

# **Indiana Crisis Intervention Teams for Youth (CIT-Y)**

## **Training Standards Checklist**

This checklist provides local coordinators with a list of CIT-Y learning objectives to be covered in a standard 40-hour CIT-Y training course. Those communities that choose to modify their training (reduce training hours, hold multiple shorter-trainings, combine/ replace modules) can use this list to ensure that their local training still meets CIT-Y training standards. There are three sections to this checklist, Content Knowledge, Cross-System Networking, and Scenarios-Based Practice.

### **Content Knowledge**

#### **Standard 1: Introduction to the Mental Health System and CIT**

Participants will receive instruction about Indiana's mental health system and Crisis Intervention Teams that enables them to master the following learning objectives:

- 1.1 Explain the history and purpose of CIT and CIT-Y
- 1.2 Define the roles of those individuals and organizations that are directly or indirectly involved in the mental health system, including: mental health providers, schools, hospitals, advocacy groups, law enforcement, and other community resources (i.e. Boys and Girls Club)
- 1.3 Evaluate the strengths and weaknesses of the mental health system at the local, state, and federal level
- 1.4 Interpret statistics about youth mental health and juvenile justice and identify reasons for disproportionality
- 1.5 Use the sequential intercept model to identify common intercept points for youth in community with mental health conditions

#### **Standard 2: Indiana Detention and Commitment Laws**

Participants will receive instruction about Indiana's Immediate Detention and Commitment laws (Indiana Code 12-26-4 and 12-26-5, respectively) that enables them to master the following learning objectives:

- 2.1 Understand the criteria that must be met for a law enforcement officer to utilize the immediate detention law
- 2.2 Identify scenarios in which law enforcement could appropriately utilize the immediate detention law when intervening with a youth in crisis
- 2.3 Compare scenarios in which an immediate detention is and is not appropriate
- 2.4 Describe school and law enforcement protocols pertaining to the role of parents/guardians in response to mental health crisis, and an immediate detention

- 2.5 Describe general school and law enforcement protocols (use of restraints, mode of transportation, supervision of student) when a youth is detained for a mental health evaluation

### **Standard 3: Child Development**

Participants will receive instruction about child development that enables them to master the following learning objectives:

- 3.1 Identify and describe signs of normal social-emotional and behavioral development in:
  - Early Childhood
  - Middle Childhood
  - Adolescence
- 3.2 Recognize and describe atypical behaviors / warning signs in:
  - Early Childhood
  - Middle Childhood
  - Adolescence
- 3.3 Utilize basic communication and de-escalation strategies with youth ranging from early childhood through adolescence

### **Standard 4: Cultural Competency and Understanding Implicit Bias**

Participants will receive instruction about cultural competency and implicit bias that enables them to master the following learning objectives:

- 4.1 Identify the importance of diversity, equity and inclusion in mental health
- 4.2 Identify barriers faced by racial/ethnic minority families and youth in need of mental health care
- 4.3 Identify implicit bias and disproportionality as it relates to mental health services and school discipline
- 4.4 Illustrate culturally sensitive response to youth in crisis or exhibiting problematic behaviors

### **Standard 5: Childhood Trauma**

Participants will receive instruction about childhood trauma that enables them to master the following learning objectives:

- 5.1 Demonstrate a working understanding of ACES (Adverse Childhood Experiences), including:
  - Absence of a Parent
  - Abuse and Neglect
  - Domestic Violence
  - Parental Incarceration
  - Parents with Addiction
  - Bullying

- Environmental Trauma / Violence
- 5.2 Explain how the brain responds to trauma (social, cognitive, emotional/behavioral development implications)
- 5.3 Identify causes and signs of:
  - Post-Traumatic Stress Disorder
  - Acute Stress Disorder
  - Reactive Attachment Disorder
- 5.4 Explain the influence of trauma on police interactions
- 5.5 Effectively communicate with traumatized youth

### **Standard 6: Autism and Other Hidden Disabilities**

Participants will receive instruction about autism and other hidden disabilities that enables them to master the following learning objectives:

- 6.1 Identify and define hidden disabilities, including:
  - autism
  - intellectual disability
  - epilepsy
  - cerebral palsy
  - developmental delay
  - fetal alcohol spectrum disorder (FASD)
- 6.2 Explain how certain situations or settings can trigger challenging behavior
- 6.3 Describe the prevalence and related challenges of co-occurring mental health disorders and hidden disabilities
- 6.4 Demonstrate communication techniques and intervention skills that are effective when interacting with a person with autism and other hidden disabilities

### **Standard 7: School District Policies and Procedures**

Participants will receive instruction about school district policies and procedures that enables them to master the following learning objectives:

- 7.1 Define the role of the school in care of children with disabilities (including mental illness)
- 7.2 Explain the purpose of an individualized education plan (IEP) and 504 Plan
- 7.3 Explain the rules around information sharing between school and law enforcement
- 7.4 Identify common challenges faced by school administrators and special education teachers
- 7.5 Explain the school discipline policies and crisis plan

### **Standard 8: Abuse and Neglect – Indiana Child Protective Services**

Participants will receive instruction about the work of Indiana Child Protective Services that enables them to master the following learning objectives:

- 8.1 Explain the role of Indiana CPS
- 8.2 Identify and define different types of abuse and neglect
- 8.3 Explain the purpose of the (Child and Adolescent Needs and Strengths Assessment) and decipher assessment results
- 8.4 Explain the duty to report abuse and neglect and the process by which to do so
- 8.5 Explain what happens after an abuse/neglect finding is substantiated

### **Standard 9: Oppositional Defiant Disorder and Conduct Disorder**

Participants will receive instruction about oppositional defiant disorder and conduct disorder that enables them to master the following learning objectives:

- 9.1 Identify the behaviors commonly associated with conduct disorder (CD) and oppositional defiance disorder (ODD)
- 9.2 Demonstrate and explain effective and ineffective methods to manage behavior of children with CD and ODD
- 9.3 Compare ODD/CD behaviors with symptoms of other mental health diagnoses, including trauma-related conditions
- 9.4 Analyze and discuss racial disparities in ODD/CD diagnosis

### **Standard 10: Adolescent Substance Abuse**

Participants will receive instruction about adolescent substance abuse that enables them to master the following learning objectives:

- 10.1 Describe and analyze the prevalence and causes of substance use among youth
- 10.2 Identify signs of youth in need of intervention for substance use
- 10.3 Identify local services available to youth with substance use disorders
- 10.4 Identify effects of substance abuse on children/youth with mental illness
- 10.5 Describe the effect of parental substance abuse on children in household

### **Standard 11: Child and Adolescent Mental Health Conditions**

Participants will receive instruction about child and adolescent mental health conditions that enables them to master the following learning objectives:

- 11.1 Identify the reasons children and adolescents seek out or are referred to mental health services
- 11.2 Identify major child/adolescent mental health diagnoses
- 11.3 Identify common medications prescribed to youth with mental health conditions and their side effects
- 11.4 Explain the impact a mental health condition can have on a child/adolescent's behavior, relationships, and academic performance
- 11.5 Describe major considerations when trying to de-escalate a child or adolescent in crisis due to a mental illness and demonstrate effective communication techniques

## **Standard 12: Self-Harm**

Participants will receive instruction about self-harm which enables them to master the following learning objectives:

- 12.1 Differentiate between self-harm and suicidality
- 12.2 Discuss how certain degrees of self-harm may or may not constitute “danger to self” for purposes of an immediate detention
- 12.3 Identify common features of self-harm
- 12.4 Explain reasons for self-harm
- 12.5 Identify ways to intervene with a youth who is self-harming

## **Standard 13: Suicide**

Participants will receive instruction about suicide which enables them to master the following learning objectives:

- 13.1 Analyze local and state statistics of youth suicide prevalence
- 13.2 Demonstrate effective communication techniques and intervention skills that are effective when interacting with a young person with suicidal ideation
- 13.3 Discuss appropriate language when discussing suicide
- 13.4 Identify risk factors and warning signs of suicide ideation

# **Cross-System Networking**

## **Standard 13: General Engagement of Local Community in CIT-Y Training**

- 13.1 When available and willing, *Content Knowledge* modules are presented by professionals serving the local community. (For example, a child/adolescent psychiatrist serving Vanderburgh County would present at Vanderburgh County CIT training.)

## **Standard 14: Community Resource Panel**

The community resource panel is made up of local representatives from youth-serving organizations (including local community mental health center) that play some role in supporting youth mental health and development. Panelists give a short presentation of their services, and distribute contact information when appropriate. Participants will:

- 14.1 Identify community resources for youth with mental/behavioral health needs and understand their role in the system of care
- 14.2 Explain how to refer a child to each community resource
- 14.3 Develop a working relationship with individual professionals who work at various community resources

### **Standard 15: Local Inpatient Facilities and Procedures Panel**

The local inpatient facilities and procedures panel is made up of representatives from locally used emergency departments and inpatient psychiatric facilities. (Note: Facility does not need to be in the county of the training, but should be a facility that is commonly used by county residents.) Panelists will explain admittance procedures and other relevant facility information. Participants will:

- 15.1 Identify local hospitals available to accept youth for evaluation and/or inpatient treatment
- 15.2 Explain the policies and limitations of admittance restrictions of these facilities

### **Standard 16: Indiana Systems of Care (SOC)**

This section will provide attendees with information on Indiana's SOC, enabling them to:

- 16.1 Describe the SOC model and purpose
- 16.2 Identify and explain the role of local SOC coordinator
- 16.3 Describe different types of community-based youth services (PRTF transition, CMHW, CMHI, MFP)
- 16.4 Explain how to get involved with local SOC governance

### **Standard 17: Indiana Juvenile Justice Overview & Indiana Juvenile Justice Alternatives Initiative (if applicable)**

This section will provide attendees with information about juvenile justice in Indiana and in the local community.

- 17.1 Identify and explain the roles of local juvenile justice professionals
- 17.2 Explain the process following a youth arrest
- 17.3 Describe prevalence and causes of youth with mental health conditions involved in local juvenile justice system
- 17.4 (If JDAI is present) Explain JDAI Core Components
- 17.5 (If JDAI is present) Explain the role of the JDAI coordinator
- 17.6 Analyze local statistics about youth in juvenile detention

# Scenarios-Based Practice

## Standard 18: Active Listening and De-escalation

Participants will receive instruction about communicating with youth, active listening, and de-escalation. This instruction can be woven throughout content knowledge modules and/or provided in its own module. Upon completion of the training period, participants will be about to:

- 18.1 Identify the elements of effective de-escalation (establishing contact and building rapport, calming techniques, reflection, and active listening)
- 18.2 Demonstrate de-escalation skills when presented with various scenarios involving youth in or nearing crisis
- 18.3 Identify the signs of a mental or behavioral health crisis ("abnormal" behaviors) and explain how and when communication skills should be modified
- 18.2 Discuss appropriate responses to aggressive youth

## Standard 19: Scenarios-Based Practice

When appropriate, content knowledge is demonstrated by training participants through scenarios-based practice (also called role-play). This can be woven throughout the training (ex. 20 minute scenarios practice following each training module) or practiced in large blocks of time (ex. Two three-hour blocks dedicated to scenarios practice and discussion). As a general guideline, ensure that:

- 19.1 Every trainee will be given at least one opportunity to participate in role-play as an adult responding to a youth in crisis.
- 19.2 Each scenario is followed by a discussion with the group on what went well and what could have been done differently.
- 19.3 Trainees are exposed to scenarios throughout the training that touch on a variety of topics / reasons for crisis.
- 19.4 Trainees will practice identifying youth who require an evaluation at a hospital due to mental health crisis.
- 19.5 CIT-Y coalition will develop locally-relevant scenarios based on planning team member experiences with youth in crisis.

# Lived Experience Presentations

## Standard 20: Parent Perspective

The purpose of this module is to provide the perspective of family members of youth with intellectual/developmental disabilities and/or mental illnesses.

- 20.1 Trainees will hear from a parent or guardian of a young person with a mental health condition. \*

## Standard 21: Youth Perspective

These short presentations (15-20 minutes plus questions) are intended to demonstrate that someone living with a mental health condition is not defined by their diagnosis. Lived experience presenters typically share their personal mental health journey, discuss what helped and hurt along the way, and highlight the steps that worked for them in their journey toward recovery.

- 21.1 Trainees will hear from a young person (about age 30 or younger) who has experienced trauma, encountered "the system," or who lives with a mental health condition as a youth (<18). \*

## Standard 22: Law Enforcement Perspective

The purpose of this module is both to help trainees understand the experiences of law enforcement officers

- 22.1 Trainees will hear from a person working in law enforcement who has interacted with young people in crisis on the job. He/she will share stories about what worked, what didn't and how training (CIT or similar) helped them to understand interactions with young people with mental health needs.

*\*Contact NAMI Indiana to ask about "Ending the Silence" speakers in your area who have already been trained to tell their story.*