or in me taking physical control of them. Because of the way they were acting or as big as they were and the state they were in, this was going to get ugly.’ There are several letters like that.

After we do a training in each area, we set up an advisory board and what that does is it gets the law enforcement and the mental-health centers together along with their local advocacy groups like National Alliance of Mental Illness – NAMI – and it keeps them working to fix the system. A lot of times there is animosity between law enforcement and the mental-health centers. Once we get them all in the same room and they have

been through this training together, then they are more apt to help each other and they know who to call when there is a problem. When we set these advisory boards up in these groups, we get law enforcement to take the lead and they are able to work out these issues. We have two Kentucky State Police captains – one in Elizabethtown and one in Paducah – who run their advisory boards. We have Chief Glenn Skeens in Owensboro that runs his. There is a KSP trooper that runs the one in Hopkinsville and we are working on setting the one up in Lexington. There is a mental-health person running the one in Somerset.

*Have you taken any of this training into parts of eastern Kentucky?*

Sure, we have had training in Hazard and Ashland. We just went to Ashland in mid-December. We still need to set up the advisory board in Ashland.

*According to University of Louisville Dr. Rif El-Mallakh, every officer trained in CIT saves communities across the commonwealth \$10,000. Can you explain the reasoning behind this statement?*

He is one of the CIT instructors in Louisville. One of his fields of expertise is research and so he has taken a lot of figures on the CIT runs that Louisville has made and done a lot of research. He said actually that is a conservative figure. It would be \$10,000 to \$15,000 per officer trained based on the amount of money saved on officer injuries and consumer injuries. That is not even including the money saved in taking the person to treatment instead of taking them to jail. His figure does not even consider all of the money saved from the criminal justice system – taking them to jail; the incarceration; the money that it costs for the judge, clerks and defense attorneys. It also does not consider the money saved from prosecutors to prosecute a case that is not going anywhere and eventually will be dismissed because the person is probably going to be found incompetent. So then on top of that, you have evaluations, mental evaluations, all of that money spent and it is not going anywhere. If officers get them the treatment they need, they are addressing the problem instead of just the symptom. If you are not using force, you are not taking the chance on getting sued, you do not have to complete paperwork or administrative incident reports, and it is less liability for the department. It is just a win all around. There is not a downside to it.

*What are the characteristics of officers that do exceptionally well in crisis intervention?*

Patience and the ability to remain calm. It takes active listening skills, the ability to take their time and talk to a person. As police officers, they are taught to go in and take control and tell people what to do. With a person



in an emotional crisis, that does not work. You have to do exactly the opposite. You need to let them vent, and officers sometimes have problems understanding the difference between letting somebody verbally vent and realizing that is not a threat to them. If they are just venting, that is not a threat. That is not physical aggression toward them. Officers are not used to that. That is the thing; they need to understand the difference. But they pick it up. The officers coming through do a fantastic job once it is shown to them it is like, ‘Oh yeah, that makes sense.’

*Since officers are trained to take control, do you find that during the role play element of the class they tend to lapse back into what they are used to?*

That is why the role plays are so important because it gives them a chance to practice it before they leave. If we just taught it to them, showed it to them and they did not get a chance to practice it before they left, there might be a problem with them remembering it or practicing it. But once they get to do it themselves, I think they are much more comfortable with it.

*What drives you to do what you do?*

I know that it works. I know that it keeps officers safe. I know that it keeps vulnerable people safe. On those days that I am really frustrated and I feel like I have beat my head against the wall until I am senseless, then I get one of those e-mails and I think, ‘OK, now I know why I keep doing this.’

Because there are days that I really do get frustrated. I feel like I am fighting a battle that I cannot win and wonder why I have to keep fighting this. Then I hear from one of these officers and they tell me, ‘Thank you so much. This has really made a difference in how I deal with people and I have a greater understanding of this. I know before I would have handled this totally differently.’

Oftentimes, they will even say they have a new understanding of their father who has bi-polar disorder who they have not talked to in three years, or now they understand what was going on with one of their own family members. If we look, it affects us. Every one of us knows somebody, whether it was growing up, the kid down the street who was different or someone in our own family who either has a mental illness or substance-abuse problem.

*How can an agency interested in CIT training get more information?*

We have brochures and there is a description of it listed in the DOCJT catalogue. They can feel free to contact me and I can send them a brochure. We have our schedule through the end of this calendar year and hopefully we will be re-funded next year and can start scheduling those classes. J

Any agency interested in learning more about CIT training or scheduling, please contact Spratt at (502) 643-7539 or by e-mail at [denisespratt@bellsouth.net](mailto:denisespratt@bellsouth.net).

▲ The fourth day of Crisis Intervention Team training engages the officers in scenarios where their new CIT training will be a benefit. At this Elizabethtown training, CIT Instructor Tim Stokes demonstrates a person with schizophrenia who is off of his medications. He is hearing voices telling him there are rays building that will destroy the world unless he collects them. He is trying to collect the “rays” with the egg beater. Officers had to first make sure he had no weapons and was not a threat before trying to talk him into moving out of the middle of traffic.