

2020

Crisis Intervention Team Training: Full Implementation

Roy Garvin Taylor
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Psychiatric and Mental Health Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Roy G. Taylor

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Tony Gaskew, Committee Chairperson,

Criminal Justice Faculty

Dr. Marisa Bryant, Committee Member,

Criminal Justice Faculty

Dr. David DiBari, University Reviewer,

Criminal Justice Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2020

Abstract

Crisis Intervention Team Training: Full Implementation

by

Roy G. Taylor

MS, East Carolina University, 2003

BS, Mount Olive College, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

November 2020

Abstract

Law enforcement officers (LEOs) encounter unique challenges when responding to calls involving an emotionally disturbed person (EDP) in crisis. In these situations, the LEOs are not merely acting in a law enforcement capacity but also taking on the roles of mental health workers, social workers, and other community support services. Unfortunately, most LEOs lack clear direction and training to effectively serve this unique population, with the typical encounter resulting in the arrest of the EDP and often ensuing in a vicious circle of arrest, incarceration, and recidivism. This phenomenological qualitative study used the perceptions of active Crisis Intervention Team (CIT) trained LEOs to fill a gap in the literature by obtaining a better understanding of their perceived impact this training had on them. The data were analyzed using Colaizzi's methodological seven-stage framework, which is a descriptive method of analysis used to answer the epistemological research question of which portions of the training LEOs perceive to be the most useful in understanding how to interact with EDPs. This study utilized Bloom's taxonomy, which is a pedagogical model of cognitive-thinking skills used to demonstrate that CIT training is effective by increasing LEOs' knowledge and providing them skills they can use in responding to calls involving EDPs. The intended audience for this study is law enforcement leaders, mental health managers, and nongovernmental organizations. By educating these groups on the benefits of CIT training, it is hoped that social change will occur by their supporting the goal of full implementation for all LEOs across the state.

Crisis Intervention Team Training: Full Implementation

by

Roy G. Taylor

MS, East Carolina University, 2003

BS, Mount Olive College, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

November 2020

Table of Contents

List of Tables	iv
Chapter 1: Introduction to the Study.....	1
Background of the Study	4
Problem Statement	5
Purpose of the Study	7
Research Questions	7
Theoretical Foundation	8
Nature of the Study	11
Definitions.....	13
Assumptions.....	14
Scope and Delimitations	15
Limitations	16
Significance of the Study	17
Significance to Practice.....	17
Significance to Theory	18
Significance to Social Change	18
Summary.....	19
Chapter 2: Literature Review.....	21
Literature Search Strategy.....	23
Theoretical Foundation	23

Literature Review.....	26
Increase LEO Knowledge and Comprehension.....	27
Application of Skills.....	30
Analysis of Situation Involving EDP.....	31
Evaluation.....	34
Summary and Conclusions.....	36
Chapter 3: Research Method.....	38
Research Design and Rationale.....	38
Role of the Researcher.....	41
Methodology.....	42
Participant Selection.....	43
Instrumentation.....	45
Procedures for Recruitment, Participation, and Data Collection.....	47
Data Analysis Plan.....	49
Issues of Trustworthiness.....	52
Credibility.....	52
Transferability.....	53
Dependability.....	53
Confirmability.....	54
Ethical Procedures.....	54
Summary.....	55

Chapter 4: Results	57
Research Setting.....	57
Demographics	58
Data Collection	59
Data Analysis	61
Evidence of Trustworthiness.....	63
Credibility	64
Transferability.....	64
Dependability.....	65
Confirmability.....	65
Study Results	66
Summary.....	74
Chapter 5: Discussion, Conclusions, and Recommendations.....	76
Interpretation of Findings	77
Limitations of the Study.....	81
Recommendations.....	83
Implications.....	83
Conclusions.....	84
References.....	86
Appendix A: Participant Questionnaire	98
Appendix B: Demographic Questionnaire.....	100

List of Tables

Table 1. Demographic and Background Information	59
Table 2. Thematic Nodes and Subcategories	67
Table 3. Elements of CIT Training Perceived to Be Most Beneficial	71
Table 4. Elements of Training Perceived to Be Most Beneficial in Responding to EDP Calls	72
Table 5. Anything Else to Share	74

Chapter 1: Introduction to the Study

Crisis intervention team (CIT) training for law enforcement officers (LEOs) has been in existence since 1989 (Ellis, 2014; Watson & Wood, 2017). The purpose of CIT training is to improve LEOs' knowledge, skills, and perceptions of emotionally disturbed people (EDP) in an attempt to divert them from the criminal justice system and to provide access to local mental health resources for treatment (Davidson, 2016). The training also educates LEOs on de-escalation techniques and other strategies aimed at reducing the amount of force used against EDPs (Watson & Wood, 2017). This phenomenological qualitative study investigated the perceived value of this training by uniformed LEOs.

The Memphis Model is the most prominently used CIT training program in the United States (Davidson, 2016). This model was developed after a police shooting of an EDP in Memphis, Tennessee (Compton et al., 2014a; Davidson, 2016). In September 1987, Memphis Police Officers responded to a call for service involving an EDP who was threatening to harm himself with a knife. The officers demanded that he drop it, at which time the EDP ran toward the LEOs with the knife in his hand. In response to this threat, the LEOs fired several shots, which resulted in the death of the EDP (Compton et al., 2014a; Davidson, 2016). Following this incident, mental health advocates and the public expressed enormous concern about how the police were responding to mental health crises in the community (Compton et al., 2014a; Davidson, 2016). To address their unease, Mayor A.C. Wharton established a working group comprised of representatives from law enforcement agencies, the mental health system, advocates, and educators. This

working group developed a program that would reduce the probability of injury to the LEO and the EDP (Compton et al., 2014a; Davidson, 2016). The issues of diverting the EDP from the criminal justice system and increasing access to mental health treatment were also addressed (Compton et al., 2014a; Davidson, 2016).

Since the Memphis model's inception, over 2,800 police departments across the United States have implemented this 40-hour training program (DeAngelis, 2014, p. 58). This study can have global implications due to CIT training being used throughout Australia, Canada, and the United Kingdom (Compton et al., 2011).

The focus of this study was in Wake County, North Carolina, where all of the municipal law enforcement agencies utilize some level of CIT training. Some agencies require all of their uniformed officers to attend this training, whereas others use it as a requirement for promotion or other advancements within the department. Therefore, each agency's decision-makers have their own perceived value of this training.

One of those values is an agency's civil liability in terms of a financial burden to the municipality should a lawsuit determine that a wrongful death occurred due to excessive force or failing to train officers properly. Such a monetary judgment, as well as the overall public's perception of law enforcement's handling of an incident involving a person in a psychiatric crisis, may cause irreparable damage to the community (Tully & Smith, 2015). The intense scrutiny of law enforcement over the past several years has resulted in local, state, and national politicians becoming involved in this issue (DeAngelis, 2014). Most healthcare providers agree there is not a sufficient amount of

funding available to provide the required resources needed to effectively deal with the mental health crisis our country is experiencing (Ellis, 2014). The growing opioid epidemic, expanding diagnosis of PTSD among returning war veterans, and the increasing homeless population, have all taxed the available mental health resources (Duckett, 2017). These issues have resulted in LEOs finding their role to be expanded to include emergency mental health workers, which requires specialized training and different resources than previously entailed (International Association Chiefs of Police [IACP], 2015; Sellers, Sullivan, Veysey, & Shane, 2005).

This study achieves a better understanding of the perceived value CIT training provides to uniformed municipal police officers and recommends the training should be mandatory for all uniformed officers across the State of North Carolina. The perceived effectiveness of this training is positive in reducing the number of EDP incarcerations and fewer uses of force against them. Therefore, one of the goals will be to recommend full implementation to the North Carolina Criminal Justice Education and Training Standards Commission, which oversees the required training of all LEOs in the State of North Carolina.

The intended audience for this study is municipal law enforcement leaders, county mental health managers, and nongovernmental organizations whose mission is to assist people who have mental disorders. By educating these groups on the benefits of this training, it is hoped that they will support the goal of full implementation and become stakeholders in its deployment across the state.

This phenomenological qualitative study of CIT training fills a gap in the literature by providing a better understanding of the perceived impact this training has on LEOs who have daily interactions with EDPs. It also answers the epistemological research questions of the specific portions of the training, which LEOs perceive to be the most useful in understanding how to interact with people in psychiatric crisis effectively. This chapter introduces the background of the study, outlines the problem statement, the purpose of the study, research questions, theoretical foundation, nature of the study, definitions of key terms, assumptions, scope and delimitations, the significance of the study, significance to theory, significance to practice, and the significance to social change.

Background of the Study

LEOs encounter unique challenges when responding to EDPs in crisis. In these situations, they are not merely acting as LEOs but also taking on the roles of mental health workers, social workers, and other community support services. Unfortunately, most officers lack clear direction and training to effectively serve in these capacities (IACP, 2015; Sellers et al., 2005).

According to the Treatment Advocacy Center (2015, p. 1), 7.9 million Americans have a severe mental illness that impairs their thought processes. Almost half of these people do not receive treatment for their condition, as a result of deinstitutionalization and other policy failures. This untreated population accounts for 10-20% of the calls for service that LEOs receive (Treatment Advocacy Center, 2015, p. 1).

Typically, encounters with LEOs result in arresting the EDP and placing them in jail or a juvenile detention center instead of providing them with treatment from local mental health resources (Compton et al., 2014). These initial encounters often result in many of the EDPs becoming trapped in a vicious circle of arrest, incarceration, and recidivism (Compton et al., 2014).

Another unfortunate trait of these encounters is that they require police officers to make difficult decisions about the intentions of the EDP, which often results in the use of force. The Treatment Advocacy Center (2015, p. 12) also found people with severe mental illness were 16 times more likely than the general population to be killed by LEOs and represented 25% of all fatal police encounters.

Without proper training, police encounters with EDPs in the field will continue to result in poor outcomes (Ruiz & Miller, 2004; Tully & Smith, 2015; Wells & Schafer, 2006). Incorporating CIT training in police academy curriculums as well as mandatory in-service training will enable all officers to have a better understanding of mental illness and the local mental health resources that can assist people in receiving care instead of incarceration (Campbell, Ahalt, Hagar, & Arroyo, 2017; Kubiak et al., 2017).

Problem Statement

The problem addressed in this study is an increase in the number of people with untreated or undertreated mental health issues coming into contact with LEOs (Kara, 2014). For the past three decades, reduced government funding for state and local mental health resources has resulted in an increased number of people with untreated or

undertreated mental health issues (Treatment Advocacy Center, 2015). President John Kennedy's administration had two goals related to mental health: (a) decrease the number of persons living in mental health facilities, and (b) close a large proportion of mental health facilities with the end goal of saving federal funds (Harcourt, 2011). This mass closure of mental health facilities and the displacement of those with mental illness created a significant problem for the criminal justice system. These ousted individuals often found themselves homeless, incarcerated for minor offenses, and stigmatized by those who did not understand mental illness (Ellis, 2014; Erickson & Erickson, 2008), typically due to LEOs arresting the EDP as a quick solution to the incident (Compton et al., 2014b).

The CIT training program has provided instruction to a small number of LEOs since 1989 (Ellis, 2014). The curriculum consists of 40 hours of instruction covering the different types of mental illness and their observable characteristics. It also teaches officers de-escalation and calming techniques to more effectively handle people experiencing a mental health crisis and finally provides an opportunity to practice these techniques in role-playing exercises (Davidson, 2016). Compton et al. (2014a) documented the success of this training by comparing officers with CIT training to those without it. The study reviewed 1,063 incidents over 6 weeks in six separate urban Georgia cities. The results indicated that CIT-trained officers diverted 20% more people from jail than the non-CIT-trained officers. The CIT-trained officers were also more accurate in identifying mentally ill people, as opposed to the non-CIT-trained officers

who classified them as substance abusers, 26% versus 42%, respectively. The CIT-trained officers also referred people to services 40% of the time, as compared to the non-trained-officers who did so only 29% of the time. Therefore, including this type of training in all police academy curriculums as well as mandatory in-service training for current LEOs will enable all officers to better understand mental illness and assist people in receiving care instead of incarceration (Campbell et al., 2017; Kubiak et al., 2017). This phenomenological qualitative study of CIT training fills a gap in the literature by obtaining a better understanding of the perceived impact this training has on LEOs who have daily interactions with EDPs. It will also answer the epistemological research questions about which of the specific portions of the training LEOs perceive to be the most useful in understanding how to interact with people in psychiatric crisis effectively.

Purpose of the Study

The purpose of this qualitative phenomenological research study was to explore uniformed LEOs' perceptions of the impact CIT training has had on their interactions with subjects in a mental health crisis. Qualitative interviews were conducted to determine the feelings, beliefs, and deductions of municipal CIT trained uniformed LEOs in Wake County, North Carolina, to learn their perceptions of the benefits of CIT training and whether it should be a mandatory course for all uniformed officers in North Carolina.

Research Questions

To guide this study, the following research questions were developed:

- Research Question 1: What are the perceptions of uniformed CIT trained LEOs regarding the advantages or disadvantages of the training?
- Research Question 2: How is CIT training perceived to effect LEO response to EDPs?
- Research Question 3: Which elements of the Memphis Model CIT training is perceived by trained LEOs to be the most useful or beneficial in responding to incidents involving EDPs?
- Research Question 4: What are LEO perceptions of requiring all uniformed LEOs to complete CIT training?

Theoretical Foundation

This study utilized Bloom's taxonomy, which is a pedagogical model of cognitive-thinking skills used to evaluate learning experiences that move students to increasingly higher-order tasks (Bloom et al., 1956). It relates to LEOs who find themselves in a rapidly changing and unpredictable environment when responding to calls involving EDPs. LEOs cannot foresee the particular ways in which a situation will change or what new problems will be presented to them. Under these conditions, much emphasis must be placed on the training and development of specific ways of solving problems and increasing knowledge, which can be applied to a wide range of new situations (Compton et al., 2014a). Therefore, law enforcement leaders have the task of preparing their officers for problems that cannot be foreseen, and all that can be done to

make them ready is to provide training. Hence, they acquire generalized intellectual abilities and skills which will serve them in these diverse situations (Garcia, 2003).

Bloom's taxonomy (1956) was developed to be a theoretical framework used to classify goals of educational processes and educational objectives by providing a basis for building curriculum and tests as a starting point for scholarly research. The taxonomy's categories suggest that for goals dealing with the application of specific knowledge of a topic and with the analysis of the different situations in which the knowledge is used, a concise model for the study of outcomes in the cognitive area of remembering, thinking, and problem-solving is created (Garcia, 2003).

The use of Bloom's taxonomy to develop a precise definition and classification of the desired cognitive skills of thinking and problem-solving would allow instructors to assess the similarities as well as differences in their lesson plans. They could compare and exchange evaluative tools, such as role-playing exercises and other tests, to determine the effectiveness of each program (Carroll, 1993). Ultimately, obtaining a better understanding of the relationship between the learning experiences provided by the instructional programs and the changes which take place in their students.

This study evaluated the cognitive changes that take place in LEOs as a result of their completing CIT training. It furthers our understanding of this specific instructional program. It provides insight into the ways students change in regards to their perception of mental illness, knowledge of local mental health resources, de-escalation techniques, and whether all uniformed officers should be required to complete this training.

Therefore, Bloom's taxonomy is the appropriate theoretical framework to evaluate LEOs' performance in regard to the intended outcome of the training. It is believed that the same cognitive skills should also be observed in other LEOs who obtain CIT training at different locations (Carroll, 1993). Therefore, only one set of evaluation criteria should be required to measure the intended behavior of how LEOs should act, think, or feel as the result of participating in CIT training (Kirkpatrick, 1976). However, Bloom's taxonomy (1956) states that the actual behaviors of the students after they have completed a block of instruction may be different from the intended actions specified by the course objectives. Besides, some students may not learn a specific skill to the required level or may not develop it to any extent (Bloom et al., 1956).

Course objectives are the desired way students are expected to be changed by completing the training. How will their thinking, feelings, and actions be changed? Many possibilities may take place in students (Kirkpatrick, 1976). Therefore, it is essential that the main course objectives be identified to avoid time and effort being wasted (Kirkpatrick, 1976).

Education is defined as the acquisition of knowledge or information as a result of completing training (Carroll, 1993). Students will be changed in the amount and kind of knowledge they possess. According to Carroll (1993), knowledge is demonstrated by what the student can give as evidence that they remember, either by recalling or by recognizing, some idea or observable fact that they had experience with during the training process. However, in training programs similar to CIT, it is assumed that

knowledge is of little value if it cannot be utilized in some new way or in a form very different from how it was initially received (Compton et al., 2014a).

Requiring students to learn specific subject matter assumes they are likely to use this knowledge in the future. Thus, providing training to uniformed LEOs about EDPs is necessary because they will likely encounter them during their careers (Compton et al., 2014a). Compelling LEOs to complete training courses, such as CIT, according to Bloom's taxonomy (1956), will enable them to use that knowledge and therefore have a better understanding of mental illness as well as providing them with techniques to more effectively respond to calls involving EDPs or other similar situations.

Nature of the Study

I conducted a qualitative research study to explore the phenomenon and describe it or the experience by attempting to find connections between multiple variables and sets of ideas to gain additional knowledge (see Ravitch & Carl, 2016). Qualitative studies are used to analyze new types of research designs, such as the effectiveness of an intervention or to amplify existing quantitative data (Moustakas, 1994; Ravitch & Carl, 2016). A qualitative approach may also be used to investigate the macro-sociopolitical contexts of a phenomenon that is useful in advancing positive social change. By understanding the setting, background, and how they relate to the phenomenon determines the focus of the study (Moustakas, 1994; Ravitch & Carl, 2016). Unlike quantitative research, this study uses data collected through interviews with study participants. The interviews were transcribed and then uploaded into NVivo 2020 to code

and detect themes indicating the individual perspectives, perceptions, and understanding of the phenomenon (see Ravitch & Carl, 2016).

I used a phenomenological design to determine whether a common meaning of a lived experience for a specific group of individuals exists (see Creswell, 2013). This type of study focuses on what participants have in common as they encounter a specific phenomenon. The researcher gathers data from the participants and synthesizes it to develop a consolidation of shared experience (Ravitch & Carl, 2016). By doing so, the researcher can understand these shared experiences to develop policies, procedures, and have a better understanding of the phenomenon (Creswell, 2013). A qualitative phenomenological study was the proper method to use for this research to obtain a more in-depth understanding of LEOs' perceptions of the benefits of CIT training and their beliefs on whether it should be a required course for all uniformed officers.

The goal of this study was to fill in the phenomenological aspects of interactions between LEOs and EDPs. The intent was to determine whether implementing CIT training for all uniformed LEOs will be useful in providing them with a better understanding of mental illness, improve communication, and de-escalation skills, as well as tactics to more effectively handle physical interactions.

This study utilized data I obtained from interviews of CIT-trained LEOs who currently respond to incidents involving people suffering a mental health crisis. A variety of experience levels of LEOs was anticipated as well as the length of time since

completing the CIT course. These differences were grouped into categories based on the responses received to aid in analysis.

Ravitch and Carl (2016) recommend between five and 25 participants for phenomenological studies. LEOs as a group are homogeneous (Maskaly, Donner, & Fridell, 2017). Therefore, code saturation in such populations typically occurs between the 8th and 16th participant (Hennick, Kaiser, & Marconi, 2017; Namey, Guest, McKenna, & Chen, 2016). Meaning saturation may not occur until 10 to 24 participants have been interviewed, providing a greater transferability to the population (Hennick et al., 2017). Attrition is also considered, suggesting a sample size of 8 to 24 to gather useful information about the phenomenon (Boddy, 2016; Hennick et al., 2017; Namey et al., 2016). This study conducted 11 qualitative interviews of LEOs currently employed in Wake County, North Carolina.

Definitions

The definition of key terms used in this study:

Crisis intervention team training: Training developed to educate police officers on best methods for handling crisis situations with persons who have mental illness and teaching trainees verbal de-escalation skills through scenario-based training models (Compton et al., 2014a).

Cognitive readiness: The mental preparation needed to perform in complex and unpredictable environments (Morrison & Fletcher, 2002).

Deinstitutionalize: The trend of abolishing mental health asylums because they were perceived to be inhumane and inappropriate for the treatment of mental health patients (Frierson, 2013).

Mental health crisis: An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or nightmares, and potentially even psychosis; physical reactions like vomiting, headaches, dizziness, excessive tiredness, or insomnia; and behavioral reactions including the trigger of a "freeze, fight, or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness (IACP, 2015).

Mental illness: An impairment of an individual's normal cognitive, emotional, or behavioral functioning caused by physiological or psychosocial factors. A person may be affected by mental illness if they display an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); or take reasonable care of their welfare concerning necessary provisions for clothing, food, shelter, or safety (IACP, 2015).

Assumptions

Several assumptions were made in this study, which had to hold true for it to address the research questions. The first assumption was that all of the LEOs involved in the study fully understood the interview questions and provided accurate and honest

responses. Second, all of the participants were assumed to be active LEOs who had previous encounters with EDPs and, as such, possessed knowledge of the relevant laws, policies, and procedures related to handling situations involving them. The third assumption was that training prepared LEOs for encounters with EDPs providing them the necessary core competencies in terms of cognitive readiness. Lastly, I assumed that the sample sufficiently represented the larger population of LEOs in Wake County, North Carolina.

Scope and Delimitations

EDP encounters with LEOs typically result in the arrest of the EDP and placing them in jail or a juvenile detention center instead of providing them with treatment from local mental health resources (Compton et al., 2014). This results in many of the EDPs becoming trapped in a vicious cycle of arrest, incarceration, and recidivism (Compton et al., 2014). One of the specific aspects of this study is to determine whether CIT training changes the perception of LEOs regarding EDPs and whether this will ultimately help break the recidivism cycle by diverting EDPs from the criminal justice system and into the local mental health system.

The target population of LEOs in Wake County, North Carolina, defines the study's boundaries. One delimitation is that only municipal LEOs received invitations to participate in the study. Federal, state, county, and private LEOs were not included due to the infrequency of their use of the CIT program. The findings from this study should apply to other municipal law enforcement agencies in the United States.

Limitations

Limitations of this study include that the population was person-centered, consisting of CIT-trained LEOs from nine municipalities located in Wake County, North Carolina, who voluntarily participate in the study. Participant and interviewer biases based on previous lived experiences and other influences in their lives may have unintended consequences (Choy, 2014). One specific type of bias that is likely in a qualitative interview is social desirability bias. This type of bias occurs when a participant answers questions in such a way as to appear socially acceptable to the researcher (Choy, 2014).

Another disadvantage of a qualitative study is that the data is not objectively verifiable (Choy, 2014). It requires a laborious analysis process to code, categorize, and recode to develop patterns to gain insight into the data's meaning (Choy, 2014). Finally, validating the data is an ongoing process that must be conducted throughout the study to ensure reliability.

Because I have 40 years of law enforcement experience and have attended the CIT training as well as the Combat Veteran CIT training to learn first-hand what the training curriculum consists of and how it is presented, a research bias may exist. Based on these circumstances, it was imperative in this phenomenological study that I approached the data with as little bias as possible to allow only the essence of the participants' experiences to be used. As recommended by Ravitch and Carl (2016), I used

an identity memo to bracket out my personal experiences to only view and analyze the participants' viewpoint.

Also, the study may not be representative of all municipal law enforcement agencies in North Carolina. Wake County is the capitol county of the state and may have resources that are not available in more rural areas.

Significance of the Study

The significance of this study is to further the advancement of specialized training for LEOs to respond to incidents involving EDPs more effectively. This study evaluated LEOs' perception of CIT training to further our understanding of this specific instructional program, as well as provide insight into the ways LEOs change their perception of mental illness, knowledge of local mental health resources, de-escalation techniques, and their opinion of whether or not all uniformed officers should be required to complete CIT training.

This qualitative study of CIT training fills a gap in the literature by obtaining a better understanding of the perceived impact this training has on LEOs who have daily interactions with EDPs. It also answers the epistemological research questions of the specific portions of the training, which LEOs perceive to be the most useful in understanding how to interact with people in psychiatric crisis effectively.

Significance to Practice

Law enforcement executives have the responsibility of preparing their LEOs for problems that involve difficult and quickly changing circumstances that cannot be

foreseen. This preparedness is obtained by providing the LEOs with relevant training so they acquire the generalized intellectual abilities and skills that will serve them in these diverse situations (Garcia, 2003). In the realm of mental health crisis preparedness, CIT training has been shown to provide LEOs with a consistent level of abilities and skills to respond to EDPs (Compton et al., 2014a).

Significance to Theory

This study's significance to theory is that CIT-trained officers divert more people from jail than the non-CIT-trained officers. CIT-trained officers are more accurate in identifying EDPs as opposed to the non-CIT-trained officers. The CIT-trained officers also refer more people to services as compared to the non-CIT-trained officers. Therefore, this type of training should be incorporated into all police academy curriculums as well as mandatory in-service training for current LEOs to enable all officers to understand mental illness and assist people in receiving care instead of incarceration (Campbell et al., 2017; Kubiak et al., 2017).

Significance to Social Change

Responding to calls involving an EDP is not only a problem in the United States. Quinn, Laville, and Duncan (2016) found a 33% rise in the United Kingdom of police responding to calls involving persons who have mental illness between 2011 and 2014. In Canada, 40% of deaths caused by police shootings involved someone with mental illness. In Australia, Guzman, Das, and Das (2012) found that one-third of police shootings involved a person affected by mental illness.

Positive social change may be achieved by determining the minimum type, duration, and refresher training needed to provide LEOs with the knowledge and skills necessary to respond effectively to incidents involving EDPs. Research has shown that the implementation of CIT training has increased the self-efficacy of LEOs and reduced injuries to both LEOs and EDPs (Compton et al., 2014a). This knowledge has also increased jail diversion and referral to local mental health facilities (Compton et al., 2014b), ultimately resulting in increased treatment for those who have mental illness or substance abuse disorders and reducing the frequency of encounters these individuals will have with law enforcement and the criminal justice system.

Summary

This chapter has provided an overview of CIT training, as well as specific details related to the study, to include a review of the current literature regarding the history and effectiveness of CIT training. The purpose of the study was stated, including how it adds to the basis of knowledge. Bloom's taxonomy was used as the theoretical framework for this study and is summarized in this chapter. I also provided definitions of terms specific to this study in this chapter. Finally, the scope of this study, as well as its limitations, were stated. Chapter 2 provides a detailed literature review that comprises a synthesis of current research related to the problem statement and research questions—focusing on perceptions held by LEOs and their attitudes towards the mentally ill and outcomes related to implementing CIT training. It also outlines the literature search strategy,

theoretical foundation, application of skills, an analysis of a situation involving an EDP, a summary, and conclusions.

Chapter 2: Literature Review

The problem addressed in this study is an increase in the number of people with untreated or undertreated mental health issues coming into contact with LEOs (Kara, 2014). A systematic examination of 85 peer-reviewed studies by Livingston (2016) found that approximately 10% of all LEO contacts with the public in the United States involved persons with serious mental illnesses. The Center for Behavioral Health Statistics and Quality (2016) found the incidence of serious mental illness in the general U.S. population to be approximately 4%. The Treatment Advocacy Center (Fuller, Lamb, Biasotti, & Snook, 2015) determined that at least 1 in 4 individuals fatally shot by a LEO had a serious mental illness.

For the past three decades, reduced government funding for state and local mental health resources has resulted in an increased number of people with untreated or undertreated mental health issues (Fuller et al., 2015). When EDPs are the subject of a call for service, LEOs typically arrest the EDP as a quick solution to the situation (Compton et al., 2014b). Hails and Borum (2003) conducted a survey of 84 medium and large law enforcement agencies and discovered that the median and average amounts of time these agencies devoted to recruit training on responding to calls involving EDPs was approximately six and nine hours, respectively. Currently, North Carolina LEOs receive 8 hours of instruction on this topic (NC Basic Law Enforcement Training Curriculum, 2000).

The CIT training program teaches LEOs about mental illness as well as de-escalation and calming techniques to more effectively handle EDPs in crisis. The program incorporates role-playing exercises allowing LEOs to practice these techniques (Davidson, 2016). Compton et al. (2014a) documented the success of this training by comparing LEOs with CIT training to those without it. The results indicated that CIT-trained LEOs diverted 20% more people from jail than the non-CIT-trained LEOs did. The CIT-trained LEOs also were more accurate in identifying EDPs as opposed to the non-CIT-trained LEOs who classified them as substance abusers, 26% versus 42%, respectively. The CIT-trained LEOs also referred EDPs to services 40% of the time as compared to the untrained LEOs who did so only 29% of the time (Compton et al., 2014a).

The purpose of this qualitative phenomenological research study was to explore uniformed LEOs' perceptions of the impact CIT training has had on their interactions with subjects in a mental health crisis. I conducted 11 qualitative interviews to determine the feelings, beliefs, and deductions of municipal CIT-trained uniformed LEOs in Wake County, North Carolina, to learn their perceptions of the benefits of CIT training and whether it should be a mandatory course for all uniformed officers in North Carolina. The study fills a gap in the literature by discerning the impact CIT training has on LEOs who have daily interactions with EDPs. This research also answers the epistemological question of the LEOs' perception of the overall effectiveness of CIT training as it relates to interacting with people in a psychiatric crisis.

Chapter 2 provides the literature search strategy, theoretical foundation, and a detailed literature review that comprises an analysis and synthesis of empirical research on CIT training to provide insight into the shared phenomenological lived experiences of CIT-trained LEOs, focusing on their perceptions and attitudes towards individuals with mental illness as well as the outcomes related to implementing CIT training.

Literature Search Strategy

The literature review consists of peer-reviewed scholarly journal articles, dissertations, federal agency reports, and professional publications. The sources include Google Scholar and the following databases available from Walden University: ProQuest Dissertations & Theses Global and ProQuest Central. Database searches included the following keywords and phrases: *Crisis Intervention Team, crisis intervention, criminology, diversion program, forensic psychiatry, law enforcement, mental health clinicians, mental health intervention, mobile crisis team, police custody, police encounters, and police perception*. The search strategies yielded over 175 articles, with 106 relating specifically to the topic of the study.

Theoretical Foundation

For this study, I used Bloom's taxonomy, which is a pedagogical model of cognitive-thinking skills used to evaluate learning experiences that move students to increasingly higher-order tasks (Bloom et al., 1956). This model relates to LEOs who find themselves in a rapidly changing and unpredictable environment when responding to calls involving EDPs. LEOs cannot foresee the particular ways in which a situation will

change or what new problems will be presented to them. Under these conditions, much emphasis must be placed on the training and development of specific ways of solving problems and increasing knowledge, which can be applied to a wide range of new situations (Compton et al., 2014a). Therefore, law enforcement leaders have the task of preparing their officers for problems that cannot be foreseen, and all that can be done to make them ready is to provide training. Hence, they acquire generalized intellectual abilities and skills that will serve them in these diverse situations (Garcia, 2003).

Bloom's taxonomy (1956) was developed to be a theoretical framework used to classify goals of educational processes and educational objectives by providing a basis for building curriculum and tests as a starting point for scholarly research. The taxonomy's categories suggest that, for goals dealing with the application of a specific knowledge of a topic and with the analysis of the different situations in which the knowledge is used, a concise model for the study of outcomes in the cognitive area of remembering, thinking, and problem-solving is created (Garcia, 2003).

The use of Bloom's taxonomy to develop a precise definition and classification of the desired cognitive skills of thinking and problem-solving would allow instructors to assess the similarities as well as differences in their lesson plans. They could compare and exchange evaluative tools, such as role-playing exercises and other tests, to determine the effectiveness of each program (Carroll, 1993). As a result, instructors could ultimately obtain a better understanding of the relationship between the learning

experiences provided by the instructional programs and the changes that take place in their students.

By evaluating the cognitive changes that take place in LEOs as a result of their completing CIT training, this study furthers our understanding of this specific instructional program. It provides insight into the ways in which students change in their perception of mental illness, knowledge of local mental health resources, and de-escalation techniques, as well as whether all uniformed officers should be required to complete this training.

Therefore, Bloom's taxonomy was the appropriate theoretical framework to evaluate LEOs' performance in regards to the intended outcome of the training. It is believed that the same cognitive skills should also be observed in other LEOs who obtain CIT training at different locations (Carroll, 1993). Therefore, only one set of evaluation criteria should be required to measure the intended behavior of how LEOs should act, think, or feel as the result of participating in CIT training (Kirkpatrick, 1976). However, Bloom's taxonomy (1956) states that the actual behaviors of the students after they have completed a block of instruction may be different from the intended actions specified by the course objectives. Besides, some students may not learn a specific skill to the required level or may not develop it to any extent (Bloom et al., 1956).

Course objectives reflect the desired way in which students are expected to be changed by completing the training, that is, how their thinking, feelings, and actions will be changed. There are many possibilities that may take place in students (Kirkpatrick,

1976). Therefore, it is essential that the main course objectives be identified to avoid time and effort being wasted (Kirkpatrick, 1976).

Education is defined as the acquisition of knowledge or information as a result of completing training (Carroll, 1993). Students will be changed with respect to the amount and kind of knowledge they possess. According to Carroll (1993), knowledge is demonstrated by what the student can give as evidence that they remember, either by recalling or by recognizing, some idea or observable fact that they had experience with during the training process. However, in training programs similar to CIT, it is assumed that knowledge is of little value if it cannot be utilized in some new way or in a form very different from how it was initially received (Compton et al., 2014a).

Requiring students to learn specific subject matter assumes that they are likely to use this knowledge in the future. Thus, providing training to uniformed LEOs about EDPs is necessary because they will likely encounter them during their careers (Compton et al., 2014a). Compelling LEOs to complete training courses, such as CIT, according to Bloom's taxonomy (1956), will enable them to use that knowledge and therefore have a better understanding of mental illness as well as providing them with techniques to more effectively respond to calls involving EDPs or other similar situations.

Literature Review

To fill the gap in literature regarding the impact CIT training has on LEOs' perceptions and lived experiences related to their attitudes regarding EDPs. The researcher studied peer-reviewed scholarly journal articles, dissertations, federal agency

reports, and professional publications to gain insight into previous research. Bloom's taxonomy was utilized to organize this chapter to illustrate the factors which influence LEOs' learning and the ability to move them to higher-order cognitive skills.

Increase LEO Knowledge and Comprehension

According to Coleman and Cotton (2014), the increased number of interactions between LEOs and EDPs causes law enforcement to be the gatekeeper of the criminal justice system. This dictates a need for LEOs to be familiar not only with the signs and symptoms of mental illnesses but also proper intervention and de-escalation techniques (Coleman & Cotton, 2014). The conception that LEOs should receive education and training related to mental illness is not new; Coleman and Cotton's review of international practices suggests that this belief is worldwide.

The traditional police response to citizen encounters is from a 'must resolve quickly' approach so that all of the calls for service are completed before the officer's shift is over (Tribolet-Hardy, Kesic, & Thomas, 2015). Tribolet-Hardy et al. (2015) found that LEOs will most likely "go in hard" than to "back off." This standard response works well the majority of the time, but evidence suggests that it will lead to an escalation of the situation when it involves an EDP (Compton et al., 2014b; Tribolet-Hardy et al., 2015).

The gap between what LEOs are required to do within the scope of their duties and what they are trained to do can be highly injurious to EDPs (Goulding, Demir, Broussard, & Compton, 2009). According to Reuland, Schwarzfeld, and Draper (2009), LEOs report that encounters with EDPs are outside of the scope of their training, and the

LEOs feel unprepared to properly provide the necessary services to EDPs. The CIT training program is designed with contemporary-policing principles in mind that address the underlying issues for the call-for-service rather than “simply arresting the individual and removing them from the community” (Thompson & Borum, 2006). CIT training is designed to develop empathic aptitudes in LEOs, who first begin to acquire them as they progress through didactics and site visits to local mental health facilities, allowing them to interact with EDPs who are receiving treatment (Clayfield, Fletcher, & Grudzinskas, 2011). The LEOs then progress to skills training, in which they practice their new abilities by actively listening and understanding individuals with mental illness during the role-play exercises (Lurigio, 2011). Reuland et al. (2009) indicated that learning is an essential element of LEO interactions with EDPs, but training must do more than just inform its participants; it must also transform them.

The CIT training materials were purposefully developed based on current research in the mental health field, which ensures the information is up-to-date and evidence-based (Coleman & Cotton, 2014). By enhancing the skills of LEOs, CIT training aims to reduce the need to use physical force, reduce the incidence of violence in encounters with EDPs, decrease arrest rates, and increase the availability of crisis and psychiatric care (Cochran et al., 2000). The Memphis model CIT course is 40 hours of training that includes specialized knowledge from mental health professionals in the local community, on-site visits, and exposure to individuals with mental illness, as well as practical skills training (Dupont et al., 2007; Tucker et al., 2008). The Memphis model program has

resulted in positive outcomes in many communities throughout the United States (Dupont & Cochran, 2000; Vickers, 2000). LEOs have reported greater comfort, confidence, and preparedness in their ability to recognize psychiatric symptoms in mental health emergencies, increased their referral rates to emergency healthcare facilities, and decreased the number of EDPs arrested (Dupont & Cochran, 2000; Vickers, 2000). CIT training has also improved LEOs' communications skills and ability to properly deal with EDPs, which decreases arrest rates during encounters with them and increases the likelihood that EDPs will be referred to local mental health facilities (Munetz, Ritter, Teller, & Bonfine, 2014; Compton et al., 2014b; Prince, 2014; Watson et al., 2010). Currently, the common standard for law enforcement agencies is to provide CIT training to 20% of their patrol officers so that a CIT-trained LEO is routinely available to respond to calls involving EDPs (Watson & Fulambarker, 2012).

Primarily, the Memphis CIT model trains LEOs who volunteer to receive the 40 hours of specialized training to prepare them to respond to calls involving EDPs (Watson & Fulambarker, 2012). The training has three main components: didactics and lectures on mental illness, on-site visits and exposure, and practical skills training. The didactics and lectures include clinical issues related to mental illness, psychotropic medications and side effects, alcohol and drug assessment, co-occurring disorders, developmental disabilities, personal stories of family members and consumers, suicide prevention, rights and civil commitment, mental health diversity, policies and procedures, personality disorders, posttraumatic stress disorder, legal aspects of officer liability, and community

resources (Fleischmann et al., 2018). On-site visits occur at the local community mental health treatment facilities (Fleischmann et al., 2018). Practical skill training is scenario-based and consists of real-world situations in which trainees are evaluated by their instructors (Fleischmann et al., 2018).

Coleman and Cotton (2014) determined the general agreement within the law enforcement profession is that some education and training about mental illness is important for all LEOs. However, many programs do not specify the appropriate target audiences within the agency. The CIT Memphis model currently is aimed specifically at training “specialist” LEOs who act as a resource for other untrained LEOs to assist them with calls involving EDPs (Fleischmann et al., 2018). Other models have a wider audience and include tactical officers, negotiators, and dispatchers. Coleman and Cotton (2014) stated that it is clear from the literature that education and training relative to LEO and EDP interactions should not be limited to only specialist LEOs. Reuland et al. (2009) believe that all law enforcement personnel who respond to incidents involving EDPs should receive training to be better prepared for these encounters.

Application of Skills

The goal of crisis intervention is the resolution of the present psychological crisis to a pre-crisis functioning, with a maximum goal of improvement in functioning that exceeds the pre-crisis level (Robertson, Daffern, Thomas, & Martin, 2012; Hobbs, 1984). Canada et al. (2012) described how CIT-trained LEOs use verbal conversation as a de-escalation technique. Listening to EDPs’ needs and paying extra attention to them

provides the LEOs time to resolve issues rather than having to implement traditional use of force tactics. Rodriguez (2016) indicated that changes to the core of police practices are needed to shift from an authoritative and forceful approach to an emphasis on verbal de-escalation techniques and risk management. Compton et al. (2014a) reported that CIT-trained LEOs use verbal skills or negotiation as the highest level of force applied to EDP encounters in the field. Currently, there is little empirical evidence to support the efficacy of de-escalation training (Robertson et al., 2012). The skills used by LEOs that are considered to be effective de-escalation techniques include interpersonal skills, authentic engagement, calm and controlled communication, and the ability to quickly assess the initial situation (Robertson et al., 2012).

Analysis of Situation Involving EDP

A standard police response to an EDP may consist of using an authoritative voice giving commands for compliance or the use of physical force to include the use of weapons to gain compliance from an EDP who resists. Frequently, when an EDP is confronted by LEOs, the EDP's behavior may escalate because of their paranoia, anxiety, or suspicion of an authority figure (Patch & Arrigo, 1999; Watson et al., 2008).

Reuland et al. (2009) identified three triggers that may increase the anxiety of an EDP who encounters a LEO: (a) fear of a stranger, (b) reluctance to cooperate with LEOs, and (c) fear of a uniform or the intimidating presence of LEOs. They also found that EDPs were more likely to be disrespectful and noncompliant toward LEOs when compared to non-mentally ill subjects. Typically, subjects who are disrespectful and

resistant to LEOs are more likely to be arrested than subjects who are not disrespectful or resistant (Reuland et al., 2009).

Unfortunately, the traditional LEO response to EDPs has resulted in a significant number of tragic events, including the fatal shooting of many EDPs (Watson et al., 2008). According to Wells and Schaefer (2006), most LEOs want to learn more about mental illness and available resources so that they can avoid incarcerating the EDP and link them to appropriate mental health resources. LEOs have an incredible amount of power to decide to which system an EDP will be guided. An LEO's attitude toward EDPs may be influenced by the stigma of mental illness that exists in the populace (Watson et al., 2008). Watson et al. (2008) determined how a label of mental illness along with the attitudes and beliefs which that label expresses influences LEOs' response to EDPs. The study also found LEOs were less likely to thoroughly investigate situations in which the EDP was the victim of a crime or act on information they provide unless it is verified by someone else.

Finn and Stalans (2002) conducted a qualitative study of 257 LEOs to examine their beliefs and response to calls involving an EDP. The study found a major influence in an LEO's decision-making process was the availability of community resources such as the number of mental health providers and treatment facilities. Without this knowledge of available resources, LEOs are not equipped to help EDPs and may instead simply arrest them to resolve the situation in the quickest manner (Compton et al., 2014b).

Kara (2014) found many law enforcement agencies do not have formal policies for responding to mental health calls. Reuland et al. (2009) found 55% of law enforcement agencies lacked specialized procedures to manage mental health crisis incidents. Without specialized training and guidance, LEOs may perceive the behaviors of an EDP as dangerous and arrest them (Compton et al., 2014b). Kara (2014) used empirical evidence regarding the beliefs about EDPs and the criminal justice system and found that criminalization of mental illness is a reality. She also found arrest and incarceration rates to be much higher for EDPs than for the general population.

Based on the increased number of interactions with EDPs in recent years, it is crucial that LEOs be better trained and educated on how to effectually deal with EDPs (Davidson, 2016). Tully and Smith (2015) propose an increase in the level of basic and in-service training provided to LEOs to ensure their actions are in accordance with best practices. The model which has emerged as the most commonly used is the CIT Memphis model, which has been regarded as a best practice in LEO response to calls involving EDPs (Cotton & Coleman, 2010). One of the greatest strengths of this model is its collaboration between LEOs and local mental health providers, thereby providing a collaborative response (Cotton & Coleman, 2010). This training model ensures that individuals living with mental illness can obtain psychiatric services in their community (Compton et al., 2014a). While the role of LEOs is not the same as a mental health practitioner, such as a psychiatrist, it is beneficial and imperative for LEOs to have an

understanding of, and empathy for, the dilemmas encountered by an EDP (Compton et al., 2014a).

Evaluation

Currently, CIT is one of only a few law enforcement training programs that is not provided or offered exclusively through a police training academy; CIT is a partnership with the mental health system, consumers, and family agencies (Bahora, Hanafi, Chien, & Compton, 2008; Skubby, Bonfine, Novisky, Munetz, & Ritter, 2013). The Memphis CIT model has not been researched sufficiently to be deemed an evidence-based practice; however, it has proven successful in hundreds of law enforcement agencies across the U.S. and is considered to be a law enforcement best practice (Watson & Fulambarker, 2012).

Many law enforcement training programs are evaluated through participant feedback or a pre-post questionnaire to assess changes in LEOs' knowledge and attitudes soon after completing a training program (Coleman & Cotton, 2010). However, these evaluations do not provide insight into which modules of the course are most useful, what learning strategy was most effective, or whether the education and training translates into sustained changed behavior in the LEO (Carroll, 1993). Notwithstanding the limitations of these evaluations, they do provide persuasive evidence of the benefits of employing a comprehensive adult learning strategy in CIT training. But, it is still difficult to determine the relative contribution and identify the essential and effective components of the CIT training (Carroll, 1993).

The assessment of the effectiveness of any education or training program is complex (Kirkpatrick, 1976). While the traditional pre-posttest of knowledge and attitudes conducted before and after completion of a training program is important, it is crucial that a more precise and comprehensive outcome evaluation be relied upon (Carroll, 1993). That is, evaluations must focus on what differences the training program has made over time (Bloom et al., 1956). It is essential, therefore, to develop an evaluation model that takes into account how the training program has improved the outcomes for LEOs involved in interactions with EDPs; in particular, how it has improved outcomes for the EDP which validates the performance of CIT training in regards to the intended outcome (Compton et al., 2014a).

The overall evaluation should consider changes in the number of mental health crisis situations LEOs responded to; measure EDP satisfaction, on a case by case basis or through random law enforcement community satisfaction surveys; the number of arrests versus the number of mental health system diversions or referrals; satisfaction ratings from mental health agencies; the number of use-of-force incidents involving EDPs; and the number of injuries incurred by either LEOs or EDPs during interactions (Compton et al., 2014a). Clearly, there are challenges to outcome evaluations such as these, but they provide a basis for enhancing the curriculum and tests by founding them on data (Garcia, 2003).

Summary and Conclusions

CIT training was designed to enhance contemporary-policing methods that address the underlying issues for calls-for-service rather than simply arresting the individual and removing them from the community (Thompson & Borum, 2006). CIT training's design develops empathic aptitudes in LEOs, who first begin to acquire them as they progress through didactics and site visits to local mental health facilities, allowing them to interact with EDPs who are receiving treatment (Clayfield et al., 2011). This study evaluates the cognitive changes which take place in LEOs as a result of their completing CIT training. It furthers our understanding of this specific instructional program and provides insight into the ways LEOs change in regards to their perception of mental illness, knowledge of local mental health resources, and de-escalation techniques.

The review of the literature indicates that previous studies of the CIT training have validated that LEOs who complete the 40-hour, Memphis model, CIT training, are more likely to employ empathy and respect toward EDPs to ensure that their interactions are concluded in a safe manner. In addition, when contrasted to non-CIT-trained LEOs, those that have CIT training have shown a greater understanding and knowledge of mental health issues, embraced more positive attitudes towards those with a mental illness, have exhibited more effective de-escalation skills, and know what local resources are available in their community. While the use of force studies between CIT-trained and non-CIT-trained LEOs indicated little difference, the level of force used by CIT-trained LEOs was consistently lower on the force continuum. The literature also indicates

challenges for successful implementation of CIT training between urban and rural agencies in terms of available resources and the ability to establish relationships with local mental health providers.

The study fills a gap in the literature by determining the impact CIT training has on LEOs who have daily interactions with EDPs. It identifies the relative contribution and effective components of the CIT training and answers the epistemological research questions of the LEOs' perception of the overall effectiveness of CIT training and whether they believe it would benefit all uniformed LEOs. Chapter 3 follows with a detailed description of the chosen methodology and procedures used to assist in understanding the study's participants' lived experiences through qualitative interviews to answer the research questions.

Chapter 3: Research Method

This chapter presents the methodology and procedures used to assist in understanding the study participants' lived experiences. I provide a detailed description of the research design, the rationale for choosing the design, the role of the researcher, the methodology for selecting the study's participants, data collection procedures, data analysis processes, issues of trustworthiness, and ethical procedures. The results of this study will contribute to the existing body of knowledge on the effectiveness of CIT training and how requiring all uniformed LEOs to complete such training will affect the use of force rates, the number of arrests, and the diversions of EDPs from jail.

Research Design and Rationale

In this qualitative, phenomenological study, I sought to answer the following four research questions:

- Research Question 1: What are the perceptions of uniformed CIT trained LEOs regarding the advantages or disadvantages of the training?
- Research Question 2: How is CIT training perceived to effect LEO response to EDPs?
- Research Question 3: Which elements of the Memphis Model CIT training perceived by trained LEOs to be the most useful or beneficial in responding to incidents involving EDPs?
- Research Question 4: What are LEO perceptions of requiring all uniformed LEOs to complete CIT training?

I selected a qualitative research approach for this study to explore the phenomenon and describe it or the lived experience by attempting to find connections between multiple variables and sets of ideas to gain additional knowledge (see Ravitch & Carl, 2016). Qualitative studies are used to analyze new types of research designs, such as the effectiveness of an intervention or to amplify existing quantitative data (Moustakas, 1994; Ravitch & Carl, 2016). A qualitative approach may also be used to investigate the macro-sociopolitical contexts of a phenomenon, which is useful in advancing positive social change. Understanding the setting, background, and how they relate to the phenomenon determines the focus of the study (Moustakas, 1994; Ravitch & Carl, 2016). Unlike quantitative research, this study uses data collected through interviews with study participants. The interviews are transcribed and then coded to detect themes indicating the individual perspectives, perceptions, and understanding of the phenomenon (Ravitch & Carl, 2016). A qualitative phenomenological study is the proper method to use for this research to obtain a more in-depth understanding of LEOs' perceptions regarding the benefits of CIT training and their beliefs on whether it should be a required course for all uniformed officers.

A phenomenological design was selected to determine whether a common meaning of a lived experience for a specific group of individuals exists (see Creswell, 2013). This type of qualitative study focuses on what participants have in common as they encounter a specific phenomenon. The researcher gathers data from the participants and synthesizes it to develop a consolidation of shared experience (Ravitch & Carl,

2016). By doing so, the researcher can understand these shared experiences to develop policies, procedures, and have a better understanding of the phenomenon (Creswell, 2013).

This study explored uniformed LEOs' perceptions of the impact CIT training has had on their interactions with EDPs in crisis. I conducted qualitative interviews to determine the feelings, beliefs, and deductions of municipal, CIT-trained, uniformed LEOs in Wake County, North Carolina, to learn their perceptions of the benefits of CIT training and whether it should be a mandatory course for all uniformed officers in North Carolina.

Specifically, this qualitative research study used responsive interviews to obtain in-depth answers from participants that reflected their perspectives and aided in eliminating any biases that could impede the interview process (Rubin & Rubin, 2012). According to Rubin and Rubin (2012), responsive interviews are designed for one interviewer and one participant who has experience with the research topic. The qualitative interview strategy included the main questions, conversational management probes, and follow-up questions to regulate the depth and detail of the exchange (Rubin & Rubin, 2012). I did not have any personal or professional relationship with the participants or power over them. The participants were CIT-trained LEOs who will be intimately familiar with the topic of the research questions.

Comparing normal conversations to interviews, the interview focuses on building a relationship to learn more about the topic of the research; in contrast, a conversation is

typically about maintaining a relationship (Rubin & Rubin, 2012). In personal relationships, the parties are generally aware of each other's beliefs and feelings on sensitive topics. However, researchers do not have that understanding of their participants and need to discover these areas and simultaneously adapt to them (Rubin & Rubin, 2012). Further, Rubin and Rubin (2012) emphasized that the goal of responsive interviewing is to obtain detailed responses and descriptive stories that the researcher must record for later analysis, whereas a normal conversation is recorded in your mind without a verbatim transcript. Other advantages of in-person interviews include being able to observe micro-expressions and other notable changes in the mannerisms or demeanor of the participants, which gives insight into their emotions concerning the topic (Rubin & Rubin, 2012).

Role of the Researcher

As the researcher in a qualitative study, I was the primary instrument for collecting, interpreting, and analyzing data (see Ravitch & Carl, 2016). I was responsible for recruiting the participants from municipal law enforcement agencies and for collecting spoken data from the participating LEOs. The participants were asked to explain, to the best of their ability, their experiences and beliefs about CIT training and its utilization in handling situations involving EDPs. Creswell (2013) stated that the purpose statement, problem statement, and research questions must be properly aligned to facilitate creating apposite questions, which will be used to elicit responses from the participants to answer the research questions.

In phenomenological studies, the researcher is likely to have naturally occurring biases that could present a threat to the study's reliability (Ravitch & Carl, 2016). I have 40 years of law enforcement experience and have attended the CIT training as well as the Combat Veteran CIT training to learn first-hand what the program's curriculum consists of and how it is presented. Therefore, research bias may exist. Based on these circumstances, it was imperative in this phenomenological study that I approached the data with as little bias as possible to allow only the essence of the participants' experiences to be used. As suggested by Ravitch and Carl (2016), I used an identity memo to bracket out my personal experiences to aid in only analyzing the participant's viewpoint and experiences. In addition, I did not have any previous personal or professional relationship with the participants or power over them.

Methodology

A qualitative, phenomenological study was used to conduct this research to examine the individual perceptions and shared life experiences of participating LEOs (Ravitch & Carl, 2016). Ravitch and Carl (2016) elucidated that the purpose of a phenomenological study is to identify the phenomenon and how it is perceived by the participants in the study. In this study, I examined, documented, and analyzed interviews of participating LEOs to evaluate their cognitive changes as a result of completing CIT training in order to further understand this specific instructional program and provide insight into the ways LEOs change in regards to their perception of mental illness, knowledge of local mental health resources, and de-escalation techniques.

Ravitch and Carl (2016) stated that the research material or raw data collected does not speak for itself, and the researcher must analyze and code the data without interjecting their own biases into it. Therefore, I crafted a plan to collect, organize, and analyze the raw data while being conscious of my personal biases. I looked for themes and correlations in the data obtained using responsive interviews of participants that reflected their perspectives (Rubin & Rubin, 2012). Follow-up questions and probing allowed me to dig deeper into the participants' situations or recollections regarding incidents and interactions with EDPs. Responsive interviewing was used because it was designed to be flexible, interactive, and continuous rather than a set of rigid questions prepared before the interviews. Responsive interviewing resulted in an interactive process of gathering information, coding it, and analyzing the resulting data to obtain a clearer model of the phenomenon that was being studied (Ravitch & Carl, 2016).

Participant Selection

Purposive sampling was used to recruit LEOs who have completed CIT training and currently respond to calls involving EDPs for this study. This sampling technique provided participants who have experience with the phenomenon being studied and understand the research questions (Foster et al. 2017). The intention was to contact the chief of police or CIT coordinator for each municipal agency in Wake County and inform them of the nature and purpose of the study and request that the coordinator assist with recruiting by distributing a flyer to LEOs who meet the study's criteria. The goal was to obtain two volunteer LEOs, from each municipal agency, who have completed CIT

training, and currently interact with EDPs. After selecting LEOs to participate in this study, I contacted them by telephone or email to schedule a date and time for their interview. They were informed that their participation was voluntary and that they should honestly and fully answer all questions during the 60-minute interview to ensure the integrity and goals of the research are obtained. It was anticipated that participants would have a variety of experience levels as LEOs, as well as varying lengths of time since completing the CIT course. These differences were grouped in categories based on the responses received to aid in analysis.

Ravitch and Carl (2016) recommended between five and 25 participants for phenomenological studies. LEOs as a group are considered homogeneous (Maskaly et al., 2017). Therefore, code saturation in such populations typically occurs between the eighth and 16th participant (Hennick, Kaiser, & Marconi, 2017; Namey, Guest, McKenna, & Chen, 2016), meaning saturation may not occur until 10 to 24 participants have been interviewed, providing a greater transferability to the population (Hennick et al., 2017). Attrition is also considered, suggesting a sample size of eight to 24 to gather useful information about the phenomenon (Boddy, 2016; Hennick et al., 2017; Namey et al., 2016). Therefore, in this study, I sought to conduct responsive interviews of 10 to 25 CIT-trained LEOs who are currently employed in Wake County, North Carolina.

I followed the Walden University (2010) Institutional Review Board (IRB) guidelines, as outlined in the Standard Application for Research Ethics Review. The consent forms, participation agreements, and any other necessary documentation were

completed and approved before any research data were collected (IRB Approval 07-24-20-0726221).

Instrumentation

In a qualitative study, the primary instrument for collecting, interpreting, and analyzing data is the researcher (Ravitch & Carl, 2016). I used a digital voice recorder, field notes, and a standardized interview protocol to collect the data from each participant. The interview audio recordings were converted into written text to prepare for coding and further analysis through a contracted transcribing service to convert the recordings into text documents. Upon completing the transcription process, the data were imported into NVIVO 2020, a computer-assisted qualitative data analysis software. NVIVO is a software program used to determine group nodes as well as assist in coding data which allowed data sets to be combined, organized, and classified, to further assist in thematic coding (Ravitch & Carl, 2016).

I prepared an interview guide comprised of 10 open-ended questions to gather data to answer the study's research questions. The interview guide's questions were based on the goal of the research study to obtain a more in-depth understanding of LEOs' perceptions regarding the benefits of CIT training and their beliefs on whether it should be a required course for all uniformed officers. Specifically, the interview questions were structured from the four research questions and reviewed by three subject matter experts to ensure they will discover participants' perceptions of the CIT training and which elements they believed to be the most beneficial for responding to incidents involving

EDPs. These open-ended questions permitted the participants to convey the depth and scope of their experiences using this training in the field (Fleischmann et al., 2018).

According to Kvale and Brinkmann (2008), using open-ended questions to conduct semi-structured interviews with participants is an effective data collection method to address research questions in a qualitative study. This type of instrument allows the interviewer to engage in probing the participants to yield additional information that they may not have recalled during their initial statement (Seidman, 2006). The semi-structured interview instrument contained a set of predetermined, open-ended questions that all participants were asked; but, was structured in such a way as to allow the interviewer to ask follow-up questions to explore the topic of interest further (Kvale & Brinkmann, 2008).

Poggenpoel and Myburgh (2003) recommend using semi-structured interviews as one method to avoid potential interviewer bias. Additionally, the content validity of a researcher-developed instrument must be established to ensure that it clearly represents the research topic being explored. Content validity, according to Mehra (2002), is defined as the degree to which an instrument encompasses relevant and important countenances of the concept it intends to measure. Mehra (2002) recommends several ways to substantiate the content validity of a researcher-developed instrument:

1. Review by knowledgeable experts in the field;
2. Review of relevant research literature of the phenomenon or concept;
3. Interviewing participants involved in the study; and

4. Coding and classification of the interview data.

To ensure the validity of the instrument, the researcher conducted a thorough search of the literature related to other studies of CIT training. In addition, the researcher requested the State CIT Advisory Board Chairman, Wake County CIT Coordinator, and one agency CIT Coordinator to review the instrument and sought their guidance. Finally, the approval of my committee and the IRB were obtained prior to implementation.

Procedures for Recruitment, Participation, and Data Collection

This qualitative phenomenological study explored the lived experiences of CIT trained LEOs through in-depth interviews. The participants were recruited with assistance from each agency's CIT coordinator. Safe, secure locations were selected to facilitate an environment where data could be collected free from stresses and outside influences that could alter the data collection process (Rubin & Rubin, 2012). The researcher used two digital audio recorders, a notebook, and pens to collect the data. The time allotted for each interview session was 60 minutes for each participant but may be extended if necessary and with the interviewee's consent.

The researcher began each interview by explaining the purpose of the study and the rules of confidentiality to each participant and requested that they read and sign a copy of the consent form. The consent form informed the participants of the purpose of the study, their right to freely depart from the study at any time, a promise of privacy, and that no form of monetary compensation would be offered for participating in the study. Before beginning the interview, I answered any questions the participants had while they

read the consent form. Each participant received a copy of the consent form for their records. Finally, an explanation of how the interview would be conducted and what to expect during the interview.

After each interview, the participants were thanked for their participation and then debriefed by explaining the next steps of the study. The researcher also informed them that if they experience any discomfort from recalling events, they should seek counseling by contacting their agency's employee assistance program. Each participant was informed that the audio recordings would be transcribed following the interview and that they would receive a copy of the transcription along with their audio recording by email to validate it for accuracy and confirm the data (Hennink, Kaiser, & Marconi, 2017). Completed questionnaires and all notes were collected at the end of each interview and placed in a locked briefcase. To further ensure participant privacy and data protection, all data is be stored in the researcher's home office for safekeeping.

At the time of this proposal the State of North Carolina was under a "stay at home order" from the governor to limit the spread of COVID 19 which had caused a pandemic. Therefore, interviews that were to be conducted face to face were conducted using a web-based meeting platform during this phase of the study. Using video conferencing still allowed the advantages of in-person interviews to observe micro-expressions and other notable changes in the mannerisms or demeanor of the participants, which gave insight into their emotions concerning the topic (Rubin & Rubin, 2012).

Data Analysis Plan

Data analysis used Colaizzi's (1978) methodological seven-stage framework, which is a descriptive phenomenological method of analysis. According to Ritanti et al. (2017), a phenomenology study uses themes derived from participants' descriptions, experiences, and interpretations of a participant's life experience to construct meanings and establish thematic nodes. In this study, Colaizzi's (1978) analytical approach was utilized to construct meanings and establish themes derived from participants' descriptions, experiences, and interpretations of their lived experiences. The data were analyzed using the following steps:

1. Read and re-read all the participants' descriptions of the phenomenon under study.
2. Extract significant statements from each description that directly pertain to the phenomenon.
3. Formulate meanings from these significant statements.
4. Organize these formulated meanings into themes.
5. Integrate the results of the data analysis into a description of the phenomenon under study.
6. Return the results to the participants for validation.
7. Incorporate any new, relevant data into the fundamental structure of the phenomenon.

Lester, Cho, and Lochmiller (2020) state that qualitative data analysis is an iterative process that should be conducted in stages to provide a transparent process for both the researcher and ultimately the reader. Therefore, after completing all of the interviews the researcher gathered each of the audio and video-recorded interviews into one location and begin converting their observational notes into MS Word documents. A naming convention was created and used for each file, as well as a master data index that lists each data source, its location, and the date it was collected. Lester et al. recommend developing this organizational process as it will assist in building the data corpus to assist in the thematic analysis. This process also facilitated importing data into the qualitative analysis software NVivo.

Transcribing the audio data was conducted by REV, a contracted third party, to provide a verbatim transcript, which is meant to capture every utterance from the participant and serve as an accurate record of the conversation. Once transcribed, the researcher became familiar with the data by reading it and conducting an initial analysis by noting the ideas or experiences described by participants. These initial impressions of the data assisted me later with the detailed analysis. It also indicated limitations or gaps in the collected data and required further data collection or denoted these gaps as areas for future research (Lester et al., 2020).

The next step was to code the data by assigning a word or phrase to a segment of data (Saldana, 2016). This level of coding will use NVivo 2020 to assist in identifying main statements, experiences, and reflections and reduce the size of the data corpus by

signifying it as having analytic importance (Saldana, 2016). Codes assigned during this phase were descriptive in nature and reflected a relatively low level of inference (Lester et al., 2020). The second phase of coding required a higher level of inference as the researcher began reflecting on the concepts that were more directly related to the focal point of the study. The second phase began by connecting statements, experiences, and reflections of the participants to the study's analytic interests (Lester et al., 2020).

Finally, the third phase of coding made categorical connections to the study's theoretical foundation (Lester et al., 2020). Coding in this step was the highest level of inference.

Lester et al. (2020) state that thematic analysis requires the application of codes, development of categories, and the production of themes to provide the researcher with a depiction of the data that can be categorized. For this to occur, the researcher must understand how the codes inter-relate and contrast with one another. The individual codes that are related to analytically or conceptually to each other produce categories. Once categories are established, then the researcher can develop their themes (Lester et al., 2020; Saldana, 2016). This two-step process required that combined categories have distinguishing similarities, differences, and associations across them. Next, the researcher assigned a theme name to these categories. The name was inclusive of all of the causal categories, as well as descriptive of their content, the relationships between them, as well as being responsive to any similarities or differences observed (Lester et al., 2020). These identified themes should show alignment with the conceptual goals of the study and be responsive to the study's primary research questions (Lester et al., 2020). Any discrepant

cases were acknowledged and a method chosen for classifying them depending on the related research question; all reports used as part of calculating the range of prevalence estimates and analyzed by examining them with the expectation that they will share some similarities with the conventional cases. These similarities of the discrepant cases were accounted for and related to the other data, possibly for future studies (Waite, 2011).

Issues of Trustworthiness

To be trustworthy, according to Pratt, Kaplan, and Whittington (2020), research must be replicable and transparent regarding the data and methods used in the study. Therefore, practices that increase methodological transparency and replicability of a study are essential for trustworthiness. This section discusses credibility, transferability, dependability, confirmability, and ethical procedures, all of which are necessary to ensure the quality of a study (Kubiak et al., 2017).

Credibility

Shufutinsky (2020) asserts the credibility of data is imperative in qualitative research due to its interpretive nature and the use of social situations to form units of analysis. To ensure credibility I checked and compared each participant's response during and after the interviews with the other participants' responses. I also provided participants with a copy of their interview transcript along with the preliminary interpretations for them to review and provide feedback. This strengthened the study's credibility and validity by corroborating the data and the understanding of it (Moustakas, 1994). I also used peer debriefing by asking two colleagues to comment on the findings to see if they are plausible and understandable. By

using triangulation of participant checks, peer examination, and a review of the literature the credibility of this study was bolstered.

Transferability

Kubiak et al. (2017) define transferability as the degree to which the results of qualitative research can be used in other contexts or settings with a different group of participants. The researcher assists the transferability of a study by providing a potential user with a meaningful description of the methodology used and the participants selected. I ensured transferability by writing detailed and descriptive narratives on the study's methods, participants, and their experience with CIT training and the benefits derived from it responding to situations involving EDPs. Describing not just their experiences and behavior, but the context as well, so that their occurrences become meaningful to the reader (Kubiak et al., 2017).

Dependability

Dependability refers to how consistently and to what degree research procedures are documented that would allow the results of a study to be replicated using the same methods (Moon et al., 2016). Shenton (2004) recommends using an audit trail consisting of documents that record all of the processes that were performed during the study; such as the methodology used, data collection, data analysis, and interpretation. These documents will permit future researchers to replicate the study and analyze their findings consistent with the original study (Moon et al., 2016). In this phenomenological study, the researcher established dependability by keeping a clear and thorough audit trail. The audit trail is comprised of written notes that contain observations made during the

research phase and how the data were collected, analyzed using audio files, field interview notes, and transcripts of interviews (Fielding, 2016). The audit trail is available for review by the dissertation committee to ensure the adequacy of the research project (Shenton, 2004).

Confirmability

Confirmability according to Moon et al. (2016) establishes the degree to which the findings of a study are based on the participants and conditions of the study and not the biases, motivations, or perspectives of the researcher. To ensure confirmability, a researcher must validate that the outcomes are related to the participants and not themselves. In a qualitative study, the researcher should record all of the steps taken to manage the influences of their heuristic preferences and epistemological beliefs as they relate to the study to ensure the results are based on the experiences and inclinations of the participants rather than those of the researcher (Moon et al., 2016). Shenton (2004) believes that by clearly reporting a researcher's viewpoints and assumptions does not eliminate their bias, but does explain how their position could affect the research findings but still produce useful results. In this study, I provided a detailed description of the methodology, data, constructs, and theories to eliminate the impact of biases to ensure confirmability (Shenton 2004).

Ethical Procedures

In conducting this phenomenological qualitative study of CIT training I followed Walden University's (IRB) guidelines thoroughly and adhered to its ethical standards to

protect the rights and wellbeing of the study's participants. Before each participant's interview, they were read and signed a consent form to obtain their agreement to participate in the study. The consent form will clearly state that participation in this study is strictly voluntary, and participants are free to withdraw or depart from the study at any time without consequence. The consent form also outlined how the participants' rights to confidentiality and anonymity will be protected. Participants' identities will be kept private, their personal information will not be disclosed to other parties, and any identifying information obtained during the interviews was redacted from transcriptions (Shenton 2004). Also, each participant was assigned an alias code of "Officer" followed by a letter from the alphabet and a number to respect participants' privacy (e.g., Officer 1A and Officer 1B). Confidentiality was crucial in this study so that LEO participants were comfortable providing data that conveys and defines their real lived experiences instead of what they believe the researcher wants to hear. Also, I did not have any personal relationship or direct control over any of the LEOs participating in this study. The data, notes, recordings, and any other material related to this study will be maintained in the researcher's home office in a locked filing cabinet for five years. At the end of this time, the data and documents will be destroyed by shredding and electronic media will be erased at least two times to ensure destruction.

Summary

This chapter included the rationale for using a qualitative phenomenological research design to answer research questions regarding the lived experiences and beliefs

of LEOs about CIT training and its utilization in handling situations involving EDPs. The chapter included the four research questions, research methodology design, instrumentation, participant selection, data collection, analysis, as well as trustworthiness, and ethical considerations for the participants. Chapter 3 also included evidence to support the exploratory methods of coding that evolved into codes, patterns, and themes of participant lived experiences. Chapter 4 consists of a comprehensive account of data analysis to include the shared lived experiences of CIT-trained officers. The chapter also includes the demographic information of the study's participants.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to provide insight into CIT training to obtain a better understanding of the perceived impact this program has on LEOs who have daily interactions with emotionally disturbed people. The data were gathered from 11 in-depth interviews of CIT trained officers to answer the following four research questions:

1. Research Question 1: What are the perceptions of uniformed CIT trained LEOs regarding the advantages or disadvantages of the training?
2. Research Question 2: How is CIT training perceived to effect LEO response to EDPs?
3. Research Question 3: Which elements of the Memphis Model CIT training perceived by trained LEOs to be the most useful or beneficial in responding to incidents involving EDPs?
4. Research Question 4: What are LEO perceptions of requiring all uniformed LEOs to complete CIT training?

Chapter 4 includes a description of the research setting, participant demographics, data collection, data analysis, evidence of trustworthiness, and study results. It concludes with a summary.

Research Setting

The 11 interviews were conducted during August 2020. I used WebEx, which is an internet-based meeting platform that allows face-to-face meetings to occur virtually

and be recorded. I chose this medium because, at the time of the study, the State of North Carolina was under a “stay at home order” from the governor to limit the spread of COVID 19, which had caused a pandemic. Therefore, interviews that would have been conducted face to face were prohibited for health reasons. Using video conferencing still allowed the advantages of in-person interviews to observe micro-expressions and other notable changes in the mannerisms or demeanor of the participants, which gave insight into their emotions concerning the topic. I conducted the interviews from my home office, and the majority of the participants were in private offices or at home, which excluded any personal or organizational conditions that may have influenced their experiences or altered the interpretations of the data.

Demographics

Initially, 24 participants were contacted to participate in the study. Of those, 11 municipal police officers participated. The other 13 that stated an interest to participate ultimately did not respond to emails requesting their availability to schedule an interview. To protect the identity of the participants, I assigned each of them an alphanumeric code that identified the agency they work for and the chronological order of their interview. The LEOs who participated in this study are from various police departments in Wake County, North Carolina. The level of experience of the LEOs ranged from 1 to 14 years of experience since completing CIT training. Table 1 provides an overview of the participants’ demographics and background.

Table 1

Demographic and Background Information

Participant	Gender	Education	Age	Racial Identity	Yr. CIT LEO	Family mental ill
7A	Male	Associates	38	African American	1	No
0A	Male	Master	54	Caucasian	14	Yes
7B	Male	Associates	29	Caucasian	4	Yes
6A	Female	Bachelor	32	Caucasian	5	Yes
7C	Male	High school	33	African American	2	No
0B	Male	Bachelor	29	Caucasian	4	Yes
8A	Male	High school	35	African American	8	Yes
8B	Male	Bachelor	39	African American	1	No
8C	Female	High school	34	Caucasian	9	No
8D	Male	Bachelor	41	Caucasian	13	Yes
0C	Male	High school	37	Caucasian	4	Yes

Data Collection

The participant recruiting process, which began after I received IRB approval, involved sending e-mails to all of the municipal police chiefs in Wake County, North Carolina, requesting that they distribute my recruitment poster to their agency's CIT-trained officers. Within the first week, I received replies from the agencies with the names and e-mail addresses of officers who indicated that they were interested in participating.

I e-mailed each of the prospective participants informing them of the nature of the study and requesting a reply with several dates and times when they would be available for a virtual face-to-face interview. Attached to the email was a consent form and demographics questionnaire with a request for participants to return them before the interview. As the replies were received, I coordinated dates and times to conduct the

interview with those officers who met the selection criteria, using WebEx to facilitate and record it.

The 11 interviews were all conducted during August 2020. I began all interviews by reviewing the consent form, demographics questionnaire, and nature of the study. All participants consented to the interview being recorded. I used the WebEx recording feature with a transcription option and a digital recorder for redundancy. I also used a copy of the interview questions to record nonverbal behavior and emotional cues displayed by the participants as they recalled experiences and expressed their perceptions about CIT training. Each of the interviews lasted 20 to 30 minutes.

A researcher-developed questionnaire was created to guide the interviews. I designed the questions to obtain a more in-depth understanding of LEOs' perceptions regarding the benefits of CIT training and their beliefs on whether it should be a required course for all uniformed officers. The questions were structured to encourage participants to talk freely and elaborate on their experiences. Follow-up and probing questions were used to obtain the most descriptive answers as possible. This method enabled the participants to add additional information to their previous statements providing the researcher with richer data.

I assigned an alias code to each participant to secure their identity and to identify their audio recordings and transcripts. Once the interviews were transcribed, I e-mailed them to the participants to review for accuracy. Each participant confirmed the exactness of their transcript and no changes were made.

Data Analysis

Data analysis used Colaizzi's (1978) methodological seven-stage framework, which is a descriptive phenomenological method of analysis. According to Ritanti et al. (2017), a phenomenology study uses themes derived from participants' descriptions, experiences, and interpretations of a participant's life experience to construct meanings and establish thematic nodes. In this study, Colaizzi's (1978) analytical approach was utilized to construct meanings and establish themes derived from participants' descriptions, experiences, and interpretations of their lived experiences. The data were analyzed using the following steps:

1. Read and re-read all the participants' descriptions of the phenomenon under study.
2. Extract significant statements from each description that directly pertain to the phenomenon.
3. Formulate meanings from these significant statements.
4. Organize these formulated meanings into themes.
5. Integrate the results of the data analysis into a description of the phenomenon under study.
6. Return the results to the participants for validation.
7. Incorporate any new, relevant data into the fundamental structure of the phenomenon.

After completing all of the interviews, I gathered each of the audio and video-recorded interviews into one location and converted them into Microsoft Word documents. A naming convention was created for each file, as well as a master data index that lists each data source, its location, and the date it was collected. Transcribing the audio data was performed by REV, a contracted third party, to provide a verbatim transcript, which is meant to capture every utterance from the participant and serve as an accurate record of the conversation. Once interviews were transcribed, I became familiar with the data by reading the transcriptions and conducting an initial analysis by noting the ideas or experiences described by participants. These initial impressions of the data were used for a more detailed analysis.

The next step was to code the data and assign a word or phrase to a segment of data. This level of coding used NVivo 2020 to assist in identifying main statements, experiences, and reflections to reduce the size of the data corpus by signifying it as having analytic importance (Saldana, 2016). Codes assigned during this phase were descriptive in nature and reflect a relatively low level of inference (Lester et al., 2020). The second phase of coding required a higher level of inference as I reflected on the concepts that were directly related to the study's research questions. The second phase began by connecting statements, experiences, and reflections of the participants to the study's analytic interests (Lester et al., 2020). Finally, the third phase of coding made categorical connections to the study's theoretical foundation (Lester et al., 2020). Coding in this step was the highest level of inference.

The thematic analysis required the application of codes, development of categories, and the production of themes to provide a depiction of the data to be categorized (Lester et al., 2020). Once the categories were established, I developed the themes (Lester et al., 2020; Saldana, 2016). This two-step process required combining related categories by distinguishing similarities, differences, and associations across them. Next, I assigned a theme name to these categories. The name was inclusive of all of the causal categories, as well as descriptive of their content, the relationships between them, and responsive to any similarities or differences observed (Lester et al., 2020). These identified themes showed alignment with the conceptual goals of the study and the study's primary research questions (Lester et al., 2020). Discrepant cases were acknowledged and classified with the related research question; all reports were used as part of calculating the range of prevalence estimates and analyzed by examining them with the expectation that they will share some similarities with the conventional cases. The similarities of the discrepant cases were accounted for and related to the other data, possibly for future studies (Waite, 2011).

Evidence of Trustworthiness

Trustworthiness of a study, according to Pratt et al. (2020), must be replicable and transparent regarding the data and methods used. Therefore, the practices that I used to increase methodological transparency and replicability of a study were the concepts of credibility, transferability, confirmability, and dependability. This section will discuss

these ethical procedures, all of which were used to ensure the quality of this study (Kubiak et al., 2017).

Credibility

The credibility of data is imperative in qualitative research due to its interpretive nature and the use of social situations to form units of analysis (Shufutinsky, 2020). To ensure credibility the researcher checked and compared each participant's response during and after the interviews with the other participants' responses. Also, the researcher provided participants with a copy of their interview transcript along with the preliminary interpretations for them to review and provide feedback. By corroborating, the data and the understanding of it strengthened the study's credibility and validity (Moustakas, 1994). The researcher also used peer debriefing by asking two colleagues to comment on the findings to see if they are plausible and understandable. By using triangulation of participant checks, peer examination, and a review of the literature the credibility of this study was reinforced.

Transferability

Transferability is the degree to which the results of qualitative research can be used in other contexts or settings with a different group of participants (Kubiak et al., 2017). The researcher ensured transferability by writing detailed and descriptive narratives on the study's methods, participants, and their experience with CIT training as well as the benefits they derived from it responding to situations involving EDPs. Describing not just their experiences and behavior, but the context as well, so that their occurrences become meaningful to the reader (Kubiak et al., 2017).

Dependability

Dependability refers to how consistently and to what degree research procedures are documented that would allow the results of a study to be replicated using the same methods (Moon et al., 2016). In this study, the researcher established dependability by keeping a clear and thorough audit trail. The audit trail is comprised of written notes that contain observations made during the research phase and how the data were collected, maintaining audio files, field interview notes, and transcripts of interviews (Fielding, 2016). The audit trail will be available for review by the dissertation committee to ensure the adequacy of the research project (Shenton, 2004).

Confirmability

Confirmability establishes the degree to which the findings of a study are based on the participants and conditions of the study and not the biases, motivations, or perspectives of the researcher (Moon et al., 2016). To ensure confirmability, the researcher validated that the outcomes were related to the participants and not the researcher. The researcher recorded all of the steps taken to manage the influences of their heuristic preferences and epistemological beliefs as they relate to the study to ensure the results were based on the experiences and inclinations of the participants rather than those of the researcher (Moon et al., 2016). In this study, the researcher provided a detailed description of the methodology, data, constructs, theories, and used triangulation to eliminate the impact of biases to ensure confirmability (Shenton 2004).

Study Results

The purpose of this qualitative research study was to explore uniformed LEOs' perceptions of the impact CIT training has had on their interactions with people who are experiencing a mental health crisis. The research questions for this study are

- RQ1: What are the perceptions of uniformed CIT trained LEOs regarding the advantages or disadvantages of the training?
- RQ2: How is CIT training perceived to effect LEO response to EDPs?
- RQ3: Which elements of the Memphis Model CIT training perceived by trained LEOs to be the most useful or beneficial in responding to incidents involving EDPs?
- RQ4: What are LEO perceptions of requiring all uniformed LEOs to complete CIT training?

To answer these questions, 11 transcribed interviews were prepared and imported into NVivo 2020 qualitative software. Each line was manually read and coded with contextual content. Multiple subcategory nodes were created relating to the interview questions as content was read and coding was refined within the nodes. Ten nodes were created in the software to correspond to the interview protocol. The refinement of coding resulted in 10 main nodes and 25 subcategories which are listed in Table 2.

Table 2

Thematic Nodes and Subcategories

Thematic nodes	Subcategories
Volunteer CIT training	Demographics, How long ago attended training, No, Yes
If no, how feel about attending	Positive before and after, Wary at first – positive after
If yes, why interest in attending	Personal & family history, Professional skills, & awareness
Agency has mandatory CIT training	Mandatory, Optional
If not, feelings about mandatory	Beneficial to all, Mixed feelings
If yes, feelings about mandatory	Beneficial to all, Expand BLET, Mixed feelings
Beneficial knowledge mental illness	Important, Not as important
Beneficial EDP vs criminal activity	Beneficial, Incidents EDP vs Criminal activity
Changed your response to EDP	Change in response, Examples responding, Personal change
Anything else	Beneficial elements, Wish list, Researcher experience

Research Question 1, what are the perceptions, of uniformed CIT trained LEOs, regarding the advantages or disadvantages of CIT training, was answered by nodes Q07, knowledge of mental illness, Q08 beneficial response to EDPs versus criminal activity, and Q09 changed response to EDP. Eighty-two percent of participants believed that de-escalation training was the most useful training module of the CIT program. Officer 6A stated “The de-escalation skills, learning to slow down and be patient and pretty much just take all the time you need is one of the biggest things for me. There's a lot of officers in my department that just don't seem to have the patience, so learning those de-escalation skills was a big thing.” The CIT lesson plan defines de-escalation as returning

the subject to a pre-crisis state and outlines ways for officers to get into the proper mindset, assess the situation, then begin to execute an approach by asking open-ended questions to determine if de-escalation is possible.

The next most beneficial module was the site visits, with 64% of officers believing an opportunity to tour mental health facilities and charitable organizations that specialize in caring for the mentally ill was valuable by familiarizing them with the programs and services available to EDPs and in some cases interact with some of the consumers. Officer 8D recalled during his site visit he had an opportunity to interact with consumers, and initially,

It was dead silence and I remember I broke the ice because I said cops have a stereotype of, we like to eat doughnuts. I'm sure that most of us in this room don't even like doughnuts. I don't like doughnuts. And I asked what are some of the common misconceptions about consumers that you wish people didn't look at you in that way. And that prompted a conversation. Being able to interact with them and ask them why made leaps and bounds for me and I got more out of that probably than just sitting in a classroom being told what somebody said in a book.

Suicide assessment was selected 45% of the time by participants. This module provides LEOs with an understanding of why people attempt suicide, some of the warning signs of suicide, risk factors of suicide, and how CIT LEOs can intervene. Officer 0C stated,

Suicide assessment was the most beneficial module to me. I used the training while responding to a young female that was a cutter and was cutting deep into her left arm and wasn't going across. She was going up and down and was at a point where there was no return for her. My CIT training kicked in and I knew to show her compassion and that she was ill and was doing this just because she felt like there was nothing else left. I was able to give her some relief by demonstrating that people do care about her.

The diagnosis and medication module and mobile crisis management services both received 36% and the developmental disabilities, NC law regarding mental illness, and role-plays each received 27% of being perceived as beneficial modules of CIT training.

Interview question Q08, beneficial response to EDPs versus criminal activity, indicated that 64% of participants believed the de-escalation module provided them with the most advantageous training to respond to EDPs. Officer 7C said,

De-escalation skills for first responders is extremely important in reacting to an EDP by teaching you how to make a calm approach. If you arrive on the scene involving an EDP and the subject is agitated, and you don't use your deescalating skills, the call can become a very dangerous situation as compared to a criminal activity call. Most situations remain calm if you use de-escalation skills.

Interview question Q09, changed your response to EDP, also selected de-escalation skills 55% as the most beneficial module in CIT training by providing LEOs with useable

skills. Therefore, a cognitive change does take place in LEOs as a result of their completing CIT training. This furthers our understanding of this specific instructional program and provides insight into the students' change in regards to their perception of de-escalation techniques, mental illness, and knowledge of local mental health resources.

Research Question 2, how is CIT training perceived to effect LEO response to EDPs, was answered utilizing responses from nodes Q08 and Q09. Participants selected de-escalation skills 64% and 55% respectively. Site visits, suicide assessment, diagnosis, and medication were each selected 27% of the time. The participants believed they had been provided with specific knowledge about responding to calls involving EDPs and given the skills to analyze different situations in which their knowledge could be used to solve situations that were quickly evolving and potentially dangerous. Officer 8B said, “There is a difference between responding to a call with a person with a disability or in a mental health crisis and a criminal. The mentally ill person is functioning on a different level. They may be taking medication that's causing them not to be psychologically present at the time you're dealing with them. The diagnosis and medication part of the training gave me insight as to what traits to look for, some of the side effects of the medication. So I think the diagnosis and medication, the de-escalation skills, and role-plays, helped give me a different perspective when you respond to mental health or crisis intervention calls, as opposed to criminality. You just got to be a little bit more aware or in tune with the physical and mental cues that you're receiving.” The participants’

responses indicate that CIT training has positive cognitive outcomes in the areas of remembering, thinking, and problem-solving related to responding to EDPs.

Research Question 3, which elements of the Memphis Model CIT training is perceived by trained LEOs to be the most useful or beneficial in responding to incidents involving EDPs. Interview question seven specifically asked participants to rate which of the 16 elements of the CIT training model were the most beneficial in increasing their knowledge of mental illness. Table 3 lists participant's responses in rank order.

Table 3

Elements of CIT Training Perceived to Be Most Beneficial

Elements of training	Total frequencies (N = 11)	Percentage of frequencies
De-escalation skills for first responders	9	82%
Site visits to local mental health facilities	7	64%
Suicide assessment	5	45%
Diagnosis and medication	4	36%
Mobile crisis management services	4	36%
Developmental disabilities	3	27%
NC law regarding mental illness	3	27%
Role plays	3	27%
Substance use disorders	2	18%
Trauma and its aftermath	2	18%
Working with returning veterans	1	9%
Disabled veterans and service animals	1	9%
Resources for aging population	1	9%

Interview question eight explicitly asks participants which of the training's elements was the most beneficial in helping them comprehend the need for responding to a call involving an EDP as compared to calls involving criminal activity. Table 4 lists participant's responses in rank order.

Table 4

Elements of Training Perceived to be Most Beneficial in Responding to EDP Calls

Elements of training	Total frequencies (<i>N</i> = 11)	Percentage of frequencies
De-escalation skills for first responders	7	64%
Diagnosis and medication	3	27%
Suicide assessment	3	27%
Site visits to local mental health facilities	3	27%
Role plays	2	18%
Developmental disabilities	1	9%
Mobile crisis management services	1	9%
Homelessness	1	9%
NC law regarding mental illness	1	9%
Working with returning veterans	1	9%

The participants perceive that the knowledge they obtained through these modules provides them with generalized intellectual abilities and skills which will serve them in being prepared for diverse situations involving someone suffering from a mental health crisis. This study indicates CIT training provides LEOs with a level of abilities and skills to respond to EDPs. Officer 0A said “I learned a little bit more about developmental disabilities, which was nice and I couple that with the de-escalation portion and found myself starting to look for characteristics of people that displayed, you know either crisis signs or that they had a special need of some sort. And just always found those particularly challenging, especially from a communication standpoint, but that challenge was very motivating to me. Because I had learned so much with my autistic daughter and her peers and had developed my abilities to communicate with them before the CIT training, now it gave me a chance and avenue to do it professionally, too. So I would put

the special needs module in there along with the de-escalation as two that probably really gave me a strong platform for response. So much so that I was often called to go across our district lines because I got a reputation of being able to do it pretty well.”

Research Question 4, what are LEO perceptions of requiring all uniformed LEOs to complete CIT training was answered by interview question Q04, agency has mandatory CIT training, Q05, if not, feelings about mandatory training, and Q06, if yes, feelings about mandatory training. Eighty-two percent of the participants stated that their agency required CIT training. The remaining 18% stated it was optional to attend and were equally split as to whether the training should be mandatory. Fifty-five percent of the participants who were employed by agencies that required CIT training supported the policy while 27% had mixed feelings and another 27% believed the training should be taught in the Basic Law Enforcement Training (BLET) which is the curriculum used in the police academy. Officer 8B said, “I think that would be a good requirement. I think everyone should take it just to be exposed to that population and how to interact with them. Some of the triggers and behaviors that are associated with that population. So I think it would be beneficial for all LEOs to take CIT training.”

Question Q10 asked participants if there was anything else they would like to share with the researcher. Ninety-one percent of participants added the training was beneficial to them in responding to calls involving EDPs and also made suggestions as to how the training could be improved. Officer 6A said, I know a lot of people don't care for mandatory training like this, but I think it's absolutely necessary and I think most

departments should require it if they don't already.” Officer 8D added, “I would actually like to see a short refresher course. Maybe a four or eight-hour refresher to cover any changes in diagnosis or medications or things that officers are seeing and I would actually like it to include a site visit. So we can continue a dialogue with consumers.” Table 5 lists the participant's comments and their frequency.

Table 5

Anything Else to Share

Additional comments	Total frequencies (<i>N</i> = 11)	Percentage of frequencies
Beneficial elements of CIT	10	91%
Overall - satisfaction with training	7	64%
Site visits valuable	4	36%
Various points of view in program	4	36%
Wish list	10	91%
Incorporated into BLET	6	55%
Refresher and additional training	6	55%
Mandatory for all	4	36%
Medic-alert bracelets	1	9%

Summary

This chapter examined qualitative data gathered from 11 in-depth interviews of CIT trained LEOs to answer four research questions. These questions were designed to determine the perceived impact CIT training has on LEOs to better prepare them to interact with people experiencing a mental health crisis. The questions also sought LEOs opinions on the most useful modules of the training and whether it should be required for all uniformed LEOs to attend.

The findings indicate the majority of participants believe that CIT training is beneficial to them by providing de-escalation skills that are designed to change the LEOs response to allow time to assess the situation and get into the proper mindset in hopes of returning the EDP to a pre-crisis state if possible. The study also furthers our understanding of this instructional program and provides insight into the LEOs' change in regards to their perception and knowledge of mental illness, local mental health resources, and North Carolina laws related to mental illness.

Chapter 4 covered the research setting, demographics of participants, data collection, data analysis, evidence of trustworthiness, study results, and a summary. Chapter 5 will interpret the study's findings, limitations, recommendations for future research, implications for practice and social change, and concluding observations that capture the essence of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative, phenomenological research study was to explore uniformed LEOs' perceptions of the impact CIT training has had on their interactions with subjects in a mental health crisis. Eleven qualitative interviews were conducted to determine the feelings, beliefs, and deductions of CIT trained uniformed LEOs in Wake County, North Carolina, to learn their perceptions of the benefits of CIT training, which modules of the training were the most beneficial, and whether it should be a mandatory course for all uniformed officers in North Carolina.

The goal of this study was to fill the gap in literature of the phenomenological aspects of interactions between LEOs and EDPs to determine whether implementing CIT training for all uniformed LEOs will be useful in providing them with a better understanding of mental illness, improve communication, and de-escalation skills to more effectively handle physical interactions with EDPs. The CIT-trained LEOs who participated had a variety of levels of experience as well as different lengths of time since completing the CIT course. These differences provided me with rich qualitative data for analysis and indicated that the majority of participants, regardless of their experience, credit CIT training for providing them with the skills necessary to assess the situation and render the best care to the EDP as possible. The study also provides further understanding of this instructional program and provides insight into the LEOs' perception that CIT training should be expanded to include all uniformed LEOs. This chapter also contains a summary of the research study, including the interpretation of significant findings,

limitations of the study, recommendations for further research, recommendations for policy and social change, and conclusions.

Interpretation of Findings

In this qualitative phenomenological research study, I explored uniformed LEOs' perceptions of the impact CIT training has had on their interactions with people in a mental health crisis. It also evaluated the cognitive changes which took place in LEOs as a result of their completing CIT training and their perceptions of requiring it for all uniformed LEOs. The study furthers the understanding of this specific instructional program by providing insight into the ways LEOs changed in their perception of mental illness, knowledge of local mental health resources, and de-escalation techniques.

Bloom's taxonomy (1956) was used as the theoretical framework to evaluate the changes in performance in regard to the intended cognitive outcomes. The study fills a gap in the literature by discerning the impact CIT training has on LEOs who have daily interactions with EDPs. The research answered the epistemological question of the LEOs' perception of the overall effectiveness of CIT training as it relates to interacting with people in a psychiatric crisis.

According to Wells and Schaefer (2006), most LEOs want to learn more about mental illness and available resources so they can avoid incarcerating the EDP and instead link them to appropriate mental health resources. This finding was supported by the current study indicating that 64% of the participants believed that site visits which allowed them to directly interact with consumers provided valuable insight into available

resources and opportunities to learn firsthand from EDPs. In a study of 84 medium and large law enforcement agencies, Hails and Borum (2003) discovered that the median and average amounts of time these agencies devoted to recruit training on responding to calls involving EDPs were approximately six and nine hours, respectively. Currently, North Carolina LEOs receive 8 hours of instruction on this topic (NC Basic Law Enforcement Training Curriculum, 2000). Over half of the participants in this study recommended that the 40-hour CIT course be added to BLET, and 82% of them believed CIT training should be mandatory. Eighteen percent believed it should be optional for all uniformed LEOs.

The CIT training program teaches LEOs about mental illness as well as de-escalation and calming techniques to more effectively handle EDPs in crisis. The program incorporates role-playing exercises allowing the LEOs to practice these techniques (Davidson, 2016). Compton et al. (2014a) documented the success of this training by comparing LEOs with CIT training to those without it. The results indicated that CIT-trained LEOs diverted 20% more people from jail than the non-CIT-trained LEOs. These findings were validated by participants in the current study who stated they approached calls involving EDPs differently than they did calls that involved intentional criminal activity. The CIT training made LEOs aware of local mental health resources and allowed them to divert the EDP from jail to these community resources. Finn and Stalans (2002) also conducted a qualitative study and determined a major influence in LEOs' decision-making process was the availability of community resources such as the

number of mental health providers and treatment facilities. Without this knowledge of available resources, LEOs are not equipped to help EDPs and may instead simply arrest them to resolve the situation in the quickest manner (Compton et al., 2014b). This was confirmed by 64% of study participants who stated visiting local mental health facilities was valuable to them and provided a better understanding of the services that are available for EDPs.

Coleman and Cotton (2014) stated that the increased number of interactions between LEOs and EDPs requires law enforcement to be familiar not only with the signs and symptoms of mental illnesses but also proper intervention and de-escalation techniques (Coleman & Cotton, 2014). Participants of this study corroborated that finding by rating the de-escalation training module as the most useful to them in the field followed by suicide assessment, diagnosis, and medication training. Without specialized training and guidance, LEOs may perceive the behaviors of an EDP as dangerous and arrest them (Compton et al., 2014b). Kara (2014) used empirical evidence regarding the beliefs about EDPs and the criminal justice system and found that criminalization of mental illness is a reality. She also found arrest and incarceration rates to be much higher for EDPs than for the general population. Therefore, based on the increased number of interactions with EDPs in recent years, LEOs must be better trained and educated on how to effectively deal with EDPs to reduce the number of them that are being incarcerated instead of being diverted to mental health resources. Tully and Smith (2015) also proposed an increase in the level of basic and in-service training provided to LEOs to

ensure their actions are following best practices. Their findings are consistent with the results of this study, which determined 82% of CIT LEOs believe the training should be mandatory.

The training method that has emerged as the most commonly used is the CIT Memphis model, which has been regarded as a best practice in LEO response to calls involving EDPs (Cotton & Coleman, 2010) and is the one evaluated in this study. The Memphis model program has resulted in positive outcomes in many communities throughout the United States (Dupont & Cochran, 2000; Vickers, 2000). LEOs in this study have reported greater comfort, confidence, and preparedness in their ability to recognize psychiatric symptoms in mental health emergencies, increased their referral rates to emergency healthcare facilities, and decreased the number of EDPs arrested. CIT training has also improved LEOs' communications skills and ability to properly deal with EDPs, which decreases arrest rates during encounters with them and increases the likelihood that EDPs will be referred to local mental health facilities (Bonfine et al., 2014; Compton et al., 2014b; Prince, 2014; Watson et al., 2010). Currently, the common standard for law enforcement agencies is to provide CIT training to 20% of their patrol officers so that a CIT-trained LEO is routinely available to respond to calls involving EDPs (Watson & Fulambarker, 2012).

Currently, the Memphis CIT model trains LEOs who volunteer to receive the 40 hours of specialized training to prepare them to respond to calls involving EDPs (Watson & Fulambarker, 2012). The training has three main components: didactics and lectures on

mental illness, on-site visits and exposure, and practical skills training. The didactics and lectures include clinical issues related to mental illness, psychotropic medications and side effects, alcohol, and drug assessment, co-occurring disorders, developmental disabilities, personal stories of family members and consumers, suicide prevention, rights, and civil commitment, mental health diversity, policies and procedures, personality disorders, posttraumatic stress disorder, legal aspects of officer liability, and community resources (Fleischmann et al., 2018). One of the greatest strengths of this model according to the study's participants is its ability to provide a cognitive learning environment that increases their knowledge of these topics and provides them with skills to effectively respond to situations involving an EDP. This study confirms that CIT training helps ensure that individuals living with mental illness can obtain psychiatric services in their community instead of incarceration. Although the role of LEOs is not the same as that of a mental health practitioner, LEOs in general must have an understanding of mental illness and develop the skills necessary to effectively respond to calls involving EDPs. Therefore, compelling all uniformed LEOs to complete the CIT training, instead of only training volunteers, will increase the number of LEOs with this knowledge and a better understanding of mental illness and techniques to more effectively respond to calls involving EDPs or other similar situations.

Limitations of the Study

Limitations to trustworthiness of this study include the population, which was person-centered, consisting of 11 CIT-trained LEOs from nine municipalities located in

Wake County, North Carolina, who voluntarily participated in the study. Participant and interviewer biases based on previous lived experiences and other influences in their lives may have had unintended consequences (Choy, 2014). Social desirability bias in a qualitative interview is a possibility due to a participant answering questions in such a way as to appear socially acceptable to the researcher (Choy, 2014). However, I assumed that participants would be forthcoming with their personal experiences and answer all questions honestly. Also, data were analyzed using an interpretive phenomenological method and subjected to my interpretation and analysis which is not objectively verifiable (Choy, 2014). The analysis required laborious analysis to process, code, categorize, and recode to develop patterns to gain insight into the data's meaning (Choy, 2014). Finally, validating the data was an ongoing process throughout the study to ensure reliability. One of the methods used to ensure trustworthiness was to provide participants a copy of their interview transcript and interpretation of data so they could perform a member check and validate the authenticity of the findings.

Additionally, my 40 years of law enforcement experience and my firsthand knowledge of CIT and the Combat Veteran CIT training may have created a research bias. Based on these circumstances, I approached the data with as little bias as possible to allow only the essence of the participant's experiences to be used. Also, the study was limited to active LEOs who had completed CIT training. The sample size of 11 LEOs may not be representative of all municipal LEOs in North Carolina. Similarly, Wake

County is the capitol county of the state and may have resources that are not available in more rural areas.

Recommendations

Four recommendations for future research are grounded in the strengths, limitations, and the peer-reviewed literature in Chapter 2. First, as noted in the limitations of the study section, the sample size was small using a purposive sample of 11 CIT LEOs from a single county in North Carolina. Future studies could increase the sample size and geography to cover more areas across the state to obtain a better understanding of LEOs perceptions of CIT training. Also, a different sampling technique could be used to recruit participants, such as snowballing. The results of that study could be compared to the finding of this study to determine if there are any similarities across situations, settings, contexts, and groups.

Third, I only interviewed participants who were current LEOs who had completed CIT training. Future studies could include non-trained LEOs to obtain their perceptions of the CIT program and beliefs on whether it should be required training for all uniformed LEOs. Finally, a study to obtain the perceptions of law enforcement executives as they relate to policy and budgetary issues of fully implementing CIT training.

Implications

This qualitative phenomenological study provides original contributions to law enforcement training by validating the necessity to increase LEOs' knowledge about

mental illness, de-escalation techniques, and local mental health resources. It further substantiated the effectiveness of the CIT Memphis model to provide LEOs with specific knowledge of these topics and the ability to apply them in different situations involving an EDP. Also, the exploration of the topic led to in-depth discussions that revealed the different thought processes LEOs developed as a result of CIT training and use when interacting with an EDP as compared to a criminal suspect.

Positive social change will be achieved at the societal, organizational, and policy levels by requiring uniformed LEOs to attend CIT training which is designed with contemporary-policing principles in mind that address the underlying issues for the call-for-service rather than “simply arresting the individual and removing them from the community” (Thompson & Borum, 2006). This research has shown that the implementation of CIT training has increased the self-efficacy of LEOs and reduced injuries to both LEOs and EDPs. This knowledge has also increased jail diversion and referral to local mental health facilities. Ultimately, resulting in increased treatment for those who have mental illness or substance abuse disorders. Thereby reducing the frequency, these individuals will have with law enforcement and the criminal justice system which typically results in the arrest of the EDP who becomes trapped in a vicious cycle of arrest, incarceration, and recidivism.

Conclusions

LEOs encounter unique challenges when responding to calls involving emotionally disturbed people in crisis. In these situations, the officers are not merely

acting in a law enforcement capacity but also taking on the roles of mental health workers, social workers, and other community support services. Unfortunately, most officers lack clear direction and training to effectively serve this unique population; with the typical encounter resulting in the arrest of the emotionally disturbed person. These initial encounters often result in many of these people becoming trapped in a vicious circle of arrest, incarceration, and recidivism. This phenomenological qualitative study of CIT training fills a gap in the literature by obtaining a better understanding of the perceived impact this training has on LEOs who have daily interactions with emotionally disturbed people. It answers the epistemological research question of which specific portions of the training LEOs believe to be the most useful in understanding how to interact with people in a psychiatric crisis. It also, reveals the belief of 82% of the participants that CIT training should be required for all uniformed LEOs. The training was shown to move LEOs to increasingly higher-order tasks by increasing their knowledge and providing them with skills they can use in the rapidly changing and unpredictable environment of responding to calls involving people in a psychiatric crisis.

References

- American Psychological Association. (2014). *Crisis intervention training for police officers effective in helping respond to individuals with behavioral disorders*. Retrieved from <https://www.psychiatry.org/newsroom/news-releases/crisis-intervention-training-for-police-officers-effective-in-helping-respond-to-individuals-with-behavioral-disorders>
- Bahora, M., Hanafi, S., Chien, V.H., Compton, M.T. (2008). Preliminary evidence of effects of crisis intervention team training on self-efficacy and social distance. *Administration and Policy in Mental Health* 35, 159–167. <https://doi.org/10.1007/s10488-007-0153-8>
- Bloom, B.S., Engelhart, M.D., Furst, E.J., Hill, W.H., & Krathwohi, D.R. (1956). *Taxonomy of educational objectives: The classification of educational goals*. London: Longman.
- Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative market research: An International Journal*, 19(4), 426-432. <https://doi.org/10.1108/QMR-06-2016-0053>
- Bonovitz, J.C., & Bonovitz, J.S. (1981). Diversion of the mentally ill into the criminal justice system: The police intervention perspective. *American Journal of Psychiatry*, 138, 973-976. <https://doi.org/10.1176/ajp.138.7.973>
- Broomé, R.E., & Russell, E.J. (2018). The phenomenological psychology of stopping an active shooter. *Journal of Theoretical & Philosophical Criminology*, 10(2), 53-70.

Retrieved from <http://www.jtpcrim.org/>

- Campbell, J., Ahalt, C., Hagar, R., & Arroyo, W. (2017). Building on mental health training for law enforcement: strengthening community partnerships. *International Journal of Prisoner Health; Bingley, 13(3/4)*, 207–212. Retrieved from <https://doi.org/10.1108/IJPH-10-2016-0060>
- Carroll, J. (1993). *Human cognitive abilities*. Cambridge, United Kingdom: Cambridge University Press.
- Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*. (HHS Publication No. SMA 16–4984, NSDUH Series H-51). Retrieved from Substance Abuse and Mental Health Services Administration website: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm>
- Choy, L. (2014). The strengths and weaknesses of research methodology: Comparison and complimentary between qualitative and quantitative approaches. *IOSR Journal of Humanities and Social Science, 19(4)*, 99-104. <https://doi.org/10.9790/0837-194399104>
- Clayfield, J. C., Fletcher K. E., Grudzinskas, A. J. (2011). Development and validation of the mental health attitude survey for police. *Community Mental Health Journal, 47(1)*, 742-751. doi:10.1007/s10597-011-9384-y
- Coliazzi, P. F. (1978). Psychological research as the phenomenologist views it. In R.S.

Valle & M. King (Eds.), *Existential phenomenological alternatives for psychology*. New York, NY: Oxford University Press.

- Coleman, T. G., & Cotton, D. H. (2014). TEMPO: A contemporary model for police education and training about mental illness. *International Journal of Law and Psychiatry*, 37, 325-333. <https://doi.org/10.1016/j.ijlp.2014.02.002>
- Coleman, T. G., & Cotton, D. H. (2010). Reducing risk and improving outcomes of police interactions with people with mental illness. *Journal of Police Crisis Negotiators*, 10(1-2), 39-57. <https://doi.org/10.1080/15332581003756950>
- Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., & Watson, A. C. (2014a). The police-based crisis intervention team (CIT) model: I. Effects on officers' knowledge, attitudes, and skills. *Psychiatric Services*, 65, 517-522. <https://doi.org/10.1176/appi.ps.201300107>
- Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., & Watson, A. C. (2014b). The police-based crisis intervention team (CIT) model: II. Effects on level of force and resolution, referral, and arrest. *Psychiatric Services*, 65(4), 523-529. <https://doi.org/10.1176/appi.ps.201300108>
- Compton, M. T., Broussard, B., Hankerson-Dyson, D., Krishan, S., & Stewart-Hutto, T. (2011). Do empathy and psychological mindedness affect police officers' decision to enter crisis intervention team training? *Psychiatric Services*, 62, 632-638. [doi:10.1176/appi.ps.62.6.632](https://doi.org/10.1176/appi.ps.62.6.632)
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among the five*

approaches (pp. 77-83). Thousand Oaks, CA: Sage.

Davidson, M. (2016). A criminal justice system-wide response to mental illness:

Evaluating the effectiveness of the Memphis crisis intervention team training curriculum among law enforcement and correctional officers. *Criminal Justice Policy Review*, 27(1), 46-75. <https://doi.org/10.1177/0887403414554997>

DeAngelis, T. (2014, November). Circles of protection. *Monitor on Psychology*, 45(10),

Retrieved from <http://www.apa.org/monitor>

Duckett, K. (2017). *An outcome evaluation of the Memphis crisis intervention team*

training (Doctoral dissertation). Retrieved from ProQuest Dissertations database. (UMI No. 10669647)

Ellis, H. A. (2014). Effects of a crisis intervention team training program upon police

officers before and after crisis intervention team training. *Archives of Psychiatric Nursing*, 28(1), 10–16. <https://doi.org/10.1016/j.apnu.2013.10.003>

Erickson, P., & Erickson, S. (2008). *Crime, punishment, and mental illness: Law and the behavioral sciences in conflict*. New Brunswick, NJ: Rutgers University Press.

Fielding, N. (2016). Challenging others' challenges: Critical qualitative inquiry and the

production of knowledge. *Qualitative Inquiry*, 23(1), 71-76.

[doi:10.1177/1077800416657104](https://doi.org/10.1177/1077800416657104)

Finn, M. A., & Stalans, L. J. (2002). Public's and police officers' interpretation and

handling of domestic violence cases: divergent realities. *Journal of interpersonal violence*, 21(9), 1129–1155. <https://doi.org/10.1177/0886260506290420>

- Fleischmann, M. H., Strode, P., Broussard, B., & Compton, M. T. (2018). Law enforcement officers' perceptions of and responses to traumatic events: a survey of officers completing Crisis Intervention Team training. *Policing & Society*, 28(2), 149–156.
- Foss, R. W. (2019). *The impact of critical incident team training on arrest and diversion rates* (Doctoral dissertation). Retrieved from <https://scholarworks.waldenu.edu/dissertations/>
- Foster, N., Kornhaber, R., McGarry, S., Wood, F., & Edgar, D. (2017). Heterotopic satisfaction in adults following a burn: A phenomenological analysis. *Burns*, 43(6), 1250-1262. doi:10.1016/j.burns.2017.03.001
- Frierson, R. L. (2013). Commentary: Police officers and persons with mental illness. *Journal of the American Academy of Psychiatry and the Law Online*, 41(3), 356-358. Retrieved from <http://jaapl.org/content/jaapl/41/3/356.full.pdf>
- Fuller, D. A., Lamb, H. R., Biasotti, M., & Snook, J. (2015). Overlooked and undercounted. <https://doi.org/10.13140/RG.2.1.1655.9128>
- Garcia, Rocio Fernández-Ballesteros. (2003). *Encyclopedia of psychological assessment*. London: Sage. <http://dx.doi.org/10.4135/9780857025753.n53>
- Goulding, S. M., Broussard, B., Demir, B., & Compton, M. T. (2009). An exploration of the factor structure and development of potentially useful subscales of etiological beliefs about schizophrenia in a general population sample. *Social psychiatry and psychiatric epidemiology*, 44(11), 925–933. <https://doi.org/10.1007/s00127-009->

0014-8

Guzman, M., Das, A.M., & Das, D.K. (2012). Strategic response to crime: Thinking locally, acting globally. *CRC Press*. 138. Boca Raton, FL.

Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research*, 27(4), 591-608.

Hobbs, M. (1984). Crisis intervention in theory and practice: A selective review. *British Journal of Medical Psychology*, 57, 23-34.

International Association Chiefs of Police. (2015). Improving officer response to persons with mental illness and other disabilities. Retrieved from http://www.theIACP.org/portals/0/pdfs/IACP_responding_to_MI.pdf

Kara, F. B. (2014). Police interactions with the mentally ill: The role of procedural justice. *Canadian Graduate Journal of Sociology and Criminology*, 3(1), 79-94. Kitchener, Canada.

Kirkpatrick, D.L. (1976). Evaluation of training. In R. Craig & L. Bittel (Eds.), *Training and development handbook: A guide to human resource development*. New York, NY: McGraw-Hill.

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *The European Journal of General Practice*, 24(1), 120–124. doi:10.1080/13814788.2017.1375092

Kubiak, S., Comartin, E., Milanovic, E., Bybee, D., Tillander, E., Rabaut, C., Schneider,

- S. (2017). Countywide implementation of crisis intervention teams: Multiple methods, measures and sustained outcomes. *Behavioral Sciences & the Law; Bognor Regis*, 35(5–6), 456–469. <https://doi.org/10.1002/bsl.2305>
- Kvale, S., & Brinkmann, S. (2008). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed.). Thousand Oaks, CA: Sage.
- Lester, J. N., Cho, Y., & Lochmiller, C. R. (2020). Learning to Do Qualitative Data Analysis: A Starting Point. *Human Resource Development Review*, 19(1), 94–106. doi:10.1177/1534484320903890
- Livingston, J. D. (2016). Contact between police and people with mental disorders: A review of rates. *Psychiatric Services*, 67(8), 850–857. doi:10.1176/appi.ps.201500312
- Lurigio, A. J. (2011). Examining prevailing beliefs about people with serious mental illness in the criminal justice system. *Federal Probation*, 75(11). Retrieved from http://www.uscourts.gov/uscourts/FederalCourts/PPS/Fedprob/201106/03_examining.html
- Maskaly, J., Donner, C. M., & Fridell, L. (2017). Police CEOs and subordinates' perceptions of workplace misconduct. *Policing*, 40(1), 57-70.
- Mehra, B. (2002). Bias in qualitative research: Voices from an online classroom. *The Qualitative Report*, 7(1). Retrieved from <http://www.nova.edu/ssss/QR/QR7-1/mehra.html>
- Moon, K., Brewer, T. D., Januchowski-Hartley, S. R., Adams, V. M., & Blackman, D. A.

- (2016). A guideline to improve qualitative social science publishing in ecology and conservation journals. *Ecology and Society*, 21(3). Retrieved from <https://www.ecologyandsociety.org/vol21/iss3/art17/>
- Morrison, J. E. & Fletcher, J. D. (2002). *Cognitive readiness* (IDA Paper P-3735). Alexandria, VA: Institute for Defense Analyses. Retrieved from www.dtic.mil/cgi-bin/GetTRDoc?Location=U2&doc=GetTRDoc.pdf&AD=ADA
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Munetz, M. R., Ritter, C., Teller, J. L., & Bonfine, N. (2014). Mental health court and assisted outpatient treatment: perceived coercion, procedural justice, and program impact. *Psychiatric services (Washington, D.C.)*, 65(3), 352–358. <https://doi.org/10.1176/appi.ps.002642012>
- Namey, E., Guest, G., McKenna, K., & Chen, M. (2016). Evaluating bang for the buck: A cost-effectiveness comparison between individual interviews and focus groups based on thematic saturation levels. *American Journal of Evaluation*, 37(3), 425–440.
- North Carolina Department of Justice. (2000). *Basic Law Enforcement Training Curriculum*. Raleigh, NC.
- O’Sullivan, E., Rassel, G. R., Berner, M., & Taliaferro, J. D. (2017). *Research methods for public administrators* (6th ed.). New York, NY: Routledge.
- Pratt, M., Kaplan, S., & Whittington, R. (2020). Editorial essay: The tumult over transparency: Decoupling transparency from replication in establishing

trustworthy qualitative research. *Administrative Science Quarterly*, 65(1), 1–19.

doi-org.ezp.waldenulibrary.org/10.1177/0001839219887663

Poggenpoel, M., & Myburgh, S. (2003). The researcher as research instrument in educational research: A possible threat to trustworthiness? *Education*, 124(2), 418-421.

Quinn, B., Laville, S., & Duncan, P. (2016). Mental health crisis takes huge and increasing share of police time. Retrieved from <https://www.theguardian.com/uk-news/2016/jan/27/mental-health-crisis-huge-increasing-share-police-time-40>

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Thousand Oaks, CA: Sage Publications, Inc.

Reuland, M, Schwarzfeld, M, and Draper, L. (2009). *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice*. New York: Council of State Governments Justice Center. Retrieved from <http://consensusproject.org/downloads/le-research.pdf>

Robertson, T., Daffern, M., Thomas, S., & Martin, T. (2012). De-escalation and limit-setting in forensic mental health units. *Journal of Forensic Nursing*, 8, 94-101.

doi:10.1111/j.1939-3938.2011.01125.x

Ruiz, J. & Miller, C. (2004). An exploratory study of Pennsylvania police officers' perceptions of dangerousness and their ability to manage persons with mental illness. *Police Quarterly* 7, 359-371.

Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in*

education and the social sciences (3rd ed.). New York: Teachers College Press.

- Sellers, C. L., Sullivan, C. J., Veysey, B. M., & Shane, J. M. (2005). Responding to persons with mental illnesses: Police perspectives on specialized and traditional practices. *Behavioral Sciences and the Law*, *23*, 647-657. doi:10.1002/bsi.633
- Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* *22*, 63-75.
- Shufutinsky, A. (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. *OD Practitioner*, *52*(1), 50–58.
- Taheri, S. (2016). Do crisis intervention teams reduce arrests and improve officer safety? A systematic review and meta-analysis. *Criminal Justice Policy Review*. Retrieved from <http://dx.doi.org.ezp.waldenulibrary.org/10.1177/0887403414556289>
- Thompson, L., & Borum, R. (2006). Crisis Intervention Teams (CIT): Considerations for knowledge transfer. *Law Enforcement Executive Forum*, *6*(3), 25–36.
- Treatment Advocacy Center. (2015, Dec. 10). Overlooked in the undercounted: The role of mental illness in fatal law enforcement encounters. Retrieved from <https://www.treatmentadvocacycenter.org/evidence-and-research/studies>
- Tribolet-Hardy, F., Kesic, D., & Thomas, M. (2015). Police management of mental health crisis situations in the community: Status quo, current gaps and future directions. *Policing and Society*, *25*(3), 294-307,

doi:10.1080/10439463.2013.865737

Tully, T. & Smith, M. (2015). Officer perceptions of crisis intervention team training effectiveness. *Police Journal: Theory, Practice, and Principles*, 88(1).

doi:10.1177/0032258X15570558

Waite, D. (2011). A simple card trick: Teaching qualitative data analysis using a deck of playing cards. *Qualitative Inquiry*, 17(10), 982–985.

<https://doi.org/10.1177/1077800411425154>

Walden University. (2010). *Research design: Some thoughts on the research process*.

Minneapolis, MN: Walden University.

Watson, A. & Angell, B. (2007). Applying procedural justice theory to law enforcement's response to persons with mental illness. *Psychiatric Services* 58(6): 787–793.

Watson, A. C., & Fulambarker, A. J. (2012). The crisis intervention team model of police response to mental health crises: A primer for mental health practitioners. *Best Practices in Mental Health: An International Journal*, 8(2), 71-81.

Watson, A. & Wood, J. (2017). Everyday police work during mental health encounters: A study of call resolutions in Chicago and their implications for diversion.

Behavioral Sciences & the Law; Bognor Regis. Retrieved from

<http://search.proquest.com/criminaljustice.Periodicals/docview/1979424674/1339/ddcc14A2434EPQ/17>

Wells, W. & Schafer, J. A. (2006). Officer perceptions of police responses to persons

with a mental illness. *Policing*, 29(4), 578-601.

doi.org/10.1108/13639510610711556

Appendix A: Participant Questionnaire

1. Did you volunteer to attend CIT training? Yes No
2. If no, how did you feel about attending?
3. If yes, why were you interested in attending?
4. Is attending CIT training mandatory in your agency? Yes No
5. If no, what are your feelings about requiring all uniformed law enforcement officers to attend CIT or similar training program?
6. If yes, what are your feelings about CIT training being mandatory?
7. CIT training consists of the following modules please rate which portions you believe were the most beneficial in increasing your knowledge of mental illness?
 - a. Diagnosis and Medication
 - b. Developmental Disabilities
 - c. Mobile Crisis Management Services
 - d. Advanced Practice Paramedics
 - e. Homelessness
 - f. Substance Use Disorders
 - g. NC Law regarding mental illness
 - h. Working with returning Veterans
 - i. Disabled Veterans and Service Animals
 - j. Trauma and its aftermath
 - k. Suicide Assessment
 - l. Resources for Aging Population
 - m. De-Escalation skills for First Responders
 - n. Role Plays
 - o. Site visits to local mental health facilities
 - p. CIT Reports

8. Which of the training modules were the most beneficial in helping you comprehend the need for responding to a call involving an emotionally disturbed person (EDP) as compared to calls involving criminal activity and why?
9. Which of the training modules changed the way you respond to an EDP and why?
10. Is there anything else I should know or you wish to share with me?

Potential Probing Questions

- Can you give me an example?
- That was a good example, could you please elaborate?
- How so?
- In what ways?

Appendix B: Demographic Questionnaire

Please answer the following questions by filling in the blank or circling the appropriate response:

Name: Childhood best friend's last and first name. (Last, First) _____

Sex: Male (M) or Female (F)

Grade or Education Level: What is the highest level of education you have completed?

0. High school or equivalent
1. Some college
2. Vocational / Technical school (2 years)
3. Bachelor's Degree
4. Master's Degree
5. Professional Degree (e.g., PhD, JD, MD, etc.)

BIRTHDATE: YR (years of age)

A. What is your racial identity?

0. Caucasian
1. African American
2. Hispanic
3. Asian or Pacific Islander
4. Middle Eastern
5. Two or more races

B. What is your marital status?

0. Single
1. Married
2. Divorced
3. Widowed

C. What is your occupation and place of employment?

- | | |
|---------------------------|-------------------------------|
| 0. Raleigh Police Officer | 8. Morrisville Police Officer |
| 1. Apex Police Officer | 9. Wake Forest Police Officer |

2. Cary Police Officer
3. Fuquay Varina Police Officer
4. Garner Police Officer
5. Knightdale Police Officer
6. Holly Springs Police Officer
7. Rolesville Police Officer
10. Wendell Police Officer
11. Zebulon Police Officer

D. How long have you been employed as a CIT trained law enforcement officer?

_____ Years

E. Has anyone you would consider close to you ever received or currently receiving treatment for a mental health problem (such as therapy, counseling, or medication for mental or emotional problems)? (0. Yes 1. No)

F. On a scale of 0 to 5, how much personal impact did that illness have on you (if you answered yes to the question above)?

0 1 2 3 4 5