



**BEHAVIORAL HEALTH**  
CRISIS OUTREACH RESPONSE AND EDUCATION

# **POISE Frontline Responder Academy**

## 2024-2025

June 2025



Submitted by Behavioral Health Crisis Outreach  
Response & Education (BHCORE)



# TABLE OF CONTENTS

<b>Development of the POISE Frontline Responder Academy</b> .....	3
<b>Current Training Needs for Frontline Responders</b> .....	3
<b>Community Advisory Board</b> .....	3
<b>POISE as a State of Being, a Framework, and a Roadmap</b> .....	4
<b>POISE Pilot Training Program 2025</b> .....	7
<b>Format</b> .....	7
<b>Site Selection to Pilot Training</b> .....	8
<b>POISE Curriculum</b> .....	8
<b>POISE Program Evaluation</b> .....	12
<b>Data Collection</b> .....	12
<b>Methods &amp; Measures</b> .....	12
<b>Analysis</b> .....	12
<b>Results</b> .....	13
Pre-Training Survey .....	13
Demographic & Professional Backgrounds .....	13
Agency Wellness Support .....	14
Post-Training Survey .....	15
Training Impact .....	15
Module Competencies.....	17
Trainer Credibility.....	18
Qualitative Feedback on the Training.....	19
Support for Online Modules .....	22
<b>Discussion</b> .....	22
<b>Next Steps for POISE Frontline Responder Academy</b> .....	25
<b>Appendix A – POISE Syllabus</b> .....	28
<b>Appendix B – Mindful Self-Compassion</b> .....	31

<b>Appendix C – Supplementary Tables and Data for POISE.....</b>	<b>32</b>
<b>Bibliography .....</b>	<b>38</b>

# Development of the POISE Frontline Responder Academy

## Current Training Needs for Frontline Responders

There has been minimal research into the training needs of co-responders and other crisis responders. We use the term “Frontline Responder” to be inclusive of the fact that there are currently first responders, human service professionals, and peers responding to behavioral health crisis calls and emergencies and providing follow-up services in the field. In one recent report (Watson, Pope, Compton, & McNally, n.d.), the term Community Behavioral Health Crisis Responders (CBHCRs) is used to refer to non-law enforcement professionals who respond to crisis calls. Based on input from 13 focus groups, this report discusses necessary personal characteristics, values, skills and competencies, and qualifications for an effective CBHCR. CBHCRs should be empathetic, committed to person-centered practice, competent in communication, and have a wide range of knowledge in local services, de-escalation, and signs of mental/behavioral health issues. They should be good at building trust with clients while maintaining safety, with special lived experience or educational and professional qualifications to handle behavioral health crises.

We are aware of and comparing notes with other states that are working to develop a crisis responder training academy like Washington’s. These initiatives, similarly to Washington’s, are situated within universities. The REACH Training Program at the University of Illinois Urbana-Champaign emphasizes skills such as de-escalation, safety tactics, and working as part of a co-responder team (University of Illinois Urbana-Champaign, Division of Public Safety, REACH, n.d.). These skills are then put to use in scenarios with actors to solidify training. Wayne State University’s Crisis Training covers mental health conditions, substance use, de-escalation, and safety (Wayne State University, n.d.). The Wayne State training uses the CARES model, which focuses on a person-centered approach through Connecting with the person of concern, Assessing and identifying the person’s concern, Risk assessment, Engagement in collaboration and planning, and Support and follow-up after the crisis has ended.

This lack of information on the efficacy of both co-response programs and behavioral health training programs for frontline responders demonstrates the need for additional evaluation and research activity. However, these efforts are rarely funded adequately.

## Community Advisory Board

The development of the POISE Framework was a collaborative, community-centered process that prioritized interdisciplinary expertise and lived experience. A Community Advisory Board (CAB) played a critical role in shaping the curriculum, ensuring that POISE reflected real-world field needs and trauma-informed best practices.

The CAB consisted of over 20 members representing:

- Law enforcement and fire-based co-response teams
- Behavioral health clinicians

- Lived experience experts with mental health and substance use disorders
- Cultural specialists
- Mindful Self-Compassion practitioners
- Program managers and psychologists

The Board met monthly from **November 2023 through August 2024**. They contributed directly to:

- Curriculum development and review
- Scenario creation and testing
- Inclusive language recommendations
- Field safety considerations

Each training module underwent multiple run-throughs that informed revisions prior to the POISE training launch.

## POISE as a State of Being, a Framework, and a Roadmap

### *POISE as a State of Being*

The reason we chose the name POISE for our training program is that its definition conveys the state of being that we want our crisis responders to be in when serving vulnerable community members.

#### **POISE** noun

graceful and elegant bearing in a person.  
*"poise and good deportment can be cultivated"*

Synonyms: balance, equilibrium, control, gracefulness, presence.

#### **POISED** adjective

having a composed and self-assured manner.

### *POISE as a Framework*

The POISE Framework was developed to organize training content to help transform how emergency, crisis, and follow-up services are delivered in communities and to teach frontline responders how to engage individuals in crisis. The training content is organized to equip professionals with the competencies and tools needed to de-escalate high-stakes encounters, promote safety, and deliver trauma-informed care across diverse crisis situations.

The POISE Framework emphasizes self-regulation, collaboration, connection, and safety as essential elements for effective crisis work. POISE prepares responders not only to stabilize individuals in crisis but also to sustain their own emotional resilience and safety.

- **Co-Regulation:** First regulate yourself, then assist others in regulating.
- **Collaboration:** Work across disciplines for the least restrictive, most supportive outcomes.
- **Connection:** Build trust through trauma-informed practices.
- **Safety:** Maintain physical, emotional, and community safety always.

## POISE as a Roadmap

The POISE Roadmap is a field practice guide that prepares responders to move through five distinct phases of crisis engagement in all calls for service. Each phase is intended to build on critical skills, competencies, and ethical standards of practice that were laid out in the POISE Framework. The roadmap calls on field responders to intentionally run through a series of prompts to guide their response.

**POISE** is a trauma-informed, collaborative response framework designed for professionals working in crisis and frontline response settings – including police, Fire/EMS, behavioral health clinicians, and peers. POISE is also an acronym that stands for the five sequential phases that guide field response and reflective practices. Content and competencies can be organized around these phases.

- **Prepare** – Readiness through self-regulation, awareness of personal and dispatch biases, role clarity, team awareness, and communication.
- **Observe** – Converting destabilizing to stabilizing factors and recognizing the common presentation of behavioral health symptoms in the field.
- **Intervene** – Using active listening and other intentional verbal strategies such as the EDGE technique to de-escalate crisis.
- **Support** – Connecting individuals with complex challenges to ongoing care by engaging family, community resources, and legal protections.
- **Evaluate** – Practicing self-compassion and team debriefing to protect against burnout or moral injury.

Table 1. The POISE Roadmap

Phase	Focus
<b>Prepare</b>	<ul style="list-style-type: none"><li>• To combat biases, how are you engaging outside of work with the communities you are serving?</li><li>• What are you doing before your shift, and on your shift, to be ready for anything?</li><li>• What tools and support for vulnerable individuals are you bringing with you?</li><li>• What are you doing once the tone drops to ensure you are approaching the situation safely?</li></ul>
<b>Observe</b>	<ul style="list-style-type: none"><li>• What are you observing on the scene related to the four factors?</li><li>• How are you converting destabilizing factors to stabilizing factors?</li><li>• How are you showing up to ensure you aren't escalating the situation?</li></ul>

Phase	Focus
<b>Intervene</b>	<ul style="list-style-type: none"> <li>• How are you de-escalating through communication?</li> <li>• How are you building rapport and trust?</li> <li>• What do your safety and rapport windows look like?</li> <li>• Depending on the window, do you need to speed up or slow down the call?</li> <li>• What brief assessments are you doing to determine the next steps?</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>• How are you connecting vulnerable individuals to resources, understanding legal obligations, and helping to promote holistic care approaches?</li> <li>• How are you supporting families and others at the scene?</li> </ul>
<b>Evaluate</b>	<ul style="list-style-type: none"> <li>• What debriefing practices are you using to improve the quality of call response? To prevent burnout and moral injury?</li> <li>• What self-care practices are you using routinely?</li> <li>• Are you aware that how you evaluate each call feeds back into the preparation you are doing for your next call?</li> </ul>

# POISE Pilot Training Program 2025

## Format

The POISE Frontline Responder Academy in its pilot form was offered as a 40-hour immersive, competency-based experience delivered across five consecutive days. It was intentionally designed to engage a diverse mix of professionals, including law enforcement, Fire/EMS, and behavioral health workers. Eleven modules were delivered that were anchored to one or more phases of the POISE Framework (Prepare, Observe, Intervene, Support, Evaluate) and strategically sequenced to build upon previous concepts. The curriculum intentionally intersperses exercises from an evidence-based wellness modality called Mindful-Self Compassion throughout the Academy to promote co-regulation and frontline responder resilience. The curriculum moves from foundational self-awareness to applied de-escalation techniques and concludes with applied topics such as suicide intervention, culturally responsive care, and substance use disorders.

Training sessions incorporated:

- **Facilitated discussions** to explore professional roles, ethical challenges, and interagency dynamics
- **Hands-on skill building** through scenario enactments and tabletop exercises
- **Mindful Self-Compassion practices** to enhance emotional resilience and presence
- **Case-based learning** for analysis and application of behavioral health and legal knowledge
- **Peer-to-peer learning** to bridge cultural and professional divides between disciplines
- **Original videos** designed to bring lived experience from people who have utilized the crisis response system as clients/ patients/ subjects and to incorporate diverse perspectives from professionals who are working in the field
- **Workbook:** Each participant received a comprehensive POISE Workbook, which included: The POISE Framework; key concepts, exercises, and checklists from each module; group collaboration prompts and scenario-based ethical dilemmas; self-reflective exercises and activity guides for interactive activities for each module; and additional reference tools for field use.
- **Continuing Education Units (CEUs) and Licensure Renewal.** The POISE training was approved for continuing education units (CEUs) by multiple accrediting organizations:
  - *National Association of Social Workers (NASW):* Approved 35 CEUs for social workers and behavioral health professionals
  - *County Medical Directors:* Approved 40 CEUs for EMS/EMT professionals
  - *Law Enforcement Agencies:* Approved 40 hours of training credit for law enforcement officers

- *Washington State Department of Health (DOH): Suicide Intervention & Crisis Planning: The POISE Approach to meet the six-hour required suicide intervention training requirement for licensed clinicians in Washington State*

Having multiple boards’ accreditation underscores the rigor, relevance, and applicability across multiple disciplines and professional licensing requirements of the training content and incentivized participation in the training.

## Site Selection to Pilot Training

Washington State has 10 BH-ASOs. Three regions were selected to pilot the training, based on:

- High density of existing co-response teams
- Geographic diversity (urban and semi-rural)
- Presence of Advisory Board members within the region to facilitate relationships with other partners
- Relationship with the BH-ASO administrator

The dates, locations, and the number of participants for the three pilot trainings are listed in Table 2.

*Table 2. Dates and Locations of POISE Pilots*

Dates	Location	Number of attendees
Pilot 1: North Sound March 31 – April 4, 2025	Whatcom County Emergency Operations Center (3888 Sound Way, Bellingham)	42
Pilot 2: King April 14–18, 2025	Crossroads Community Center (16000 NE 10th St, Bellevue)	48
Pilot 3: Thurston-Mason, Southwest, Great Rivers April 28 – May 2, 2025	Olympic Health & Recovery Services (670 Woodland Square Loop SE, Lacey)	22

## POISE Curriculum

The POISE pilot training sought to cultivate the following core values among its participants.

- Self-regulation
- Emotional intelligence in the work
- Prevention of escalation of crisis through intentional verbal de-escalation tactics
- Collaborative crisis planning
- Cultural responsiveness and humility
- Legal, programmatic, and ethical codes
- Trauma-informed lens – trauma happens to clients/ patients/ subjects, and it happens to responders also.

The full POISE curriculum consisted of **11 training modules**, provided in person over five days. Each module is targeted for the development of specific competencies essential for safe, ethical, and effective crisis response. The module names and competencies are provided in Table 3.

Table 3. POISE Framework: 11 Modules and Core Competencies

Module Name	Competencies
<b>Module 1: POISE Framework</b>	<ul style="list-style-type: none"> <li>• Summarize the POISE Framework and communicate it to a peer.</li> <li>• Explain the role and significance of frontline responders in the crisis care continuum through group discussion.</li> </ul>
<b>Module 2: Foster Teamwork &amp; Integration Between Behavioral Health Workers &amp; First Responders</b>	<ul style="list-style-type: none"> <li>• Evaluate policies and ethical responsibilities of varied frontline roles via case studies.</li> <li>• Compare cultural differences between agencies and develop strategies to bridge gaps.</li> <li>• Discuss and resolve boundary challenges using table-top exercises.</li> </ul>
<b>Module 3: Maintain Situational Awareness &amp; Safety</b>	<ul style="list-style-type: none"> <li>• Identify mental and physical components of situational awareness.</li> <li>• Apply safety and rapport windows to manage call dynamics.</li> <li>• Demonstrate fundamental defensive tactics for personal safety.</li> </ul>
<b>Module 4: PREPARE for All Calls for Service</b>	<ul style="list-style-type: none"> <li>• Identify SADHATS and create a self-regulation checklist.</li> <li>• Apply co-regulation within trauma-informed frameworks.</li> <li>• Analyze the impact of self-regulation on crisis response.</li> </ul>
<b>Module 5: OBSERVE Signs &amp; Symptoms of Behavioral Health Disorders</b>	<ul style="list-style-type: none"> <li>• Recognize stabilizing and destabilizing factors.</li> <li>• Identify rapport and safety opportunities.</li> <li>• Differentiate symptoms of common behavioral health disorders.</li> </ul>
<b>Module 6: INTERVENE using Verbal De-Escalation &amp; the EDGE Approach</b>	<ul style="list-style-type: none"> <li>• Apply verbal de-escalation strategies.</li> <li>• Use active listening, validation, and emotion coaching.</li> <li>• Demonstrate the EDGE technique for crisis stabilization.</li> </ul>
<b>Module 7: SUPPORT the Whole Crisis</b>	<ul style="list-style-type: none"> <li>• Communicate effectively during domestic violence calls.</li> <li>• Understand Washington State laws impacting crisis response.</li> <li>• Identify and leverage key community partners for follow-up.</li> </ul>
<b>Module 8: EVALUATE Using the POISE Framework</b>	<ul style="list-style-type: none"> <li>• Practice self-compassion as self-care.</li> <li>• Recognize signs of burnout, empathy fatigue, and moral injury.</li> <li>• Apply the 1-2-3 debriefing strategy post-call.</li> </ul>

Module Name	Competencies
<b>Module 9:</b> <i>Culturally Responsive Crisis Care: Application of the POISE Approach</i>	<ul style="list-style-type: none"> <li>• Prepare for calls by considering cultural factors.</li> <li>• Recognize culturally-influenced behavioral health expressions.</li> <li>• Adjust rapport strategies based on cultural responsiveness.</li> <li>• Evaluate cultural sensitivity after calls.</li> </ul>
<b>Module 10:</b> <i>Brief Field Interventions for Substance Use Disorders: Application of the POISE Approach</i>	<ul style="list-style-type: none"> <li>• Understand substance use disorder dynamics.</li> <li>• Accurately assess sensory indicators during calls.</li> <li>• Apply motivational interviewing in the field.</li> <li>• Facilitate "warm handoffs" for continued care.</li> </ul>
<b>Module 11:</b> <i>Suicide Intervention &amp; Crisis Planning: Application of the POISE Approach</i>	<ul style="list-style-type: none"> <li>• Articulate suicide's public health impact and the responder's role in prevention.</li> <li>• Apply POISE when suicide is a concern, including with coworkers.</li> <li>• Address disparities in suicide rates, especially among veterans.</li> <li>• Prepare roles in suicide response planning and notifications.</li> <li>• Apply Washington State suicide prevention laws in practice.</li> </ul>

POISE trainers were co-responders with expertise in the different modules' content. Throughout the whole week of training, BHCore's Director of Training was present as the anchor trainer to ensure all participants were engaged and supported. During each day of training, one or more guest speakers presented modules to provide some relief to the Director of Training and to allow for more depth on topics. Additional logistics support was provided by BHCore staff on-site to help manage sign-ins, morning/afternoon refreshments, lunch delivery and set-up, training materials, CEUs, and A/V needs.

Throughout the weeklong POISE training, Mindful Self-Compassion (MSC) practices were deliberately interwoven into each module to enhance responder resilience, emotional regulation, and sustainable caregiving practices. MSC is a group-based intervention taught over eight sessions that has been shown to improve mental health (Luo, Che, Lei, & Li, 2021) and quality of life (Wilson, Mackintosh, Power, & Chan, 2019), and to reduce substance use (Shreffler, et al., 2022) and suicidal thinking (Cleare, Gumley, & O'Connor, 2019) among its participants. MSC targets mechanisms – specifically, emotion regulation, trauma-related guilt, trauma-related shame, moral injury, social support, and substance craving – that promote and maintain stress- and trauma-related symptomatology (MacBeth & Gumley, 2012). More detail about how MSC was integrated into POISE is provided in [Appendix B](#).

Each training site contributed uniquely to the success of the POISE pilot program. Participant composition varied by location, with co-response teams typically attending together and representing the same BH-ASO region. Notably, the Lacey pilot (Pilot 3) did not include any law enforcement

participants, setting it apart from the other two sites. Each BH-ASO partner provided critical support, offering training venues at no cost and assisting with regional outreach and participant engagement. Flyers were developed and distributed by BHCORE using a contact list informed by the 2022–2023 statewide landscape analysis of crisis response teams. This list was further refined with the help of the POISE Community Advisory Board to ensure relevance and inclusivity. While site leadership such as chiefs, supervisors, and administrators did not participate directly in the training sessions, they played an essential role in facilitating logistics, providing space, and supporting communications throughout the planning process.

To strengthen regional collaboration, Day 3 of each POISE training included a hosted lunch specifically designed to introduce co-response teams to their respective BH-ASO directors – key leaders in shaping the local crisis response system. In both the North Sound and King County trainings, many participants had not previously met their BH-ASO director and were largely unfamiliar with the BH-ASO’s role. This facilitated connection proved highly impactful, providing an opportunity for frontline teams to share firsthand feedback about what was and wasn’t working in the field. In contrast, participants at the Lacey training were already well-acquainted with their BH-ASO leadership; however, the opportunity to bring together co-response and mobile crisis teams was invaluable.

# POISE Program Evaluation

## Data Collection

BHCore developed a program evaluation for POISE pilots. Participants were sent a pre-test survey prior to the training. The QR code for this survey was also shared at the beginning of the training to encourage participation. The pre-test survey collected basic demographic information, job information, and information on agency support for wellness. The post-test survey measured satisfaction with and perceived impacts of the training and was offered at the end of the training. Completion of the pre- and post-training surveys was a requirement for CEU eligibility.

In addition, after each module, a brief survey was administered to measure self-reported improvement in each of the competencies; these specific module evaluations were encouraged but voluntary.

A total of 112 individuals attended the three POISE trainings; 103 completed the pre-test survey, 72 completed the post-test survey, and 50-80 completed each of the modular surveys. The exact numbers are shown in the response rate table in [Appendix C](#).

## Methods & Measures

Questions for the post-training survey were based on the Impact of Training and Technical Assistance (IOTTA) measure. The IOTTA assesses participant competency and confidence in applying new skills, how well organized the training was, credibility of the trainer, and perceived impacts on participants' work. This measure also requires a follow-up evaluation 6-8 weeks after the initial training, which has not yet been analyzed at the time of this report. It focuses on participant perceptions of short- and long-term benefits of the training.

Regarding the pre-test questions on agency support for wellness, the question stem was: *"If I was experiencing a mental health challenge or substance use issue, I would feel comfortable..."*

Respondents were given four possibilities and asked to rate their level of agreement with each one: *"getting professional help for myself," "talking to my supervisor about it," "taking sick leave and/or a medical leave of absence,"* and *"utilizing a peer support team."*

## Analysis

Averages and standard deviations were calculated for core competencies in each module. The pre-training and post-training means were compared, and their statistical significance was found with a t-test, which provided a p-value. Traditionally, p-values below .05 are considered statistically significant.

# Results

## Pre-Training Survey

### Demographic & Professional Backgrounds

Most POISE participants were women, white, between the ages of 35 and 39, and not veterans. They were also primarily behavioral health workers (not licensed), on co-response teams, with one to three years of experience in their position. Participants mostly worked for fire departments, in agencies of fewer than 50 people, in the suburbs.

Figure 2 shows the proportion of attendees in each role. The most common, behavioral health worker (not licensed) at 27% of attendees; licensed mental health worker was second at 21%, and law enforcement third at 11%. 10% of attendees were Fire/EMTs, and all other options included: Paramedic, nurse, program manager, certified peer counselor, community health worker, Designated Crisis Responder, Other (Park Ranger), and non-response.

Figure 2. POISE Attendee Role (N=112)

## Role of POISE Attendees

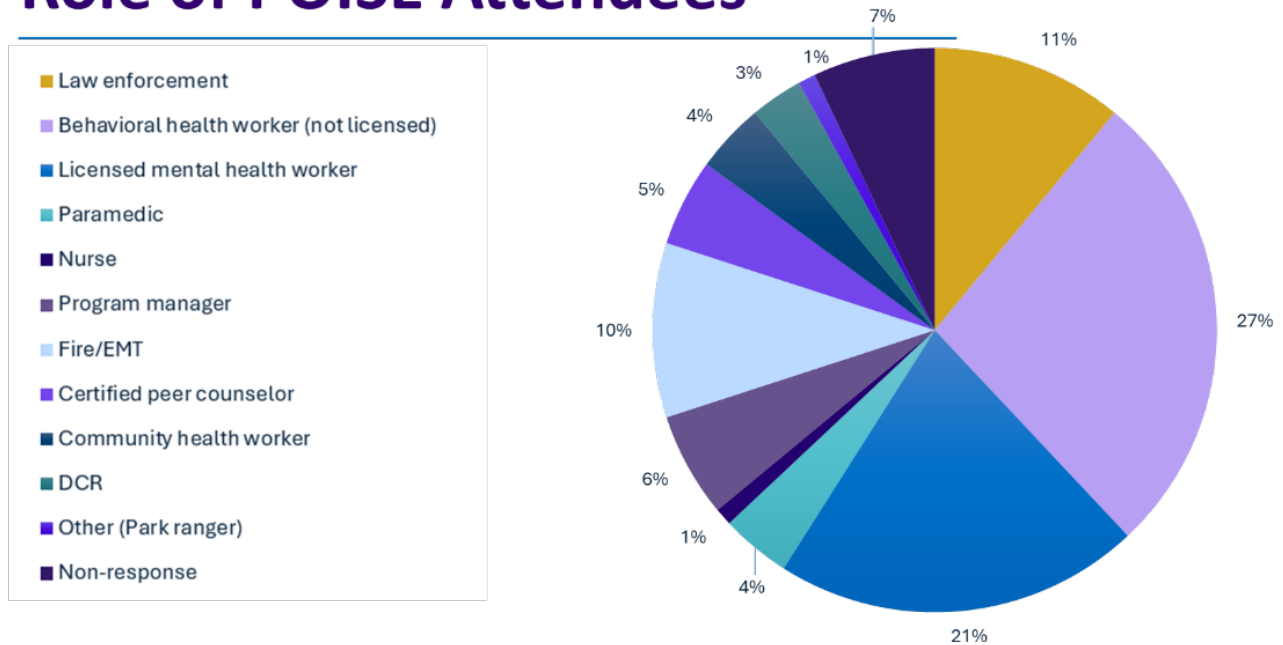
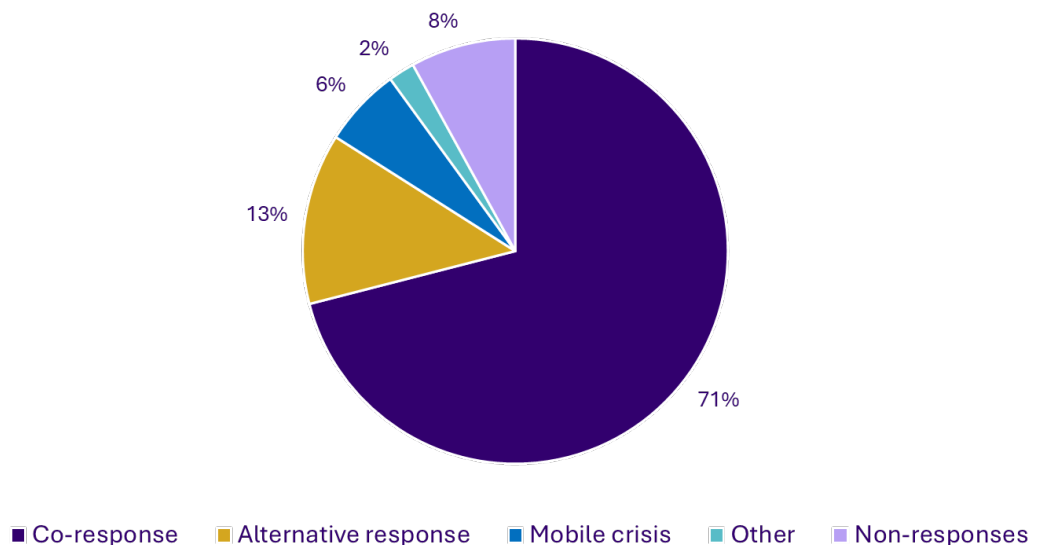


Figure 3 shows the different team types of POISE attendees. Many attendees, 71%, were on some sort of co-response team, with the next most common being an alternative response team, at 13%. 8% of attendees did not answer the team type question, 2% said they were on a different team type than those listed, and 6% were on a mobile crisis team.

Figure 3. Type of POISE Attendees (N=112)

## Team Type of POISE Attendees



As discussed previously, participants came from a variety of backgrounds. While most participants were women, there were only two fewer men. Three participants identified as transgender or nonbinary, or a gender not listed. While most participants (86%) were white, there was a small number of individuals (2-6) who identified as American Indian or Alaska Native, Asian or Asian American, Black or African American or African, Hispanic or Latinx, Middle Eastern or North African, or Native Hawai’ian or Pacific Islander. Again, while most people were between the ages of 35 and 39 (27%), the second largest category was 30-34 at 16%, and the third largest was 50-54 at 15%. Nine percent of participants were veterans. There were no surprises in these data as the behavioral health field is majority white and has been identified as a place for targeted intervention to diversify the workforce so that those providing services more closely represent the diversity of the community members they are serving (Rosenberg, 2008).

In terms of years of experience, the biggest group of respondents (48%) had 1 to 3 years of experience in their current role. The next biggest group had 4 to 5 years of experience, at 21% of respondents, and 14% had less than a year of experience.

### *Agency Wellness Support*

The evaluation of wellness support across participating agencies revealed important insights into the availability of mental health and peer support resources for first responders. Overall, 72% of respondents reported having access to peer support, with notable disparities among different roles. For example, 100% of Fire/EMS personnel had access to peer support, in contrast to 70% of behavioral health workers (not licensed) and 52% of licensed mental health workers. This suggests that certain roles, particularly those in law enforcement and behavioral health fields, may face challenges in accessing adequate peer support. Similarly, while 82% of participants had access to employee

assistance programs (EAPs) or mental health professionals, only 19% reported having direct access to on-site mental health professionals. These gaps highlight a need for expanded access to mental health services for first responders, particularly for those in roles with limited access to direct support.

The data indicated that work-related stress and burnout remain significant challenges for many responders. Respondents reported moderate levels of burnout, with 45% experiencing burnout "sometimes," and 22% reporting it "often." Furthermore, 42% of participants indicated that their work negatively impacted their personal life "sometimes," suggesting that agencies may need to prioritize initiatives aimed at reducing work-related stress and promoting work-life balance. Agencies should consider expanding wellness programs, including routine access to counseling services, wellness checks, and structured debriefing sessions to better support their teams.

## Post-Training Survey

### *Training Impact*

Participants were asked how they felt about their mastery of the information and tools covered in POISE before and after the training. POISE participants rated how important the training goals were and the level of impact they thought the training would have on their work overall and on specific areas of their jobs. Their responses to these questions are shown in Table 4 and were disaggregated by training pilots 1, 2, and 3.

Participants were asked for an assessment of their mastery of the POISE information, tools, and/or skills before and after the training. They reported a modest increase in their mastery across all three POISE pilots. Overall, their self-assessed competence before the training was rated at 3.42 (on a 1-5 scale), and post-training competence increased to 3.85, with participants reporting more confidence in their ability to apply the information, skills, and tools from the training to real-life scenarios.

Additionally, post-training evaluations highlighted that the training increased participants' understanding of client behavioral health needs (pre-test mean: 4.01, post-test mean: 4.42) and their ability to assess safety and rapport windows (pre-test mean: 4.08, post-test mean: 4.33). These improvements are important to ensuring that first responders are better equipped to engage with clients, understand their needs, and manage risks during crisis interventions.

Moreover, the training's emphasis on self-care and wellness, with competencies on recognizing burnout and moral injury, further bolstered participants' preparedness to address the emotional demands of their roles. Respondents reported a heightened awareness of self-care strategies, which is essential in preventing compassion fatigue and improving overall job satisfaction.

In terms of an overall assessment of the training, while participants found the goals of the POISE training to be important (4.29 overall mean), they were less confident that the weeklong training would change how they currently approach their work (2.56 overall mean). Modest ratings were given for the training organization (3.75) and its ability to hold attention (3.32).

Evaluating the level of impact of the POISE training, participants felt the training had the most impact on how they interact with their clients/subjects, and how they prepare to respond to calls for service. Participants thought the training would have the least impact on how they document their work with clients/subjects and the amount of time they spend with clients.

Participants across the three pilot training courses were asked if they would recommend the POISE training academy to other participants: 68% said yes, 26% said some parts and 6% said no. Those who said no were all participants in the first training pilot, which makes sense considering it was the first time the training had been implemented. There were some rough edges to work through.

*Table 4. Impact of the POISE Training (N=72)*

<b>Mastery</b>	<b>Overall N=72 Mean (SD)*</b>	<b>T1 N=33 Mean (SD)</b>	<b>T2 N=27 Mean (SD)</b>	<b>T3 N=12 Mean (SD)</b>
Before this week's training, what level of mastery or competence did you have with the information, tools, and/or skills described in the training goals?	3.42 (0.83)	3.38 (0.82)	3.31 (0.82)	3.67 (0.85)
Post-training mastery/competence: Given what you learned in the POISE training, what do you think your level of mastery or competence with the information, tools, and/or skills described is now?	3.85 (0.70)	3.82 (0.70)	4.04 (0.65)	4.00 (0.71)
Difference between existing and post-training mastery	0.43 p<.0001	0.44 p<.01	0.73 p<.0001	0.33 p<.05
<b>Overall Assessment of Training</b>				
Importance of POISE training goals: In your current role, how important is it for you to master the information, tools, and/or skills described in the training goals?	4.29 (0.80)	4.21 (0.80)	4.38 (0.74)	4.50 (0.76)
Training organization: Overall, how well organized and coherent was POISE training?	3.75 (0.90)	3.64 (0.87)	4.04 (0.81)	4.42 (0.76)
Training interest: Overall, did you find that the POISE training held your attention?	3.32 (1.02)	3.19 (0.95)	3.65 (0.92)	4.25 (0.92)
How different is what you learned in this week's training from how you currently approach your work?	2.56 (0.99)	2.58 (1.01)	2.65 (1.11)	2.83 (0.90)
How confident are you that you will be able to integrate the new information, tools and/or skills you learned from this week's training into your work within the next two months?	3.83 (0.76)	3.77 (0.74)	4.04 (0.71)	4.17 (0.80)
<b>Level of Impact</b>				
What level of impact do you think that the POISE training will contribute to in your work (or other context) over the coming months?	3.58 (0.83)	3.56 (0.85)	3.92 (0.83)	3.75 (0.72)
How do you understand clients/subjects' behavioral health needs.	4.01 (0.79)	3.97 (0.78)	4.38 (0.62)	4.42 (0.76)

<b>Mastery</b>	<b>Overall N=72 Mean (SD)*</b>	<b>T1 N=33 Mean (SD)</b>	<b>T2 N=27 Mean (SD)</b>	<b>T3 N=12 Mean (SD)</b>
Your ability to assess your safety window.	4.08 (0.76)	4.06 (0.76)	4.31 (0.61)	4.33 (0.75)
Your ability to assess your rapport window.	4.04 (0.77)	4.02 (0.77)	4.31 (0.61)	4.33 (0.75)
What you do to address clients' problems/needs.	4.06 (0.80)	4.02 (0.79)	4.31 (0.61)	4.42 (0.76)
How you interact with clients/subjects.	4.19 (0.81)	4.17 (0.81)	4.50 (0.64)	4.42 (0.76)
The amount of time you spend with clients/subjects.	3.99 (0.87)	3.95 (0.88)	4.35 (0.73)	4.33 (0.75)
How you document your work with clients/subjects.	3.88 (0.90)	3.85 (0.90)	4.12 (0.85)	4.25 (0.83)
How you prepare for calls of service.	4.14 (0.80)	4.11 (0.81)	4.38 (0.56)	4.42 (0.76)
How you collaborate with your colleagues.	4.06 (0.85)	4.05 (0.85)	4.46 (0.63)	4.33 (0.75)
How you collaborate with other organizations in the community.	4.04 (0.84)	4.03 (0.84)	4.35 (0.78)	4.33 (0.75)
How you evaluate calls for service.	4.10 (0.80)	4.06 (0.80)	4.35 (0.62)	4.50 (0.65)

\*Standard deviation, Means from 1-5

### *Module Competencies*

The POISE training improved self-reported competencies related to crisis response and mental health care. A full table of changes in module competency scores overall is available in [Appendix C](#). Competency scores are means of 1-5, with Ns ranging from 50-80 (exact Ns and response rate also in [Appendix C](#)). Across all modules, participants showed increased knowledge and application of core competencies. For example, participants demonstrated a notable increase in their ability to summarize the key components of the POISE Roadmap, with pre-training scores of 1.68 and post-training scores of 2.52, reflecting a gain of 0.84 points ( $p < 0.0001$ ). Similarly, competencies related to verbal de-escalation, co-regulation, and recognizing stabilizing versus destabilizing factors also improved. Competencies related to understanding cultural factors and applying culturally responsive approaches also improved (pre-test: 2.76, post-test: 3.03).

These results highlight the effectiveness of POISE training in enhancing participants' ability to manage crisis situations more effectively, particularly through the application of trauma-informed frameworks, communication techniques, and cultural responsiveness. The training's emphasis on building practical skills, such as recognizing mental health symptoms and applying de-escalation

strategies, has clearly made a positive impact, equipping participants with the tools to respond to crises with greater confidence and competence.

### *Trainer Credibility*

Participants rated trainer credibility for each module, as the trainers varied by module. Table 5 compares the overall credibility with mean scores given at each pilot training. All means are out of one through five, where one was low credibility and five was high credibility. The credibility scores of the trainers generally improved with each training session.

Trainer credibility was consistently rated highly across all modules, with overall ratings averaging between 4.40 and 4.60. These ratings indicate that the trainers were not only knowledgeable but also effective in engaging participants. Trainers' credibility ratings improved as the training progressed, with scores for Modules 1 through 11 steadily increasing. Notably, Module 1 went from a rating of 4.42 to 4.86 over the three trainings, while Module 11 went from 4.25 to 4.75, suggesting a strong, sustained engagement throughout the training process.

This trend is supported by participant feedback regarding the organization and clarity of the training. Module organization and clarity were also rated highly, with most modules receiving ratings of 4.50 and above. This suggests that trainers effectively communicated the core objectives and content of the training, fostering a learning environment conducive to skill development.

Again, as mentioned in the Data Collection section, the exact response rates and Ns for the module quizzes are included in [Appendix C](#).

*Table 5. Trainer Credibility (Ns ranged from 50-80)*

<b>Module</b>	<b>Overall Mean (std dev)</b>	<b>Training 1 Mean (std dev)</b>	<b>Training 2 Mean (std dev)</b>	<b>Training 3 Mean (std dev)</b>
1	4.46 (0.69)	4.42 (0.71)	4.35 (0.72)	4.86 (0.36)
2	4.48 (0.66)	4.36 (0.63)	4.44 (0.74)	4.93 (0.27)
3	4.40 (0.82)	4.33 (0.87)	4.24 (0.88)	4.93 (0.27)
4	4.52 (0.62)	4.29 (0.63)	4.55 (0.61)	5.00 (0.00)
5	4.47 (0.73)	4.24 (0.84)	4.52 (0.62)	5.00 (0.00)
6	4.32 (0.80)	4.11 (0.85)	4.35 (0.73)	4.91 (0.30)
7	4.54 (0.76)	4.40 (0.89)	4.50 (0.67)	4.91 (0.30)
8	4.56 (0.61)	4.48 (0.61)	4.50 (0.67)	4.91 (0.30)

Module	Overall Mean (std dev)	Training 1 Mean (std dev)	Training 2 Mean (std dev)	Training 3 Mean (std dev)
9	4.50 (0.86)	4.22 (1.03)	4.47 (0.82)	5.00 (0.00)
10	4.59 (0.72)	4.30 (0.90)	4.74 (0.44)	5.00 (0.00)
11	4.52 (0.71)	4.25 (0.83)	4.42 (0.83)	4.75 (0.46)

T1 = Pilot 1 in Bellingham, T2 = Pilot 2 in Bellevue, T3 = Pilot 3 in Lacey. Means from 1-5

### *Qualitative Feedback on the Training*

Participants provided feedback on what they thought was most helpful and what, if anything, they thought was missing from each of the eleven modules. They were also asked what they thought of the training overall and any specifics on how they thought the training would impact their work. Highlights from this qualitative feedback are below.

#### **Positive Feedback**

##### 1. Relevant and Practical Content:

- a. **Impactful Learning:** Many participants said that the POISE training was highly relevant to their work and provided them with practical tools they could immediately apply in the field. They appreciated the real-world applicability of the training, particularly regarding crisis response strategies, de-escalation techniques, and cultural awareness.
- b. **Engaging and Informative Modules:** The training was seen as thorough, with participants noting that the modules helped clarify complex aspects of crisis intervention. They highlighted the value of learning about the POISE Roadmap and the practical application of strategies such as verbal de-escalation, situational awareness, and co-regulation.
- c. **Improved Competence and Confidence:** Several participants commented on feeling more confident in their ability to manage crisis situations and better understand the mental health needs of individuals they encounter. They felt that the training strengthened their skills, particularly in managing behavioral health crises.

##### 2. Credible Trainers and Well-Structured Training:

- a. **Trainer Effectiveness:** The trainers were frequently praised for their credibility, knowledge, and ability to engage participants effectively. Many participants found the trainers to be approachable, knowledgeable, and skilled at conveying complex information in a digestible and relatable manner. The high ratings for trainer credibility (with most modules receiving scores above 4.4) reflect strong participant satisfaction with the facilitators.

- b. **Well-Organized Training:** The training was seen as well-structured, and many participants appreciated the clear sequence of content. Participants mentioned that the progression from one module to another was logical and helped them build on their understanding of key concepts.

### 3. Positive Group Dynamics and Interaction:

- a. **Collaborative Environment:** Participants valued the group for discussions and interactions with colleagues from various disciplines (e.g., law enforcement, behavioral health, Fire/EMS). These cross-discipline interactions provided opportunities to share experiences and learn from others, which enhanced their understanding of how different roles contribute to crisis response.
- b. **Engaging Exercises:** Many participants noted that the hands-on exercises, case studies, and role-playing activities helped solidify their learning and made the training more engaging.
- c. **Regional Collaboration:** Participants appreciated the opportunity to connect, meet other frontline responders in Washington, and learn how other teams approach behavioral health crises.

## **Suggested Improvements**

Overall, the POISE training was generally well received by participants, though several areas for improvement emerged based on qualitative feedback. These include the need for more tailored, role-specific content, greater emphasis on practical applications and cultural competency, and expanded wellness support.

### 1. Greater Focus on Role-Specific Content:

- a. **Need for Tailored Training:** Some participants, particularly those in behavioral health roles, suggested that the training could be more tailored to address specific challenges faced by different responder roles. For example, they felt that additional content specific to the behavioral health workforce (such as handling mental health crises or navigating complex legal issues) would make the training more relevant to their day-to-day responsibilities.
- b. **Greater Attention to Mental Health Challenges:** Respondents in behavioral health roles indicated that the training could further explore how to handle the unique stressors they face, such as burnout, trauma, and emotional fatigue. Some participants felt that more specific strategies for addressing the mental health challenges of responders would be beneficial.

## 2. More Practical Application and Scenarios:

- a. **More Hands-On Practice:** While many participants appreciated the theoretical aspects of the training, there was a strong desire for spending more time on practical exercises and real-life scenarios. Participants noted that additional role-playing exercises or simulations that mirrored actual crisis situations would have been helpful in practicing the skills learned during the training.
- b. **Better Integration of Skills:** Some participants suggested that the training could include more opportunities to integrate various skills (e.g., verbal de-escalation, cultural humility, co-regulation) into single, cohesive scenarios. This would allow them to see how these techniques can be applied in real-world, complex crisis situations.

## 3. Improvement in Cultural Competency and Safety/ Defensive Tactics Modules

- a. **More In-Depth Cultural Awareness:** While participants showed improvements in Module 9 on cultural humility, there was feedback suggesting that more in-depth training on cultural sensitivity and cultural humility would be valuable. Some participants mentioned that they would like to see more detailed case studies or scenarios that illustrate the impact of cultural differences in crisis situations.
- b. **Exploration of Biases:** A few participants also suggested that the training could more explicitly address personal and institutional biases that responders may bring to the table. Providing tools for addressing and mitigating these biases in crisis situations was seen as an important area for improvement.
- c. **Participants suggested a need for greater contextualization of why safety tactics are needed in this line of work.** On the flip side, participants wanted to see a more nuanced approach to understanding when law enforcement is needed on calls as well as opportunities for greater independence from using law enforcement on calls while still being cognizant of safety tactics. There was also feedback provided about which specific tactics were taught.

## 4. Expanded Wellness and Mental Health Support:

- a. **Need for More Emphasis on Self-Care:** Participants consistently mentioned that wellness support could be strengthened within the training. Although the training briefly addresses burnout and moral injury, many responders felt that more emphasis should be placed on the ongoing self-care and emotional well-being of frontline responders.
- b. **Access to Mental Health Resources:** Some participants, particularly those in behavioral health roles, felt that there was not enough focus on how to navigate mental health challenges within their agencies. Expanding the discussion on available mental health resources and how to better access these services would be valuable.

5. Improvement in Training Materials and Delivery:

- a. Clarity of Materials: A few participants noted that, while the content was valuable, some aspects of the training materials (e.g., slides, workbook) could be clearer or more streamlined. They suggested numbering the pages of the workbook and providing copies of the training slides to improve the overall comprehension of the material.
- b. Pacing of Content: Some participants felt that certain sections of the training were either too fast-paced or overly detailed, making it difficult to fully absorb the information. Adjusting the pacing of the content to allow for more in-depth discussion and reflection would help ensure that all participants fully grasp the material.

*Support for Online Modules*

When respondents were asked in the post-training survey which modules they thought could be offered online, half the participants said some modules could be offered online.

*Table 6. Possible Online Modules (N=72)*

Module	Topic	Count
-	Yes, some modules can be offered online	36
1	Overview of the POISE Roadmap	30
2	Fostering Teamwork & Integration Among Behavioral Health Workers & First Responders	13
3	Safety First, Safety Last, Safety Always	12
4	Preparing for Calls for Service	19
5	Observations at the Scene	18
6	Intervene with Active Communication Strategies	15
7	Best Practices for Follow-up Care and Supporting the Whole Crisis	15
8	Evaluate Yourself, Your Partner, & Your Team	17
9	Culturally-Responsive Crisis Care	14
10	Brief Field Interventions for SUD: Application of the POISE Approach	14
11	Suicide Intervention & Crisis Planning: The POISE Approach	14

**Discussion**

During the first half of 2025, we implemented three pilot cohorts of the POISE Frontline Responder Academy, delivered in a 40-hour in-person format. This experience provided valuable insights into both the strengths of the training and areas in need of refinement.

Post-training data showed statistically significant improvements across several key competencies, shown as means from 1-5. Knowledge of the POISE Roadmap increased notably, with mean pre-training scores rising from 1.68 to 2.52. Participants also demonstrated substantial gains in de-escalation techniques, co-regulation, and trauma-informed care. Cultural responsiveness-related competencies improved as well, with scores rising from 2.76 to 3.03. Overall self-rated confidence

improved from 3.42 to 3.85, reflecting stronger preparedness to apply skills in the field. Participants reported improved ability to assess behavioral health needs, evaluate safety and rapport dynamics, and integrate trauma-informed approaches into their crisis response.

Participants provided a wealth of qualitative feedback that emphasized both strengths and opportunities for growth. Participants overwhelmingly found the training relevant and practical, praising its applicability to real-world crisis response. Trainers were frequently described as credible and engaging, with high levels of knowledge and facilitation skills. Interactive elements such as case studies, group discussions, and role-playing exercises were especially valued, fostering cross-agency collaboration and reinforcing learning through practice.

Suggestions for improvement focused on increasing the depth and customization of training. Participants expressed a need for more tailored content aligned with specific roles, particularly seasoned behavioral health professionals and law enforcement personnel. There was also a strong call for additional hands-on practice, such as integrated simulations that combine de-escalation, co-regulation, and cultural competency. Some participants requested more advanced material on cultural humility, including case studies, videos, and opportunities for self-reflection on personal and institutional bias. Wellness content was seen as valuable but in need of expansion to address moral injury, burnout, and navigating organizational support systems. Additionally, improvements to training materials – such as clearer slides, page numbering in the workbooks, and better-paced content – were suggested to enhance learning and retention.

There are 10 key takeaways learned throughout the three pilot training courses that will impact the next steps in the POISE training development and implementation.

### *1. 40-Hour In-Person Format is Not Sustainable*

While the intent was to create an immersive, team-based learning experience, the 40-hour, fully in-person model proved too demanding for both participant teams and BHCORE instructional staff. Agencies struggled to release full teams for the duration, and trainers experienced fatigue, reducing the energy and engagement needed to deliver high-quality instruction. This structure also limited flexibility for reinforcement, follow-up, or field-based applications. Moving forward, we hope to move to a hybrid model, which will increase the ability to deliver high-quality and applicable training.

### *2. Modest Increases in Competency and Impact Scores*

Evaluation data showed a modest increase in participant competencies and self-reported impact. While some improvement is promising, the gains were less than what we anticipated – generally below the expected 1.0-point increase. This suggests the potential for greater impact if learners had more structured opportunities for application, scenario-based practice, and real-time reflection. Qualitative feedback confirmed that participants wanted more hands-on, applied learning opportunities.

### *3. Mindful Self-Compassion Exercises Needed Greater Framing*

Although mindfulness and self-compassion are critical for responder resilience, participants expressed confusion about the relevance of some exercises. Without a clear explanation of *why* they were doing these activities or how they tied to their daily work, engagement was limited. More intentional contextualization is needed to help responders see the direct benefit of these tools in high-stress, crisis situations. The initial plan was to incorporate these exercises into the entire curriculum “under the radar” and then explain the “why” during the Evaluate module. Given that the “why” was missed in the Evaluate module, these exercises became just exercises, rather than a mindset or skill to be utilized in high stress situations.

### *4. Several Modules Require Significant Revision*

Three modules stood out as needing substantial refinement:

- **Situational Awareness:** The content was either too general or not tailored to the unique dynamics of behavioral health crisis response. While most law enforcement and behavioral health workers found this module helpful, fire-based teams and alternative response teams felt this module relied too heavily on needing law enforcement on calls to be safe.
- **Culturally-Responsive Crisis Care:** This module lacked depth and failed to sufficiently challenge assumptions or build skills for working across differences. Incorporating videos of people from various cultures and backgrounds would better address the over-generalization this module portrayed. Allowing more time for participants to dig into their own biases and address barriers to overcoming those judgments is needed in future training.
- **“Evaluate” in the POISE Framework:** Participants struggled with how to apply this concept practically, indicating the need for clearer guidance, examples, and practice. The *Evaluate* portion of the POISE Framework fell flat. Querying for perspectives to hear how various teams debrief calls would greatly benefit this module.

### *5. Content Felt Too Basic for Experienced Participants*

Many participants had significant field experience, particularly in crisis response and behavioral health. At times, the curriculum felt too introductory, which created dissonance in the room. In some cases, participants perceived the trainers as less experienced than the learners themselves. Moving to a hybrid model and incorporating more advanced topics can help address this problem.

### *6. Regional Collaboration Was Strengthened*

Despite challenges, organizing training regionally and inviting outside agency partners fostered stronger cross-agency collaboration. Participants valued the opportunity to build regional relationships, clarify roles, and align practices, which supports one of the key goals of POISE: Integrated, team-based crisis response. The invitation of the BH-ASO director in each region to learn from co-response programs was also a welcome learning opportunity.

### *7. Need for Multi-Disciplinary Training Teams*

To meet the complexity of the content and the diversity of the audience, multiple trainers with different subject matter expertise (SME) and professional backgrounds are essential. Having both behavioral health and first responder voices in facilitation increases credibility and ensures that all perspectives are reflected in the training. While we had a good mix of behavioral health workers and law enforcement trainers, we missed a huge opportunity to incorporate more firefighters and fire-based teams into the training cadre.

### *8. POISE Was Delivered More as a Framework than a Roadmap*

Due to the density of didactic material and limited time for applied practice, POISE was often received as a framework to organize content rather than a practical decision-making roadmap. Participants needed more guided skills-practice to translate the concepts into actionable steps they could use in the field.

### *9. POISE as a State of Being Was Underemphasized*

One of the foundational ideas of POISE is that it is not just a framework but a way of being – a mindset and posture that frontline responders adopt when entering a call. This deeper meaning was not sufficiently emphasized or reinforced throughout the training, resulting in a missed opportunity to shift frontline responder identity and practice at a more foundational level.

### *10. Trainer Credibility Could Be Strengthened*

Participants respond more positively to trainers who demonstrate real-world experience and relatability. Opportunities were missed to build rapport and trust through meaningful introductions, personal stories, and two-way engagement. Establishing credibility early is especially important when training experienced professionals.

## **Next Steps for POISE Frontline Responder Academy**

Building on the pilot phase and comprehensive evaluation findings, BHCORE is entering a new development phase of POISE with the goal of establishing a formal Frontline Responder Academy Certificate accessible to frontline teams across Washington State. With the passage of ESHB 1811 in 2025, BHCORE is charged with expanding the POISE Frontline Responder Academy to support not only co-response programs but also community-based mobile crisis response teams. This expansion will offer participants the opportunity to earn a professional certificate, supporting both individual development and statewide consistency in crisis response practices. We estimate that over 110 teams across the state could benefit from this regionally coordinated, competency-based training initiative.

The stakes for high-quality training are clear. Frontline responders are routinely called upon to assist individuals experiencing severe distress in unpredictable environments. Unlike clinical settings, these

field-based encounters carry a high degree of complexity and potential risk. Effective crisis response requires responders to be not only knowledgeable and skilled but also equipped with the emotional and cultural awareness necessary to safely and compassionately support people in crisis. BHCORE is committed to delivering the most effective, accessible, and sustainable training model possible.

Key lessons from the initial 40-hour in-person POISE model have informed us of the next steps. While immersive, the original format – logistically burdensome for agencies, physically taxing for instructors, and with limited opportunities for ongoing learning or skill reinforcement – was not sustainable. Participants also reported a desire for more hands-on practice, deeper cultural competency training, and content tailored to varying levels of field experience. To meet these needs, the new POISE Frontline Responder Academy Certificate Program will transition to a hybrid delivery model that scaffolds learning over time while preserving the relational, cross-disciplinary emphasis that defines the POISE Approach.

The revised curriculum will include:

1. **Self-Paced Online Modules** to build foundational knowledge of trauma-informed care, behavioral health, crisis navigation, and the POISE Framework.
2. **Live Online Webinars** featuring trainers and guest presenters – including those with lived experience – on topics such as suicide prevention, substance use, and cultural humility.
3. **Regional In-Person Skills Training** focused on real-world scenarios, verbal de-escalation, co-regulation, and safety planning.
4. **Collaborative Regional Crisis Mapping Sessions** to facilitate cross-agency dialogue, systems mapping, and identification of service gaps.

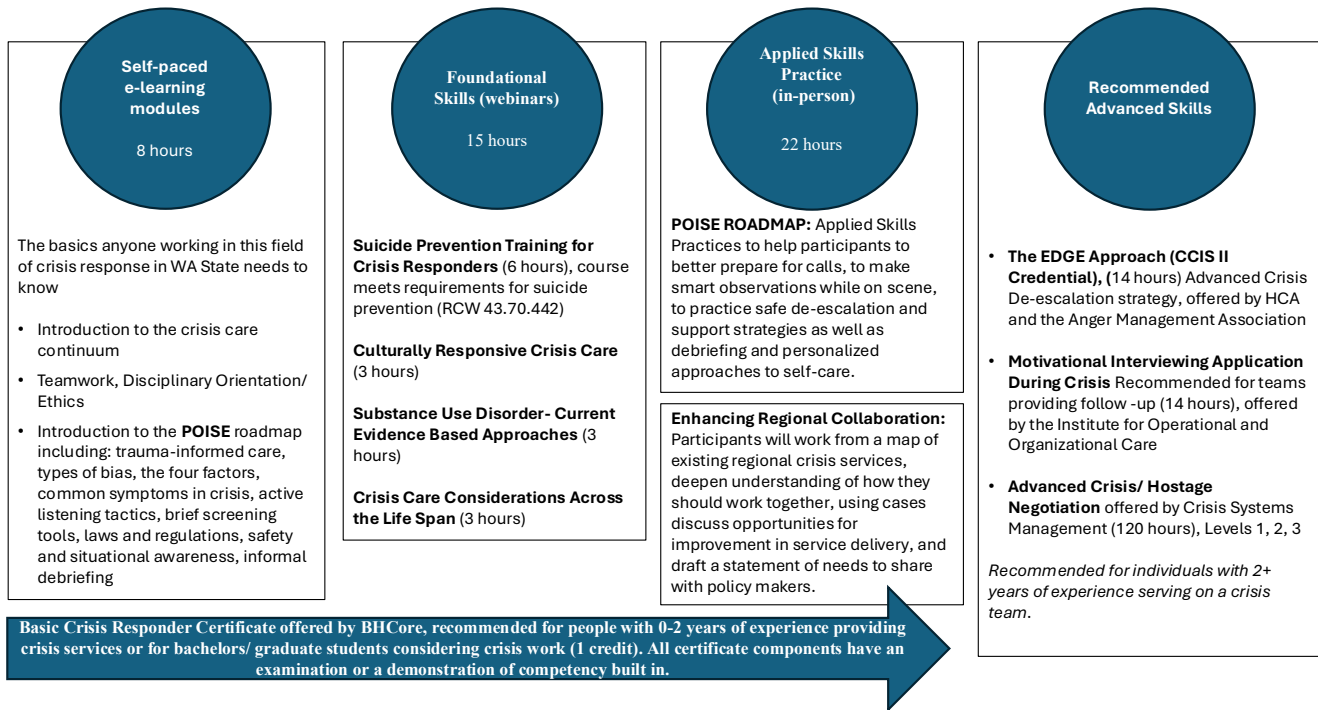
This multi-modal structure not only allows for more flexible participation across diverse teams, but also supports deeper learning through repetition, reflection, and applied practice. Pre-training assessments of stratified cohorts will be explored to better match instruction to participant backgrounds and experience levels – allowing tailored content, advanced tracks, and more adaptive learning strategies.

Participants will have opportunities to be assessed at each phase of the training, with a goal of progressive skill development and knowledge integration. While ideally completed sequentially, each component will contribute to the overall training certificate. Self-paced modules will introduce core concepts and language, webinars will deepen knowledge through discussion and personal narrative, and in-person training will reinforce and apply those skills in a hands-on environment.

The POISE Certificate is designed to not just convey a framework, but to shape a professional identity rooted in safety, collaboration, and compassion. By embedding wellness practices, fostering cross-agency partnerships, and emphasizing POISE as a mindset, the Academy will not only build individual responder competencies, but also strengthen Washington's broader crisis response continuum.

Figure 4. POISE Frontline Responder Academy Structure

### Recommended Training for WA State’s Crisis Responders



# Appendix A – POISE Syllabus

**Course Title:** POISE: Frontline Responder Academy

**Course Duration:** 40 Hours (5 Days)

**Delivery Format:** In-Person

**Location:** In partnership with BH-ASOs

**CEUs:**

- 35 CEUs (NASW)
- 40 CEUs (EMS/EMT)
- 40 Hours Law Enforcement Credit
- Module 11 fulfills Washington’s 6-hour suicide intervention training requirement for licensed clinicians

**Instructor(s):** BHCore Facilitator Team and Community Advisory Contributors

**Course Contacts:**

BHCore Director of Training: Stephanie Butler, LICSW ([smbutler@uw.edu](mailto:smbutler@uw.edu))

BHCore Continuing Education Coordinator: Jen Kitajo ([jkitajo@uw.edu](mailto:jkitajo@uw.edu))

**Course Description**

The POISE Framework is a trauma-informed, interdisciplinary training designed to build the core competencies necessary for co-response crisis intervention. Participants will gain applied skills in verbal de-escalation, safety, emotional regulation, suicide intervention, and culturally-responsive practices, while strengthening collaboration across behavioral health and first responder systems.

**Learning Outcomes**

Upon completion of this course, participants will be able to:

- Navigate the five phases of the POISE Roadmap
- Apply verbal and non-verbal de-escalation strategies in the field to revent escalation
- Demonstrate self-regulation and trauma-informed care
- Identify and respond to symptoms of behavioral health conditions
- Collaborate across agencies with clear boundaries and shared values
- Engage in reflective practices to reduce burnout and moral injury
- Respond ethically and effectively to suicidal crises, domestic violence, and substance use

## Course Schedule & Modules

### ***Day 1: Foundations of Crisis Response***

- **Module 1: POISE Framework**
  - Overview of 5-phase model
  - Three Center Check-In Practice
- **Module 2: Fostering Teamwork & Integration**
  - Exploring ethics, boundaries, and agency culture
  - Multi-disciplinary role breakdown
- **Module 3: Situational Awareness & Safety**
  - Mental and physical safety strategies

### ***Day 2: POISE Framework***

- **Module 4: PREPARE – Self-Regulation**
  - SADHATS checklist & co-regulation tools
- **Module 5: OBSERVE – Behavioral Health Symptoms**
  - Recognizing and interpreting symptoms in the field

### ***Day 3: POISE Framework***

- **Module 6: INTERVENE – Verbal De-Escalation**
  - EDGE technique, active listening, emotion coaching
- **Module 7: SUPPORT – Supporting the Whole Crisis**
  - Community referral mapping, DV call strategies
- **Module 8: EVALUATE – Debriefing & Self-Compassion**
  - Burnout awareness and 3-2-1 Debriefing

### ***Day 4: POISE Application: Culture & Substance Use Disorders***

- **Module 9: Culturally-Responsive Crisis Care**
  - Enhancing rapport and cultural humility
- **Module 10: Substance Use Field Response**
  - Brief interventions, motivational interviewing, stigma reduction

### ***Day 5: POISE Application: Suicide Intervention***

- **Module 11: Suicide Intervention & Crisis Planning**
  - Washington State-compliant suicide response training
  - Fierce & Tender Self-Compassion practice

## **Instructional Methods**

- Scenario-Based Learning
- Peer Role-Plays & Tabletop Exercises
- Daily Mindful Self-Compassion Practices
- Small Group Discussion & Coaching
- Multimedia Presentations
- Reflective Writing & Journaling

## **Assessment Methods**

- Pre/Post Knowledge Evaluation
- Skills Demonstration
- Self and Peer Assessments
- Facilitator Observation & Feedback

## **Required Materials**

All training materials will be provided. Participants are encouraged to bring a notebook or device for journaling and reflection.

## **Expectations & Participation**

Participants are expected to:

- Attend all sessions and actively engage in activities
- Maintain a respectful, inclusive learning environment
- Participate in role plays and feedback discussions
- Complete pre- and post-training evaluations

## **Certification**

Upon completion of all 40 hours and participation in evaluations, participants will receive:

- Certificate of Completion
- CEU documentation for respective licensing boards

**For questions, accommodations, or additional info, please contact:**

BHCore Director of Training: Stephanie Butler, LICSW ([smbutler@uw.edu](mailto:smbutler@uw.edu))

# Appendix B – Mindful Self-Compassion

## Mindful Self-Compassion Practice Offered During POISE

- **Three Center Check-In Practice** (Module 1)
  - Developed for frontline responders to reset mental, emotional, and physical states between calls.
  - Promote situational awareness and professional presence.
- **Core Values Reflection Exercise** (Module 2)
  - Guide participants to uncover personal values, explore obstacles, and foster compassionate alignment with these values.
- **Meeting Difficult Emotions with Compassion** (Module 4)
  - Introduce techniques to befriend challenging emotions during and after crises, supporting emotional resilience.
- **Self-Compassion Breaks** (Module 5)
  - Teach a quick 3- to 5-minute reset to acknowledge stress and offer self-kindness during high-pressure moments.
- **Compassionate Listening Practice** (Module 6)
  - Strengthen active listening skills, improve client trust, and reduce responder emotional fatigue.
- **Building an Inner Compassionate Ally** (Module 7)
  - Help participants develop an encouraging internal voice to counter self-criticism and foster resilience.
- **Compassion with Equanimity** (Module 8)
  - Address empathy fatigue and caregiving burnout by balancing compassion with healthy emotional boundaries.
- **'Just Like Me' Meditation** (Module 9)
  - Foster cultural humility, empathy, and connection with clients through a guided recognition of shared humanity.
- **Fierce and Tender Self-Compassion** (Module 11)
  - Combine nurturing and protective self-compassion strategies to sustain effective service and personal well-being.
- **Closing Loving-Kindness Meditation** (Training Conclusion)
  - Reinforce a supportive, accepting mindset for participants as they transition from the training environment back into their critical fieldwork.

The integration of MSC practices enhances participants' ability to maintain a compassionate presence, navigate emotional challenges, and foster sustainable professional longevity. Regular feedback indicated that these practices were among the most valued elements of the training.

## Appendix C – Supplementary Tables and Data for POISE

### Evaluation

Table 9 shows the response numbers and rates for each evaluation from the POISE training out of the total 112 attendees. Pilot 1 in Bellingham had 42 attendees, Pilot 2 in Bellevue had 48 attendees, and Pilot 3 in Lacey had 22 attendees.

*Table 9. Response rates*

Evaluation	N	Response Rate
Pre-training Survey	103	92%
Personal Wellness Survey	99	88%
Module 1: Overview of the Poise Roadmap	81	72%
Module 2: Fostering Teamwork & Integration Between Behavioral Health Workers & First Responders	86	77%
Module 3: Safety First, Safety Last, Safety Always	65	58%
Module 4: Preparing for Calls for Service	75	67%
Module 5: Observations at the Scene	78	70%
Module 6: Verbal De-Escalation & the EDGE Approach	66	59%
Module 7: Supporting the Whole Crisis	56	50%
Module 8: Evaluate, the POISE Approach	64	57%
Module 9: Culturally Responsive Crisis Care	74	66%
Module 10: Brief Interventions for Substance Use Disorder	59	53%
Module 11: Suicide Prevention for Frontline Responders – The POISE Approach	49	44%
Post-training Survey	72	64%

*Table 10. Demographics and Professional Information (N=103)*

Variable	Category	Count	Percent
<b>Gender</b>	Woman	51	50%
	Man	49	48%
	Transgender or nonbinary	1	1%
	A gender not listed here	2	2%
<b>Race</b>	American Indian/Alaska Native	2	2%
	Asian/Asian American	3	3%
	Black/African American/African	5	5%
	Hispanic/Latinx	6	6%
	Middle Eastern/North African	2	2%
	Native Hawai'ian/Pacific Islander	2	2%
	White	89	86%
	A race not listed	1	1%

Variable	Category	Count	Percent
<b>Age</b>	Below 25	1	1%
	25-29	10	10%
	30-34	16	16%
	35-39	28	27%
	40-44	12	12%
	45-49	10	10%
	50-54	15	15%
	55-59	9	9%
	60-64	2	2%
	Above 65	0	0
<b>Veteran</b>	Yes	9	9%
<b>Role</b>	Law enforcement	12	12%
	Behavioral health worker (not licensed)	30	29%
	Licensed mental health worker	23	22%
	Paramedic	4	4%
	Nurse	1	1%
	Program manager	7	7%
	Fire/EMS	11	11%
	Certified Peer Counselor	6	6%
	Community health worker	5	5%
	DCR	3	3%
	Other	<i>Park Ranger</i>	1
<b>Team Type</b>	Co-response team	80	78%
	Alternative response team	14	14%
	Mobile crisis team	7	7%
	Other	<i>No response</i>	2
<b>Years of Experience</b>	Less than 1 year	14	14%
	1 to 3 years	49	48%
	4 to 5 years	22	21%
	6 to 10 years	11	11%
	More than 10 years	7	7%
<b>Employer</b>	Community mental health agency	19	18%
	Fire department	34	33%
	Law enforcement agency	18	17%
	City/county	32	31%
	Other		0
<b>Agency Size</b>	Below 50	53	51%
	50-99	9	9%
	100-149	6	6%
	150-199	5	5%
	200-249	4	4%

Variable	Category	Count	Percent
Agency Size	250-299	1	1%
	300-349	5	5%
	350-399	3	3%
	Above 400	17	17%
Jurisdiction	Urban	67	65%
	Suburban	71	69%
	Rural	38	37%

Table 11. Competency Scores Detail

Module	Competency	Pre-test mean (SD)	Post-test mean (SD)	P-value	Effect Size	Pre-test % Comp	Post-test % Comp
1	Summarize the key components of the POISE roadmap and demonstrate the ability to communicate the roadmap to a peer.	1.68 (1.33)	2.52 (0.92)	<.0001	Large	57%	88%
1	Explain the role and significance of frontline responders within the crisis care continuum through a group discussion.	2.52 (1.03)	2.79 (0.83)	<.01	Med	85%	91%
2	Evaluate the policies and ethical responsibilities linked to varied frontline responder roles in Washington State by analyzing case studies.	2.55 (0.76)	2.97 (0.64)	<.0001	Med	88%	98%
2	Compare and contrast cultural differences between first responder agencies and BHW organizations, including differences in organizational structure, communication, and public interaction.	2.57 (0.85)	3.01 (0.62)	<.0001	Med	88%	98%
2	Discuss boundaries that might differ between first responders and BHWs and develop strategies to work through these differences in a tabletop exercise.	2.66 (0.79)	3.09 (0.63)	<.0001	Med	92%	99%
3	Identify and explain the mental and physical aspects of situational awareness and verbalize how these aspects integrate into the POISE model.	2.45 (0.90)	2.82 (0.73)	<.0001	Med	89%	97%
3	Integrate the importance of safety and rapport windows and apply them	2.66 (0.73)	2.98 (0.62)	<.0001	Med	95%	100%

Module	Competency	Pre-test mean (SD)	Post-test mean (SD)	P-value	Effect Size	Pre-test % Comp	Post-test % Comp
	to managing stabilizing and destabilizing factors.						
3	Demonstrate the five fundamental principles of defensive tactics effectively to ensure your personal safety in various scenarios.	2.40 (0.97)	2.78 (0.78)	<.0001	Med	82%	95%
4	Identify SADHATS and create a self-regulation checklist before calls	2.12 (1.21)	2.95 (0.73)	<.0001	Large	69%	95%
4	Understand and apply co-regulation within a trauma-informed framework	2.48 (0.86)	3.01 (0.65)	<.0001	Large	85%	99%
4	Analyze the importance of co-regulation on calls for service	2.65 (0.94)	3.08 (0.65)	<.0001	Med	87%	99%
5	Compare and identify stabilizing and destabilizing factors on calls for service	2.78 (0.91)	3.22 (0.57)	<.0001	Med	90%	100%
5	Assess opportunities for rapport and safety and recognize stabilizing and destabilizing factors	2.77 (0.75)	3.23 (0.56)	<.0001	Large	94%	100%
5	Analyze and differentiate observable behaviors and symptoms of common mental health disorders	2.79 (0.81)	3.19 (0.65)	<.0001	Med	92%	97%
6	Apply verbal de-escalation intervention strategies to crisis situations	2.79 (0.69)	3.10 (0.50)	<.0001	Med	93%	100%
6	Assess opportunities for active listening, validation, and emotion coaching	2.87 (0.72)	3.09 (0.54)	<.01	Small	93%	100%
6	Understand and demonstrate the EDGE Technique to stabilize crisis situations	2.27 (1.07)	2.84 (0.73)	<.0001	Med	72%	97%
7	Identify key community partners for referrals and follow up support	2.88 (0.89)	3.19 (0.64)	<.0001	Med	88%	100%
7	Demonstrate effective family engagement strategies*	2.74 (0.81)	3.11 (0.56)	<.0001	Med	91%	100%
7	Understand and intervene using Washington State laws	2.77 (0.95)	3.11 (0.65)	<.0001	Med	84%	98%
8	Identify fundamentals of self-compassion as a self-care practice	3.12 (0.76)	3.34 (0.54)	<.01	Small	95%	100%
8	Recognize signs and symptoms of burnout, empathy fatigue, and moral injury	3.03 (0.68)	3.28 (0.52)	<.01	Small	95%	100%
8	Understand the basics for debriefing crisis calls using the 1-2-3 approach	2.48 (1.09)	2.95 (0.67)	<.0001	Med	80%	97%
9	Awareness in preparation for calls of how cultural factors may come into play	2.78 (0.78)	3.07 (0.53)	<.0001	Small	89%	99%

Module	Competency	Pre-test mean (SD)	Post-test mean (SD)	P-value	Effect Size	Pre-test % Comp	Post-test % Comp
9	How behavioral health symptoms are expressed may differ depending on culture	2.76 (0.76)	3.03 (0.55)	<.01	Small	92%	99%
9	Safety and rapport windows are influenced by cultural responsiveness and curiosity	2.72 (0.75)	3.03 (0.52)	<.0001	Med	91%	99%
9	Willingness to access resources may be related to culture and previous trauma experiences accessing resources	2.82 (0.78)	3.03 (0.66)	<.05	Small	91%	97%
9	After calls involving unique cultural differences, ask yourself and your team if you were aware of cultural considerations and if they were addressed in the call?	2.70 (0.68)	2.99 (0.54)	<.01	Small	95%	99%
10	Check in on your frustrations in helping people who use drugs.	2.98 (0.60)	3.22 (0.53)	<.0001	Med	98%	100%
10	Recognize the role of negative biases among coworkers.	2.98 (0.75)	3.27 (0.52)	<.01	Small	97%	100%
10	Be aware of your beliefs about medications and recovery from substance use.	3.07 (0.72)	3.31 (0.53)	<.01	Small	98%	100%
10	Identify and use stabilizing factors, such as previous rapport with the individual in crisis or on-scene support from others.	2.97 (0.67)	3.25 (0.48)	<.0001	Med	97%	100%
10	Manage destabilizing factors, such as the person's condition or if they are precipitated withdrawal from naloxone.	2.92 (0.68)	3.19 (0.57)	<.0001	Med	97%	100%
10	Use active listening and ask about the individual's goal (substance-use related or not) and previous treatment or medications for opioid-use disorder.	3.05 (0.60)	3.27 (0.52)	<.01	Small	98%	100%
10	Recognize common concerns for trying medications for opioid-use disorder that may come up in conversation.	2.90 (0.69)	3.24 (0.50)	<.01	Med	97%	100%
10	Discuss local resources and provide referral information, if interested.	2.97 (0.59)	3.22 (0.56)	<.01	Small	97%	100%
10	Give a "warm" handoff or start on medications for opioid-use disorder, if needed.	2.88 (0.72)	3.17 (0.59)	<.0001	Med	97%	100%
10	Review the call and how things concluded.	3.00 (0.53)	3.20 (0.52)	<.01	Small	98%	100%

Module	Competency	Pre-test mean (SD)	Post-test mean (SD)	P-value	Effect Size	Pre-test % Comp	Post-test % Comp
10	Assess your state after the call and the possible need for self-care or consultation.	3.02 (0.60)	3.29 (0.53)	<.0001	Med	98%	100%
10	“Tailboard” with your team if protocols need to be updated.	2.83 (0.67)	3.15 (0.52)	<.0001	Med	95%	100%
11	Clear your filter before helping people who are suicidal.	2.58 (0.93)	3.15 (0.60)	<.0001	Med	89%	98%
11	Recognize the role of myths in suicide prevention in shaping our response.	2.78 (0.97)	3.16 (0.67)	<.01	Med	91%	98%
11	Understand why suicide happens.	2.85 (0.91)	3.23 (0.61)	<.01	Med	92%	100%
11	Observe risk factors, warning signs, and protective factors.	2.77 (0.89)	3.25 (0.55)	<.0001	Med	91%	100%
11	Be aware of potential cultural differences that may affect one's willingness to discuss suicide at all or with you.	2.52 (0.90)	3.12 (0.58)	<.0001	Large	87%	100%
11	Use active listening showing empathy; ask about suicide directly.	2.89 (0.95)	3.25 (0.55)	<.01	Small	91%	100%
11	Ask follow up questions to determine risk level and next steps.	2.68 (0.85)	3.21 (0.60)	<.0001	Med	89%	100%
11	Develop an effective safety or crisis response plan.	2.60 (0.95)	3.09 (0.66)	<.0001	Med	87%	98%
11	Use tools in your toolbox created by state laws to assist individuals in crisis.	2.57 (1.01)	3.13 (0.65)	<.0001	Med	83%	98%
11	Provide follow-up care to individuals in crisis after ED visits or hospital discharges.	2.55 (0.95)	3.09 (0.71)	<.0001	Med	87%	98%
11	Support suicide loss survivors who are at increased risk for suicide themselves.	2.30 (1.07)	3.06 (0.63)	<.0001	Large	77%	100%
11	Review the call and how things concluded.	2.57 (0.95)	3.15 (0.57)	<.0001	Med	85%	100%
11	Assess your state after the call and the possible need for self-care or consultation.	2.47 (0.95)	3.19 (0.56)	<.0001	Large	83%	100%

*\*The wording of this competency changed between trainings to “Demonstrate effective communication and engagement strategies for domestic violence calls.”*

*All module competency scores were significant at varying levels of P, <.0001, <.01, and <.05. Means from 1-5, SD = standard deviation. For effect size, Cohen’s d values of less than 0.2 were marked as very small, between 0.2 and 0.5 as small, between 0.5 and 0.8 as medium, and above 0.8 as large. Pre- and post-test % Comp refer to the proportion of participants who rated themselves as competent at a skill before and after the training, where competent means they rated themselves as having Basic, Intermediate, or Expert knowledge.*

## Bibliography

- Blais, E., & Brisebois, D. (2021). Improving Police Responses to Suicide-Related Emergencies: New Evidence on the Effectiveness of Co-Response Police-Mental Health Programs. *Suicide and Life-Threatening Behavior, 51*(6), 1095-1105. doi:10.1111/sltb.12792
- Cleare, S., Gumley, A., & O'Connor, R. C. (2019). Self-compassion, self-forgiveness, suicidal ideation, and self-harm: A systematic review. *Clin Psychol Psychother, 26*(5), 511-530. doi:10.1002/cpp.2372
- Every-Palmer, S., Hyun Min Kim, A., Cloutman, L., & Kuehl, S. (2022). Police Ambulance and Psychiatric Co-Response Versus Usual Care for Mental Health and Suicide Emergency Callouts: A Quasi-Experimental Study. *Australian & New Zealand Journal of Psychiatry, 57*(4). doi:10.1177/00048674221109131
- Harper, C. J. (2021). *CCAT Community Crisis Assistance Team*.
- Knaphus-Soren, E. (2022). *ART Formative Evaluation Brief: Fall 2022 Stakeholder Interviews*.
- Luo, X., Che, X., Lei, Y., & Li, H. (2021). Investigating the Influence of Self-Compassion-Focused Interventions on Posttraumatic Stress: A Systematic Review and Meta-Analysis. *Mindfulness (N Y), 12*(12), 2865-2876. doi:10.1007/s12671-021-01732-3
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review, 32*(6), 545-552. doi:10.1016/j.cpr.2012.06.003
- Rosenberg, L. (2008). Lack of Diversity in Behavioral Healthcare Leadership Reflected in Services. *The Journal of Behavioral Health Sciences & Research, 35*, 125-127. doi:10.1007/s11414-008-9113-7
- Shreffler, J., Thomas, J. J., McGee, S., Ferguson, B., Kelley, J., Cales, R., . . . Huecker, M. (2022). Self-compassion in individuals with substance use disorder: the association with personal growth and well-being. *J Addict Dis, 40*(3), 366-372. doi:10.1080/10550887.2021.2005382
- Stuber, J., Klein, R., de Haan, B., & Kitajo, J. (2023). *Co-Response: An Essential Crisis Service - A Landscape Analysis for the Washington State Legislature*.
- University of Illinois Urbana-Champaign, Division of Public Safety, REACH. (n.d.). *Response, Evaluation And Crisis Help*. Retrieved from <https://police.illinois.edu/services/reach/>
- Watson, A. C., Pope, L., Compton, M., & McNally, K. (n.d.). *Building the Community Behavioral Health Crisis Response Workforce*.

Wayne State University. (n.d.). *FAQ*. Retrieved from Crisis Training:  
<https://crisistraining.wayne.edu/faq#definition-117967>

Wilson, A., Mackintosh, C., Power, K., & Chan, S. (2019). Effectiveness of Self-Compassion Related Therapies: a Systematic Review and Meta-analysis. *Mindfulness*, *10*(6), 979-995. doi:10.1007/s12671-018-1037-6

Yang, S.-M., & Lu, Y.-F. (2024). Evaluating the Effects of Co-Response Teams in Reducing Subsequent Hospitalization: A Place-Based Randomized Controlled Trial. *Policing: A Journal of Policy and Practice*, *18*. doi:10.1093/police/paad080