New style of policing works to defuse mental health crises

Local officers have been getting trained in how to be effective on intervention teams to avoid violence with people who are at risk

By Matthew Spina | News Staff Reporter | on June 7, 2015 - 6:31 PM, updated June 7, 2015 at 10:50 PM

His rock-bottom moment should have been when his kid sister and mother found him near death, in the bathroom with the heroin needle planted in a slender arm and his soft pale cheeks turning blue.

His mother called 911, and after a series of spasms, the antidote Narcan brought him back. He began a treatment program, and his family thought maybe, just maybe, he would pull out of his descent.

Months later, “David” was using again, with the same mix of heroin and painkillers that he felt quelled the vivid flashbacks and the night sweats of post-traumatic stress disorder – brought on during his days as a local medic.

Rescue this time sprang from an unlikely source.

A Cheektowaga cop believing in a new style of police work told David to meet him for a talk. The cop found David with the painkiller Dilaudid and a baggie of heroin. He arrested him, urged his family to post no bail, and got to work on a plan.

That was in January. David, now carefully managed, for the most part has made steady progress for the last five months.

The cop in David’s case was Cheektowaga Lt. Brian J. Gould, a youthful 39-year-old. Gould argues that police can do a better job with people dealing with a mental illness and, like his police chief, believes that “crisis intervention teams” are the answer.

With crisis intervention, police officers who have been otherwise taught to take charge and issue clear orders are encouraged to step back, listen with empathy, be patient and act almost like social workers. The goal is to find long-term help for people in a crisis.

Police embracing this approach end more situations without violence, according to assorted studies, and they place fewer people in the local jails that are ill-equipped to handle them.

For the last few years in Erie County, only Cheektowaga fully embraced the crisis intervention team – or CIT – model. But other departments took notice, and now Orchard Park, Evans, the Town of Tonawanda, the City of Tonawanda and the University at Buffalo Police have teams.

An array of other departments have officers trained in crisis intervention: Amherst, West Seneca, Lancaster, the SPCA and the Sheriff’s Office. The Buffalo Police Department will send personnel later this

year to the course provided by Erie County Crisis Services. A total of 110 officers and 24 dispatchers have taken the course so far.

One town's experience

Police in Memphis, Tenn., pioneered crisis intervention teams almost 30 years ago in response to the community uproar following the police decision to fatally shoot a suicidal man with a knife. CIT spread to some of the nation's largest police departments, yet it has not swept the land. Only 3,000 of the nation's 18,000 police agencies employ some level of crisis intervention.

Some people with serious psychiatric disorders go through cycles of ups and downs, especially when they self-medicate, and they generate numerous calls to 911. Police often find those calls volatile, and bad things happen when cops are on edge. Studies show that half of the people killed by police nationwide had a history of mental illness.

In upstate New York, Rochester's department began CIT in 2004. But for most of the next decade, you could not find crisis intervention teams west of Monroe County.

In 2012, Cheektowaga Police Chief David J. Zack saw that some people were generating dozens of police calls, with mental illness as the likely reason. Officers responded to one teenager, diagnosed with bipolar disorder, 79 times. Zack read up on crisis intervention and realized it had potential to help the people often lost in the shuffle of police work. CIT officers weren't dispatched to lock people up. They were to make a difference.

"That's sorely needed today," he said.

Zack talks up CIT with other police officials. The National Alliance on Mental Illness has given awards to the Cheektowaga department. Many NAMI members have sons, daughters, spouses or siblings dealing with serious mental illnesses, and the members know that police are crucial to the mental health system that sprang up as large state-run institutions faded away. While conscientious police can help, an impatient cop only going through the motions can make matters worse.

Certainly, police academies show their young recruits how to deal with mentally ill people in their darkest moments. But academy training can't cover every scenario that officers may face as their careers unfold.

A good share of the academy training deals with the decision to force someone into a psychiatric emergency room. Police in New York can do this when someone appears dangerous. But the tactic draws plenty of critics, including family members who want their loved ones treated. Forced hospitalization usually ends when the patient no longer appears threatening and before any lasting improvement occurs.

Still, some police view the trip to the emergency room or an arrest as their only tools.

By connecting people directly to mental health programs, Cheektowaga's CIT officers have forced fewer people into Erie County Medical Center's psychiatric emergency room, even while the number of calls involving mental illness has gone up. Police also cut in half the instances when they used physical force to admit someone – just 14 times last year.

Debbie Cordone, of Cheektowaga, needed help in December with her autistic 9-year-old son, who was so out of control that four adults could not restrain him. She worried about calling the police, figuring that loud or fast-moving officers would make a bad situation worse. And she's the wife of a retired Buffalo police officer.

"They were fabulous," Cordone said of the two Cheektowaga cops who arrived. "They were very calm. They kept their emotions at one level. They followed our lead, which was very important."

Cordone was so appreciative, she wrote a "thank you" to the department:

"This may not seem like a big deal to most, but to the parents of an autistic child it means the world."

As for that teenager who generated 79 police responses, Shawn Offhaus is now 21 and feels much better. Cheektowaga police and case managers for Erie County Crisis Services advocated for court-ordered treatment for Shawn, who didn't always take his medicine.

Now he receives a monthly dose at a doctor's office; his case managers and the police check in with him regularly; and he hasn't had an incident in more than a year. He works part time. His mother no longer carries a constant dread of what might happen next.

'Saving my life'

Crisis intervention officers are trained to a higher level in how to defuse the tension with a delusional, desperate or manic person. Then, after the hospital evaluation that usually follows, CIT officers follow up and connect the person with the services that best address their problems.

That's what was meant by "team" when the Memphis department pioneered the concept in 1988 – police teaming with mental health agencies.

And that's essentially what happened with David.

In January, Gould coaxed the man to meet him on Union Road. Gould knew from David's family that he was abusing drugs again, as he had done on and off for three years.

As a local medic, David saw a lot of blood, bone and suffering, including the carnage of a crash that killed two friends. He was later diagnosed with PTSD. A back injury helped him get prescription pain medicine, and he used heroin, as well. To feed his habit, he drained his parents' credit cards of around $100,000.

While CIT isn't about locking people up, that's exactly what Gould wanted to do with David when he found him with heroin. He theorized that a spell in the Erie County Holding Center – it ended up being 13 days – would stabilize him, especially because his parents were away.

When freed from jail, David became a case for Erie County Crisis Services. A case manager assigned to crisis intervention teams, Sarah Bonk, now helps manage David's recovery. Perhaps more importantly, David's family feels as though she is their ally. His mother sees Bonk, who is friendly and instantly likable, as indispensable.

David is 20-something, rail thin with a ready grin. He sat at his kitchen table days ago, reliving "the moment."

"He intervened," David said of Gould, "and ended up saving my life."

In crisis intervention, Maj. Charles S. Cochran looms large. Cochran, who goes by his "Sam," was the first coordinator of the Memphis crisis intervention team, and though he retired from the Memphis Police Department, he continues training officers today.

He is a Southerner, with long limbs, a drawl and a manner that reminds you of TV's Dr. Phil. To Cochran, CIT can do more than change the way police operate: he thinks it can change the way society looks at people with serious mental illnesses.

"A lot of times, we don't see them as individuals," he said. "We might see them with our eyes. But we don't see them with our hearts."

Cochran spoke a few weeks ago at the local NAMI chapter's annual dinner. Across the country, NAMI helps with the 40-hour CIT course, and the Buffalo/Erie County chapter participates, as well.

The next day, chapter President Marcy Rose introduced Cochran as he gave professionals – nurses, police, dispatchers, social workers, case managers – gathered at ECMC a taste of the training: "Four verbal steps to de-escalate a crisis."

The steps, at first glance, looked like common sense, because they are the courtesies people use every day.

Going step by step

Step One: An officer introduces himself or herself in a friendly manner.

Step Two: Ask the person's name.

Next, the officer says something about the behavior – "I see something is bothering you" or "You seem angry"– inviting the person to express their gripes, fears, issues. Officers can let it tumble out as if they have all day.

Step Four: Cops summarize what they've heard – "Let me see if I understand you..." – without legitimizing delusions about, say, CIA bugs in the patio.

When those four steps are completed, officers have laid the foundation for smoother, more successful dialogue.

It sounds easy.

Then Cochran started picking people out of the audience. They played the cop while he played a distraught person. Quickly, it grew clear that situations can go awry when someone refuses to give their name, or just wants the cop to leave, or barely communicates.

With Cochran going in three directions at once, his handpicked "officers" became deer in the headlights. He urged them to improvise. Step Two could become Step Three if needed, or even Step Four. Sometimes, simply getting the person's name seemed a long way off. The chance that they would spill their troubles seemed even more remote.

It wasn't easy.

But it can be done.

A Town of Tonawanda CIT officer wore a body camera when she and a partner were called to a home by a mother whose adult son was going off the rails. The man was threatening her and ranting in the basement about the stresses of life.

In the video, the female officer learns the son's name from his mother – we'll call him "Craig" – and as she approaches the basement, you can hear him shouting.

She and a male partner move slowly down the stairs and spot him several feet off. She gives her name and asks Craig by name how he's doing.

"Not good."

"Not good? What's going on?"

"I don't know. … I don't know how to fix it. It's been going on for years, and it just gets worse and worse and worse every day. Yesterday I had a blowup, and then today I woke up like this."

"Who have you talked to about this?" the female officer asked. "Do you have a doctor? Do you want us to help you? Do you want us to get you some help?"

"I have no idea."

"Well, we'd be more than happy to help you," she says. Her voice is softening, almost to that of a mother soothing a child.

The male officer, speaking as quietly as if he's in a library, assures Craig they just want to help.

They are watching his body language, keeping a respectful distance. Eventually, he sits down and takes off his cap. He looks weary.

"Do you have like a counselor, somebody to talk to?" Craig is asked.

He shakes his head no.

Providing reassurance

“So when you feel this way, you have nothing, nobody? OK, that’s very harsh,” the female officer says, trying to connect with him emotionally. “That’s really tough. You can’t do it on your own. How do you feel about that? Do you want us to help you out with that? We are here just to help.”

He flares up again.

“I don’t know what to do. I don’t know how to … fix this problem, and keep my job, and pay my bills. …”

But minutes later, she and her partner have him moving calmly to an ambulance and to the hospital with the promise that they are going to find him a regular counselor.

“Right now, the most important thing is what?” she asks him. “Helping you. Right?”

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