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Crisis Intervention Team Training Among CIT-Trained Police Officers

Monique Allen, PhD

Problem

The problem addressed in this study was the lack of knowledge on how Crisis Intervention Team (CIT) training impacts police officers' perceptions of persons in mental crisis.

Purpose

The purposes of this qualitative study were

- to explore perceptions among CIT-trained police officers in Northern California that led to improved and patient responses with CIT encounters, and
- to provide an original contribution to the law enforcement and mental health network collaborations that complements the dynamic of CIT training.

Significance

An estimated 1.5% of the U.S. population (3.9 million people) with severe mental illnesses have received no psychiatric treatment (Brown, 2015; Smith, 2012).

Further, the homeless population in Northern California predominantly consists of persons with mental illnesses as opposed to persons who have experienced general financial despair.

Thus, many police officers are considered as "street psychiatrists" where formal field training is required to adequately address the layers of mental illnesses persons may exude during CIT encounters.

My study addressed the gap in literature (Rodriguez, 2016; Weller, 2015) where researchers of reintegrated studies have identified the need for structured CIT training for police officers.

Social Change Implications

Improvement of CIT training outcomes provide tangible ways of mental health wellness for person with mental illnesses and significant, reliable levels of mental care.

Theory or Framework

Theoretical frameworks for this study included

- **asshole theory** (Van Maneen, 1978), represents the initial perceptions police officers reacted with to the "misfits of society" that included persons with mental illnesses since the years of early patrolmen.
- The second evolution that occurred in the mid eighties is officer perceptions for persons with mental illnesses was the **communication accommodation theory (CAT)** (Giles, 1973) where some attempts of acceptance and understanding were made during crisis encounters.
- Currently, **protection motivation theory (PMT)** (Rogers, 1975) is strongly connected to CIT training of the late 90s as it represents proper ways for officers to respond to CIT encounters that help ensure positive outcomes.

Relevant Scholarship

In the past, asylums and prisons housed persons with mental illnesses giving them inhumane, substandard lifestyles this group of people were seen as second-class citizens. The combined responses from asylums, the judicial system, state legislation, and law enforcement applied unjust negative stigmas to such persons, with elements of gross neglect and mistreatment. In the mid '80s CAT suggested a proposal for an improved cycle of communication: initial orientation, psychological accommodation, behavior, perceptions, evaluations, and future intentions, and then the cycle would begin again with initial orientation. Thus, a new approach to responding to persons in mental crisis had evolved into advanced police perceptions. Similar to CAT, the PMT continues to exhibit evolved and more polished officer perceptions and encompassed new strategies that strengthen mental-health-related network collaborations. Instead of fearing persons in crisis, officers can apply PMT to refer to such persons with care and give soft diagnoses using CIT training introduced in the late 90s. Officers once trained to apply swift street justice society's misfits as common field practice now possess evolved learned responses from specialty training.

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Research Question

How does CIT training improve the perceptions of CIT-trained police officers?

Participants

The random purposeful sample of 7 CIT -trained police officers were from a Northern California precinct.

Procedures

Participants completed person-centered in-depth interviews and a validated paper questionnaire (Wells & Schafer, 2006). The authors of this instrument consisted of consensus-building project team included an eclectic group of stakeholders, including police officials, social workers, judicial representatives, mental health service providers, persons with mental illnesses, and family members of such persons. Wells and Schafer indicated that pre- and post-test surveys of CIT-trained officers offered results that indicated the officers had heightened abilities to both identify and respond to person in mental crisis appropriately.

Analysis

The questionnaire responses and in-depth interviews were analyzed using interview transcription, themes and sentiments discovered by myself, the researcher, then confirmed and verified carefully.

Findings

The study's (2018) results displayed findings of increased officers' awareness of mental illnesses and improved officers' perceptions of persons with mental illnesses once CIT trained.

Also, the researcher recognized positive demeanors in CIT-trained officer participants who experienced frustration with the lack of CIT resources and support for persons in mental crises.

Interpretation

Consistent with prior assessments, once CIT-trained, officers spent more time on mental health-related emergency calls (Rodriguez, 2016). Similar to previous studies (Weller, 2015), these officers agreed that CIT training improved their ability to identify persons with mental illnesses in crisis and anticipated symptoms exhibited during CIT encounters.

Findings also agree with previous findings that indicated CIT training led to increased utilization of mental health services where available (Weller, 2015). However, without all components of CIT training available in the mental health law enforcement network collaboration CIT-trained officers are left feeling frustrated with the entire system.

Limitations

The use of a validated semi-structured questionnaire could have but did not lead to an increased risk of participants not answering each question honestly.

The sample was person-centered and only consisted of police officers from one random police precinct in the Contra Costa County, CA.

Recommendations

Future studies should include interviewing female CIT-trained officers since that gender of the population was unavailable for this study. Also, different officers' generations may have alternative viewpoints about CIT training.

Also, further studies should research the parole and probations departmental response to persons in mental crisis and the impact of CIT training or the impact of mental wellness training provided to the department.