



**CRIMINAL JUSTICE
COORDINATING CENTER
of EXCELLENCE**
A NEOMED CCoE



CIT Public Safety Telecommunicator Training Course

Goals and Performance Objectives

Goals

Training goals are designed to be broad statements about what is to be achieved or learned by those completing a training course. They serve as the cornerstone of a successful and impactful learning experience. They guide learners, fuel their motivation, structure the training process, and ensure it is purposeful and effective.

The goal of the CIT Public Safety Telecommunicator (PST) Training Course describes the desired overall performance outcomes for PSTs as they take calls for service involving persons in crisis, process those calls, and dispatch appropriate resources or make appropriate referrals to other agencies when dispatching law enforcement officers and/or other traditional public safety responders. Subgoals act as essential building blocks, simplifying the process of achieving the goal and making it more attainable and manageable. The goal and its subgoals are then supported by performance objectives created for each of the training topics listed in the *Core Elements of Ohio Crisis Intervention Team Programs*.

Goal

The CIT PST Training Course aims to improve outcomes for persons in crisis when calls for service are received by an emergency communications center (ECC) and then processed by PSTs to facilitate an appropriate response.

Subgoals

- Increase knowledge of mental illness and other disorders
- Enhance empathy, compassion, and cultural sensitivity
- Increase ability to recognize a call from or about a person in crisis
- Develop and increase communication and de-escalation skills
- Increase the ability to obtain information during a call from or about a person in crisis to determine if the person poses an imminent threat to themselves or others so an informed decision can be made to dispatch CIT officers or other resources to the scene or transfer the call

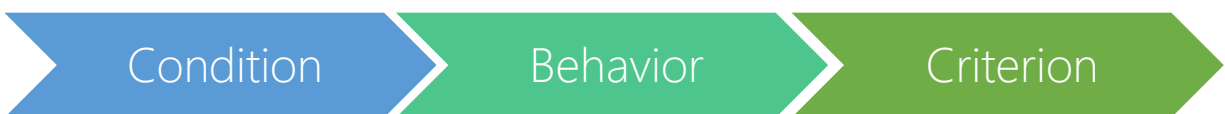
Subgoals cont.:

- Improve knowledge about Crisis Intervention Teams (CIT), how CIT works at the team and program levels, and the role of the PST within the CIT framework
- Improve knowledge of the local crisis response system and the resources available for immediate dispatching or call transfer
- Increase understanding of emergency hospitalization and other options available

Performance Objectives

Performance objectives are designed to be concrete, observable, and measurable outcomes that lead to achieving the training goal and subgoals. For each training topic, well-written performance objectives are a compass for instructors and a roadmap for learners. For learners, performance objectives clearly explain what they can do once they return to their jobs. They help PSTs recognize why CIT is essential in their community and their role in their CITs and CIT programs.

The method used to write measurable and observable performance objectives uses three elements or parts.



The **condition element** identifies what the learner will be given for the desired performance, if anything. The **behavior element** identifies the learner's actions. The **criterion element** determines the proficiency level from a reference. The reference could be something already published or established. It can be the instructional materials and name of the topic or course when proper references or footnotes have been included.

In short, the construction of a performance objective consists of the following:

- **Given what, if anything (e.g., a reference, a tool, others to assist)**
- **The learner will do what (needs an action verb)**
- **According to what source (e.g., lesson plan by name, creator if the creator is the subject matter expert to be quoted, book, article, model, research paper)**

As an example, the following is a complete performance objective:

Given one or more persons with whom to role-play in a telephone-based scenario, the PST will apply the EAR Model to identify a person in crisis, per *Engage, Assess, Resolve – A revision to the EAR Model*.

- **Condition** - Given one or more persons with whom to role-play in a telephone-based scenario
- **Behavior** – the PST will apply the EAR Model to identify a person in crisis and obtain adequate information to decide on an action
- **Criterion** - per *Engage, Assess, Resolve – A revision to the EAR Model*

When creating performance objectives, and especially for creating the **behavior element** of a performance objective, designers should:

- Include one and only one measurable verb in each objective
- Ensure that objectives are measurable, clear, and concise
- Align training topic objectives with training course goals and subgoals

Performance Objective Examples

The following are complete examples of performance objectives.

Without references, the PST will describe common signs and behaviors of a person in crisis as heard during calls, per the CIT PST Training Course.

Given a list of resources available in the CIT program area, the PST will select the appropriate resource that fits the needs of a person in crisis based on information received from that caller or another party, per the CIT PST Training Course.

Given an EAR-based checklist designed for the role of PST, the critiquing PST will critique the role-plays against the EAR Model, per *Engage, Assess, Resolve – A revision to the EAR Model*.

Without references, the PST will remember the need for empathetic and thorough questioning techniques when interacting with callers expressing suicidality, per the CIT PST Training Course.

Given a list of self-care strategies, the PST will identify methods of mitigating the potential emotional impact of dealing with suicidal callers, per the CIT PST Training Course.

Performance Objectives – Behavior Elements

The provided examples of behavior elements can be used to structure performance objectives for training topics for a CIT PST Training Course. These examples are not exhaustive. CIT programs are encouraged to refine and build upon these examples, tailoring them to their unique crisis response system, policies and procedures, and local needs.

Behavior Elements for the Required Topics

Introduction to the CIT Model (to include role within CIT)

These behavior elements focus on the knowledge and understanding by PSTs of various aspects of CIT, including its history, core elements, program organization, PSTs' roles, CIT officers' roles (what they do and why they should be dispatched), and the benefits of collaboration. Collaboration between PSTs, law enforcement, other public safety responders, behavioral health partners, and advocacy organizations is emphasized.

- Identify the definition and history of CIT
- Recognize the core elements of the CIT Model
- Recall the goals of Ohio CIT programs
- Describe the role and responsibility of CITs and a CIT program
- Describe the crisis response role and responsibilities of PSTs within a CIT program
- Describe the benefits of stakeholder collaboration
- Paraphrase the importance of CIT role-based training

Introduction to mental illness and persons in crisis (includes diagnoses and medications)

These behavior elements reflect the knowledge gained by PSTs to take and process calls from or about individuals living with mental illness or experiencing a behavioral health crisis, including recognizing signs, behaviors, and risk indicators.

- Recognize major mental illnesses, psychiatric treatment, and common medications
- Describe the difference between a person living with mental illness and a person experiencing a crisis
- Describe common signs and behaviors of a person in crisis that may be reported to a PST

- List indicators that a person in crisis is at substantial risk of harm to themselves or others
- Describe the complexities surrounding mental illness and resistance to treatment

Introduction to other behavioral health diagnoses/masquerading medical issues

These behavior elements identify the knowledge acquired by PSTs to recognize and differentiate medical conditions that may appear to be behavioral health crises during a call about a person in crisis. PSTs will make informed decisions about timely transfers to EMS.

- Recognize types of central nervous system (CNS) disorders and their associated behaviors
- Recognize types of endocrine disorders and their associated behaviors
- Recognize various metabolic disorders and their associated behaviors
- Recall some of the infectious disorders that could be confused with mental illness
- Recognize autoimmune processes that could be confused with mental illness
- Identify toxic processes (e.g., alcohol and illicit substance intoxication and withdrawal) and their associated behaviors
- Describe the importance of a timely transfer to EMS

Substance use disorders/co-occurring disorders

These behaviors describe the knowledge that PSTs gain to recognize, communicate with, and assist individuals with substance use disorders, including persons with co-occurring disorders during a call for service.

- Identify the signs and behaviors of substance use disorders and co-occurring mental health disorders
- Identify commonly used substances, their effects on behavior and physical health, and the associated risks and dangers
- Describe available community resources and treatment options to assist individuals with substance use disorders and co-occurring mental health disorders

Suicidality

These behavior elements identify what knowledge PSTs gained to respond to calls about individuals experiencing suicidality. The knowledge includes empathy, adequate information gathering to identify risk levels, and appropriate crisis intervention.

- Describe the prevalence and impact of suicide locally and/or in the United States
- Recognize underlying causes and contributing factors of suicidal ideation and behavior
- Recognize the warning signs and risk factors associated with suicidality
- Recall the need for empathetic questioning techniques when interacting with suicidal persons
- Assess immediate dangerousness involving suicidal persons
- Describe available resources for suicidal persons (only ideation)
- Discuss the risks and prevalence of suicidal behavior in PSTs and other first responders
- Discuss self-care strategies and recognize the potential emotional impact of dealing with suicidality

Interaction with crisis hotlines (to include suicide hot lines, text lines, etc.)

These behavior elements identify the knowledge gained by PSTs to take and process a service call involving a person in crisis that may not require dispatching traditional public safety services such as law enforcement, fire, or EMS. These calls may also have been initially sent to a crisis hotline, and a decision was made by that hotline to contact an ECC and request a response from traditional public safety services.

- Identify 988 (National Suicide and Crisis Lifeline) and its expanded purpose beyond its former iteration as the National Suicide Prevention Lifeline
- Describe local crisis hotlines (when available) and their purpose
- Discuss when crisis calls can be transferred to 988 or a local crisis line based on current policies, procedures, and written protocols
- Discuss how to process and handle crisis calls transferred back to an ECC by 988, a local crisis line, or by other call centers

Family perspective

These behavior elements identify the knowledge attained by PSTs to engage with the family members of a person with mental illness. This knowledge will foster positive relationships, inform decision-making, and facilitate referral to resources supporting family members reporting a person in crisis.

- Recognize the challenges faced by families of individuals with mental illness, including when those family members are in crisis
- Recognize the experiences and perspectives of family members
- Recognize the potential stigma and social isolation experienced by families
- Describe ways to engage family members in a compassionate, empathetic, and non-judgmental manner when calling about a person in crisis
- Recognize the role of families as valuable sources of information for decision-making about a person in crisis

Persons with lived experience perspective

These behavior elements identify the knowledge acquired by PSTs to empathetically and compassionately interact with individuals living with mental illness.

- Recognize the lived experience of individuals with mental illness
- Describe having empathy and compassion towards individuals with mental illness who may be in crisis
- Recognize the diversity and uniqueness of individuals living with mental illness
- Describe the profound impact that living with severe and persistent mental illness has on individuals' lives, relationships, and overall well-being
- Discuss the impact of co-occurring disorders, such as substance use disorders, from the perspective of a person with mental illness
- Identify effective communication and de-escalation techniques from the perspective of a person experiencing a crisis
- Discuss past interactions with PSTs from the perspective of a person experiencing a crisis to identify areas for improvement and promote more positive and effective engagement

Cultural awareness (to include culturally informed response)

These behavior elements identify the knowledge gained by PSTs about cultural awareness, sensitivity, facilitating positive interactions, increasing trust, and communication across diverse cultural backgrounds.

- Discuss cultural awareness and its significance in emergency communications for an informed resolution
- Discuss cultural backgrounds and identities present in the community
- Examine personal biases, assumptions, and stereotypes to minimize their influence on interactions and decision-making
- Recall cultural practices, traditions, and customs of common cultural backgrounds and identities present in the community to navigate cross-cultural encounters
- Discuss ways to communicate across cultural boundaries
- Recognize systemic barriers and disparities faced by marginalized communities when seeking treatment
- Identify the importance of continuously engaging in learning and professional development opportunities to deepen cultural understanding and evolving cultural dynamics in the community

Local crisis response system (resources and navigation)

These behavior elements characterize the knowledge obtained by PSTs about their respective crisis response systems, behavioral health resources, and navigation strategies. PSTs can connect individuals in crisis with appropriate resources and support, including diversion from standard public safety responses in some circumstances, improving outcomes for persons experiencing a crisis.

- Articulate the role of the PST in the crisis response system
- Describe the structure and components of the program's crisis response system and how referrals to the system can be knowingly made.
- Discuss an understanding of the roles and responsibilities of different agencies and organizations within the program's crisis response system
- Explain the concept of a receiving center in the context of the crisis response system, including its purpose, functions, and role in providing immediate care and assessment for individuals in crisis

- Recognize the importance of collaboration and effective communication between stakeholders in the local crisis response system

Policies and procedures (interaction, who or what is dispatched, call classification, data sharing)

These behavior elements characterize PSTs' knowledge and understanding of policies and procedures within their respective agencies inside their program area. PSTs will assist callers with navigating applicable systems and ensure proper documentation, communication, and collaboration with relevant stakeholders.

- Describe the policies and procedures for transporting a person in crisis to a receiving center
- Discuss formal and informal referral processes for individuals encountered during crisis response
- Examine the importance of sharing and collecting information with other CIT program partners when law enforcement agencies have contact with a person in crisis.
- Explain the importance of dispatching a CIT officer to a person in crisis

Communicating with persons in crisis (communication, de-escalation, etc.)

These behavior elements identify the knowledge and skills attained by PSTs to take and process calls involving a person experiencing a crisis. Officers will improve their communication abilities, crisis response techniques, and effectiveness when interacting with individuals in crisis and create safer and respectful interactions, de-escalation (when possible), and positive outcomes.

- Discuss the principles of effective communication and its significance in managing crises
- Describe the EAR Model (Engage, Assess, and Resolve)
- Reflect on past encounters with persons in crisis, identifying successful and ineffective methods
- Relate factual information about mental illness to past encounters, enabling a deeper understanding

Crisis scenarios and practicum

These behavior elements characterize the skills and abilities that PSTs will apply when taking and processing a call from a person experiencing a crisis. PSTs will communicate, de-escalate, and select the best resolution. Role-playing allows PSTs to apply skills in a simulated environment, receive feedback, and refine their approach for their return to the workplace.

- Utilize specific communication techniques and skills during call-based crisis scenarios
- Utilize the EAR Model to determine if traditional public safety resources should be sent to the scene of the crisis or if the incident can be handled over the phone or by alternative responders (when available)
- Critique the role-plays against the EAR Model

Behavior Elements for Other Training Topics

Poverty and homelessness

These behavior elements reflect the knowledge PSTs will gain to take and process calls involving individuals affected by poverty and homelessness. PSTs will recognize signs, communicate empathetically and compassionately, and direct callers to the appropriate support or service while recognizing challenges. (NOTE: The knowledge gained by PSTs should be about local supports and services with general discussions and data on poverty and homelessness added).

- Identify the causes and contributing factors of poverty
- Recognize the impact of poverty on individuals, families, and communities
- Identify common stereotypes and misconceptions about poverty
- Define homelessness and its various presentations (e.g., chronic, transitional, hidden)
- Identify the demographics and populations most affected by homelessness
- Identify the causes, signs, and indicators that lead to homelessness
- Recognize the challenges faced by homeless individuals in accessing appropriate care and support

Human trafficking

These behavior elements identify the knowledge gained by PSTs to take and process calls that may involve the human trafficking of individuals with mental illness. PSTs will recognize the signs and indicators of human trafficking and the signs and indicators of trauma-related injuries. PSTs will communicate with victims and connect them with available support services.

- Recognize that people with a mental illness are at higher risk for human trafficking
- Recognize the signs and indicators of human trafficking among individuals with a mental illness
- Identify the psychological impact of human trafficking on victims with pre-existing mental illness
- Discuss empathy and sensitivity when interacting with victims of human trafficking
- Identify available resources for victims of human trafficking

Trauma-informed care

These behavior elements identify the knowledge gained by PSTs to take and process calls involving a person in crisis using a trauma-informed approach. PSTs will understand trauma and its potential effects on individuals, including those with mental health challenges, to foster trust, respond with sensitivity, and facilitate referrals to support services.

- Define trauma-informed care and trauma-informed approaches and their relevance to crisis response
- Recognize the prevalence and impact of the types of trauma on individuals (e.g., acute, chronic, complex)
- Recognize the signs and behaviors of trauma as relayed during a service call
- Reflect on past communication with individuals who had experienced trauma
- Discuss trauma-informed communication techniques

Personal wellness (self-care and other resources)

These behavior elements relate to the knowledge gained by PSTs to enhance personal wellness by promoting self-care and understanding what resources exist for maintaining their well-being. PSTs will prioritize their mental, emotional, and physical health and employ self-care practices and strategies for managing stress and promoting resilience.

- Recognize the importance of personal wellness and self-care

- Recognize the unique stressors and challenges faced by PSTs in their professional roles and the potential impact on their mental, emotional, and physical well-being
- Identify signs, symptoms, and behaviors of burnout, compassion fatigue, and other stress-related conditions, both in themselves and their colleagues
- Identify when self-care is needed
- Identify effective self-care strategies, such as stress management techniques, physical exercise, hobbies, and healthy coping mechanisms
- Identify agency policies and initiatives related to wellness, including employee assistance programs (EAP), wellness check-ins, and debriefing procedures
- Identify the resources available for seeking professional help, including mental health services, counseling, and peer support programs/groups

Suicide-by-cop

These behavior elements relate to the knowledge gained by PSTs when taking and processing calls that may indicate that law enforcement officers or others are being sent to situations involving “suicide by cop.” PSTs will recognize and manage these high-stress and potentially life-threatening encounters and understand the involved complexities and dynamics.

- Define suicide-by-cop
- Identify the complexities and potential risks involved when interacting with a person who has expressed a desire to be killed by the police.
- Recognize indicators that may suggest a potential suicide-by-cop situation

Field visits (site visits and/or ride-alongs with mental health)

These behavior elements identify the knowledge gained by PSTs about mental/behavioral healthcare facilities and their roles, the roles of those who deliver behavioral healthcare services, available community resources, how persons in crisis perceive available resources, and how those with mental illness or other behavioral health concerns present themselves when not in crisis.

- Identify an expanded understanding of mental health facilities, receiving centers, and resources available within the community

- Recall firsthand experience in interacting with individuals who have lived experience (not in crisis) with mental health challenges to promote empathy and understanding and reduce stigma
- Recognize the importance of collaboration and coordination between public safety organizations, including emergency communications, and mental health providers, to facilitate effective partnerships to serve individuals in crisis better.
- Recognize the challenges faced by individuals accessing mental health services within the community, identifying barriers to care
- Develop an in-depth understanding of the roles and responsibilities of mental health professionals within the crisis response system

Client rights (treatment barriers, forced medication, confidentiality)

These behavior elements distinguish the knowledge gained by PSTs to uphold client rights when taking and processing calls about persons in a mental health crisis. PSTs will recognize client rights, treatment barriers, the circumstances leading to forced medication, and laws and policies regarding confidentiality.

- Recognize the importance of client rights
- Recognize treatment barriers encountered by clients
- Recognize that clients have the right to expect that their personal and medical information will be kept confidential, except in specific situations where disclosure is allowed by law
- Describe principles of client rights in relation to court-ordered treatment

Person in Crisis – LGBTQ+ Community

These behavior elements identify the knowledge gained by PSTs to take and process calls for mental health crises involving LGBTQ+ individuals. PSTs will identify the unique mental health challenges and experiences faced by LGBTQ+ individuals, recognize signs and behaviors of mental health crises, and recognize the importance of cultural competency and sensitivity during interactions.

- Describe unique mental health challenges and experiences of this population
- Recognize the importance of cultural competency and sensitivity during interactions
- Recognize the importance of a non-judgmental and empathetic approach

- Identify personal biases or misconceptions that may impact the ability to assist those experiencing mental health crises
- Recall valuable communication strategies for interactions with LGBTQ+ individuals experiencing mental health crises
- Describe local mental health resources available for LGBTQ+ individuals

Person in Crisis – Veterans

These behavior elements relate to the knowledge obtained by PSTs to take and process calls about mental health crises involving veterans. PSTs will identify the unique mental health challenges and experiences veterans face, recognize signs and behaviors of mental health crises commonly experienced by this population, and recognize the importance of cultural competency and sensitivity during their interactions.

- Identify unique challenges and experiences of this population
- Recognize signs and behaviors of prevalent mental health crises
- Recognize the importance of sensitivity and respect during interactions
- Recognize the importance of a non-judgmental and empathetic approach
- Recall valuable communication strategies specific for interactions with veterans experiencing mental health crises
- Describe resources available for veterans

Person in Crisis – Intellectual or Developmental Disabilities (I/DD)/Comorbid disorders

These behavior elements identify the knowledge obtained by PSTs to take and process calls from individuals diagnosed with I/DD and comorbid mental health disorders in crisis. PSTs will differentiate I/DD from mental illness and recognize the challenges faced by individuals with I/DD and comorbid disorders to ensure their safety, well-being, and guide those in crisis to resources and assistance.

- Differentiate between I/DD and mental illness
- Define “comorbid”
- Identify the unique challenges of individuals with I/DD and comorbid mental illness
- Recognize signs and behaviors of crises commonly experienced by individuals with I/DD and comorbid mental illness
- Describe the importance of patience, empathy, and flexibility during crisis interactions

- Recognize the importance of gathering relevant information about the person's history, triggers, and effective de-escalation strategies from caregivers, family members, or support staff
- Describe valuable communication techniques and strategies for individuals with IDD
- Identify available crisis system resources

Person in Crisis – Other behavioral health issues

These behavior elements identify the knowledge gained by PSTs to take and process calls about individuals in crisis who have other behavioral health issues, such as Post Traumatic Stress Disorder (PTSD), an Autism Spectrum Disorder (ASD), and Traumatic Brain Injury (TBI). PSTs will recognize signs and behaviors associated with PTSD, ASD, TBI, and other issues, employ a trauma-informed approach, gather information to help ensure safety and well-being, and guide persons in crisis to resources and assistance.

- Define PTSD, recognize signs and behaviors, and recognize specific indicators of distress during a crisis
- Recognize the characteristics and support needs of individuals diagnosed with an ASD
- Identify communication challenges and unique behaviors exhibited by individuals with an ASD during a crisis
- Identify the signs and behaviors associated with a TBI
- Recognize the impact of TBI on cognition, behavior, and emotional regulation during a crisis
- Describe specialized communication techniques and strategies to utilize with these populations
- Identify resources and support networks that provide services and interventions for these individuals

Person in Crisis – Dementia and aging (concerns and available resources)

These behavior elements characterize the knowledge gained by PSTs to respond to individuals in crisis who have been diagnosed or believed to be affected by dementia and aging-related concerns. PSTs will recognize signs of dementia, employ effective communication techniques for individuals with cognitive impairments, demonstrate empathy and patience, and guide persons in crisis and their family members to available resources for support.

- Define dementia
- Recognize the unique challenges and concerns of persons with dementia and of those that provide their care
- Describe valuable communication/de-escalation techniques and strategies to use during a call
- Describe crises that may involve an individual with dementia (i.e., aggressive behavior, wandering, elopement, etc.)
- Recognize the impact of aging-related effects and the potential coexistence of mental illness
- Recognize the importance of gathering relevant information about the person's dementia diagnosis, medical history, and effective de-escalation strategies from caregivers or family members during a call
- Describe resources and support networks that provide services and interventions for individuals with dementia, their family members, and caregivers

Person in Crisis – Children and adolescents

These behavior elements relate to the knowledge gained by PSTs to take and process calls about children and adolescents in crisis. PSTs will recognize signs of crisis, utilize age-appropriate communication and de-escalation techniques if interacting with children or adolescents, and help those in crisis and their family members access available resources for support.

- Recognize the unique needs of children and adolescents in a mental health crisis
- Identify signs and behaviors of common mental health crises presented by children and adolescents
- Describe the potential impact of adverse childhood experiences (ACEs), trauma, and family dynamics on the mental health of children and adolescents
- Describe age-appropriate communication techniques and crisis intervention strategies specific to children and adolescents
- Recognize the importance of gathering relevant information about the child or adolescent's history, triggers, and effective strategies for de-escalation from caregivers or family members
- Identify resources and support networks that provide crisis intervention and mental health services