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Crisis Intervention Team Training on Autism Among Female CIT-Trained Police Officers

Julie Hall
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Walden University

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Julie Hall

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Walden University
2022

Abstract

Crisis Intervention Team Training on Autism Among Female CIT-Trained Police

Officers

by

Julie Hall

MCJ, Tiffin University, 2011

BS, Ball State University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration – Non-Profit Management and Leadership

Walden University

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Abstract

The problem addressed in this qualitative case study was the lack of documentation that supports the perceptions and experiences of crisis intervention team (CIT) trained female police officers related to their encounters with persons with mental illness (PwMI) with autism. Using Giles's communicative accommodation theory (CAT), the purpose of this study examined the perceptions of CIT-trained female police officers of PwMI with autism during encounters. Giles's CAT was aligned closest with the teachings of CIT training. Seven participants provided data which comprised of completed questionnaires and transcribed interviews. The method of analysis used was a combination of inductive coding and theme analysis that established the results of this study. The key findings of the study demonstrated increased knowledge of autism in CIT-trained officers and revealed that officers had an increased knowledge of verbal de-escalation skills, new perspectives on PwMI with autism, having extensive knowledge of outreach programs at specific hospitals, and also confirmed that there is not enough training on autism specific individuals. The positive social change that was produced from this study includes a suggested update to the policy for CIT training to include autism as a mental illness as it relates to officer awareness for mental health agencies that work with police departments in the State of Ohio. Specialized training may promote improved departmental outcomes, assist with injury reductions, and enable police officer accountability and reliability.

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Dedication

I dedicate this dissertation to my son and daughter; being your mom is special and I hope you know you can do anything in this lifetime. This journey was a lot of sacrifices, anxiety, losses, and wins, but with your support, it became a reality and a dream come true. Thank you to family and friends who supported me and loved me and gave me the encouragement I needed.

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Chapter 1: Introduction to the Study

Introduction

There are approximately 3.9 million people in the United States, and it is estimated that 1.5% of those people have severe mental illness and have no access to psychiatric treatment (Allen, 2018; Brown, 2015; Smith, 2012). The impact of crisis intervention team (CIT) training among female police officers in Ohio was the topic of this study. Approximately 10% of all police contacts are with individuals with mental illness and 7.9% of the time the contacts are with individuals with autism (Allen, 2018; Deane et al., 1999; Turcotte, 2017; Weller, 2015). Autism is a form of mental illness that has conceptual, social, and practical difficulties when interacting with others (American Psychiatric Association, 2013). Ohio was the beginning of the CIT training journey for most of the nation. According to the Centers for Disease Control and Prevention ([CDC], 2021) 20% of individuals in the State of Ohio have a diagnosed mental illness and of this percentage 2.21% have autism. This study was important because it involves the perceptions of the female CIT officers after completing training. A review of the literature indicated that there are positive outcomes from CIT training for both the officers and for the individuals with mental illness (Allen, 2018; Brown, 2015). The potential social change implications based upon the literature review, identifies that there are less arrests, hospital stays, and jail time for PwMI when officers are CIT trained (Allen, 2018; California Crisis Intervention Training Association [CACITA], 2017; Dupont et al., 2007; Rodriguez, 2016; Slade et al., 2012; Weller, 2015; Wells & Schafer, 2006).

CIT objectives will only work when the collaboration between mental health and criminal justice agencies is seamless (Compton et al., 2014; Kohrt et al., 2015; Munetz et al., 2006; Steadman et al., 2001; Teller et al., 2006; Watson & Fulambarker, 2012).

According to Allen (2018), CIT officers had increased knowledge and awareness of mental health issues when on crisis calls after training (Compton et al., 2014; Cross et al., 2014; Ellis, 2014; Khalsa et al., 2017). Although Allen focused on CIT trained police officers in northern California who were male and female, this study furthered the research of Allen specifically exploring the perceptions of CIT female police officers in Ohio. This study's potential to help standardize CIT officers' responses to calls by having the social change implication to support tracking of CIT events to create more effective training for encountering individuals with mental illness, specifically autism. Policing in the early American days did not view PwMI as people with the same rights as others. It was assumed that PwMI were dangerous and police would escalate situations by having threatening body language and speech (Allen, 2018, Corrigan et al., 2003; Link, 1987; Ruiz, 1993; Watson et al., 2004). Furthermore, Watson et al. (2010a, 2010b) identified that police have a great deal of coercive power that ranges from threats of physical force to suggestions of violence to control a situation.

Chapter 1 includes an overview of the study and the background concerning American policing of PwMI with autism. The problem statement indicated the lack of knowledge about the impact of CIT training on female police officers' perceptions during encounters with PwMI with autism. The purpose of the study, research question, limitations of the study, and implications for social change will be covered in this

chapter. I conclude Chapter 1 with the definition of terms, theoretical foundation, nature of study, significance of study, and summary.

Background

CIT training is a relatively new response for officers encountering PwMI with autism in the field. Approximately 10% of all police contacts with the public involved PwMI and 7.9% of those are with individuals with autism (Brown, 2015; Deane et al., 1999; Weller, 2015). CIT training helps reroute PwMI away from the criminal justice process. Perception changes among police officers are necessary for effective participation with the new response. Officers working with PwMI with autism is an important part of their job, yet their attitudes continue to be unfavorable (Allen, 2018; Rodriguez, 2016). Campbell (2012) indicated that police officers continued to perform community policing activities including new problem-solving strategies that improve quality of life for individuals. Thus, it is still important that female CIT-trained officers contribute to the longevity and quality of life for PwMI with autism.

Collaborations with local mental health networks should consist of proper referrals for PwMI with autism in crisis. Without that proper training, PwMI with autism encounters in the field could result in tragic outcomes for both the officer and individual (Ruiz, 1993; Ruiz & Miller, 2004; Watson & Fulambarker, 2012; Weller, 2015). To this end, the state and local response to criminal diversion programs for PwMI with autism includes psychiatric hospitals, mental health and behavioral courts, and outreach programs (Allen, 2018).

However, a lack of contribution by mental health agencies can destroy the objectives of CIT training. Officers expressed concern with the inaccessibility to mental health services and inadequate community-based referral options (Borum et al., 1998; Cooper et al., 2004; Dupont & Cochran, 2000; Finn & Sullivan, 1989; Perkins et al., 1999; Wells & Schafer, 2006). Officers who responded to psychiatric emergencies demonstrated a desire to learn and appreciated additional mental health crisis resources (Dew & Badger, 1999; Rodriguez, 2016). Knowledge is lacking about the ways CIT training impacts police officer perceptions of PwMI with autism. Therefore, this study was needed since successful interventions should provide a sustainability of gains that benefits the PwMI with autism and increases life longevity (Allen, 2018).

Blevins (2014) discussed the need to collect field data that corresponded to mental-health-related incidents that involved CIT-trained officers and the beneficial effect of pairing law enforcement and mental health agencies on encounters. Brown (2015) examined how officers could ensure an outcome of decriminalization that included a reduced stigmatization of autism as a mental illness, even with a lack of available mental health treatment. With respect to the length of CIT training, Rodriguez (2016) elaborated on the sufficiency of 24 hours of CIT training on San Diego police officers and claimed the 40-hour standard training was not necessary for encounters with PwMI (Allen, 2018).

Problem Statement

The problem addressed in this study is the lack of knowledge of how CIT training impacts female police officers' perceptions of persons with mental illness (PwMI),

specifically autism. There are approximately 3.9 million individuals with mental illness of which Autism affects 1 in 68 individuals in the population. (Allen, 2018; Brown, 2015; Shattuck, 2018). Approximately 10% of all police contacts are with individuals with mental illness and 7.9% of the time the contacts are with individuals with autism (Allen, 2018; Deane, Steadman, Borum, Veysey, & Morrissey, 1999; Turcotte, 2017; Weller, 2015).

This study built upon the research of Allen (2018) who explored officer perceptions among CIT trained police officers in California. Allen found that CIT officers have an increased awareness of mental illnesses, had good relationships with mental health clinicians, and that there was a clear need for dispositions when CIT encounters occurred. Allen suggested future research studies include female CIT trained officers. This study addressed the gap in literature (Allen, 2018; Weller, 2015; Blevins, Lord & Bjerregaard, 2014; Rodriguez, 2016) where there is a need for more integrated studies exploring the perceptions and experiences of female police officers who have completed a structured CIT training. There is also a gap in literature that there is a distribution of need for support for individuals with mental illness, specifically Autism (Shattuck, 2018; Weller 2015). Brown (2015) examined how female officers could provide a higher outcome of reducing the stigma of individuals with mental illness, specifically Autism even when there is a lack of mental health resources (Shattuck, 2018).

Purpose of the Study

The purpose of this qualitative case study was to explore perceptions and experiences among female CIT-trained police officers in the State of Ohio related to autism as a mental illness. This study was needed to address the gap in the literature related to CIT trained female police officers and specifically build on the research of Allen (2018) who studied CIT trained officers in northern California and had no female officers available for participation. Allen interviewed 7 police officers in a qualitative study on the lived experiences of CIT trained police officers related to their encounters with persons with mental illness. Allen found that the majority of officers agreed that CIT training on PwMI was helpful and provided skills that they would not have had prior to completing the training. Allen recommended that further research be conducted on the perceptions of female police officers who participated in CIT training, and I will specifically explore autism.

Research Questions

In this study, I furthered Allen's (2018) research on officers' perceptions and experiences of individuals with mental illness, specifically Autism. Allen (2018) found a lack of female presence and that more research was needed on female CIT trained police officers. Prior research has shown that there were less injuries and more referrals to

social services by CIT officers for individuals with mental illness, specifically autism (Allen, 2018; Brown, 2015). My research question for this study is:

RQ: What are the experiences and perceptions of CIT trained female police officers' who encounter individuals with mental illness, specifically autism?

Theoretical Framework for the Study

The theoretical framework of this study included Giles (2007) communicative accommodation theory (CAT). This theory defines several ways that individuals can adjust their speaking behaviors to change responses of others (Giles, 2007). Communication, accommodation, convergence, and divergence are ways that will be explained in further detail in Chapter 2 concerning speaking behavior changes. CAT has objectives to have goals of adjustment in individual's speech and how they experience the conversation (Giles, 2007). CAT has increased awareness about how police officers' behaviors towards individuals they are engaged with and has led to positive attitudes (Ball et al., 1985; Kwon, 2012). Communication accommodation is a technique used by police officers that is a positive way to converse with individuals when interacting in a nonthreatening situation (Kwon, 2012). The objective of this study was to explore the experiences and perceptions of female CIT trained officers in Ohio in regards to individuals with mental illness, specifically autism.

Nature of the Study

The nature of my study was a general qualitative design. The focus of the case study was the shared experiences of female CIT trained officers concerning CIT training on individuals with mental illness, specifically autism. Case studies are an exploration

into an event, activity, or process using an inquiry strategy on one or more individuals. This study followed this research design of a case study because it is appropriate because it gave me the opportunity to research the context of the research question and focus on the individual female officers' stories (Creswell, 2009; Patton, 2015). According to O'Sullivan (2017), case studies are a primary research strategy when the how and why questions are investigated (Creswell, 2009). The research methodology included purposeful sampling which will provide the study with the specific population of female CIT trained officers and specific location being the State of Ohio (Ravitch, 2016). Purposeful sampling allowed the study to have participants that have the unique ability further the study (Ravitch, 2016). The clear understanding of the experiences of female CIT officers may help to guide the standard method of response and how reports on CIT incidents are documented. The study involved CIT-trained female officer participants who will participate in a qualitative interview to increase topic breadth and depth. Unlike statistical studies, the data analysis entailed coding and theme detection by transcribing the interviews. My sample size targeted 5-10 female officers in the State of Ohio or until saturation is reached. Allen (2018) also used purposeful sampling and was offered 20 officers and only 7 participated. With this, purposeful sampling was used for the 7

available officers, which is why I focused on between 5 and 10 female officers in the State of Ohio or until I reach saturation (Allen, 2018; Fusch & Ness, 2015).

Definitions

Conceptual definitions that set the boundaries of the key terms in this study are as follows:

Crisis intervention team training: A specialized police-based program intended to enhance officers' interactions with individuals with mental illness specifically autism (Bahora, 2008).

Mental illness: A health condition involving change in emotion, thinking, or behavior (American Psychiatric Association, 2013).

Officer perceptions: Decides whether persons with mental illness influence police officers' perceptions, attitudes, and responses in different situations during encounters (Corrigan, 2004).

Neurotypical: A person not affected with a developmental disorder, especially autism. A person who exhibits characteristics of typical neurological development (Malkin, 2021).

Autism: A developmental disorder of different severities that is characterized by difficult social interaction and lack of communication. Communication and interaction is often restricted by repetitive patterns of thought or behavior (Malkin, 2021).

Assumptions

One assumption in this study was that the officers participating will understand the questions being asked and were able to provide honest and accurate responses.

Another assumption was that the sample will be large enough to represent the female population of crisis intervention trained officers in Ohio. The third assumption was that CAT will be reasonable as a framework when explaining the research topic and justified perceptions of qualifications used for data collection.

Scope and Delimitations

As noted, the problem of the study was the lack of knowledge of how CIT training impacts female police officers' perceptions of persons with mental illness, specifically autism. The scope of this qualitative case study included a detailed interview of experiences of female CIT trained officers when coming into contact with individuals with mental illness, specifically Autism. The interview was conducted by telephone or video platform due to the current COVID-19 pandemic and limited availability of face-to-face interviewing. The target population of CIT-trained female officers in Ohio, defined the study's boundaries. One delimitation was that only female CIT-trained officers will receive invitations to participate in my study. Additionally, I did not include any other mental health first responders or members of any other collaborative networks. The findings from this study were applicable to other CIT populations and encounters.

Limitations

This qualitative case study had a number of limitations related to design and methodology. One limitation when conducting a qualitative case study is that there may not be enough documentation of procedures or definitions of terms used to give the necessary information to the participants and for coding information (Creswell, 2009; O'Sullivan, 2017; Yin, 2003). A limitation of case study design was purposeful sampling

that requires a specific demographic of people and in a specific region. Using this type of sampling was that the demographic needed is not available in the region selected.

Another limitation of this study when collecting secondary data was that there is not enough data available or that the data was skewed in some way. Another challenge was that participants may fail to answer all the questions asked or were fearful when answering openly and honestly. Another may be that there was not enough female CIT trained officers available for the study. I have knowledge of the law enforcement profession and CIT training. I am an autism expert and have many years' experience with PwMI. I am the researcher, coder, and could potentially have some personal bias in the results. Finally, the small sample size that was recruited by purposeful sampling limited to one state was a limitation.

Significance

The significance of this qualitative case study added to the body of knowledge, professional practice and potential for positive social change for law enforcement training related to individuals with mental illness, specifically autism. The research of this topic expanded the knowledge base from Dr. Allen's (2018) study in the field of criminal justice as it currently responds to individuals with mental illness, specifically autism, who are in crisis. This could add to the body of knowledge were the shared experiences of female CIT trained officers, such as empathy among police officers' perceptions of individuals with mental illness, specifically autism. This research contributed to the knowledge base in the field of criminal justice regarding individuals who are in crisis and have mental illness, specifically autism. There is not a strong base of literature regarding

individuals with autism as a mental illness and how this impacts female CIT trained officers when on duty. I addressed the gap of information between female CIT officers and officers' perceptions. This research led to positive social change through the recommendation of new policy for individuals with autism and officer awareness. This research supports positive social change by suggesting an update to the policy for CIT training to include autism as a mental illness as it relates to officer awareness for mental health agencies that work with police departments in the State of Ohio.

The topic of female CIT training is a worthwhile exploration that provides a deep discussion about the thought process female police officers may have towards PwMI, specifically autism. This study provides police organizations across the nation with information that improves their tracking of CIT incidents. Further, the information in this study is communicated in a way to provide insight for State of Ohio and mental health agency CIT trainers and curriculum coordinators. Finally, the study informs police organizations who have female CIT officers who encounter PwMI, specifically autism, about an increase in officer awareness. Increasing awareness helps police agencies with new ways to influence policy and procedure to reflect a new enhanced standardized response concerning female CIT field encounters. Moreover, a standardized method of communication that reflects learned responses encourages a common nature of de-escalation techniques and recordings of CIT incidents. Improving communication and documentation of CIT incidents increases the likelihood of referrals to appropriate

methods of treatment for PwMI, specifically autism, such as outreach programs and collaborative courts.

Summary

CIT training will increase the knowledge of police officers about particular mental illnesses, specifically autism, and improve their perceptions of PwMI. It is typical for officers to have some hesitations and challenges when first starting CIT training. Additionally, having mental health agencies that are not willing to collaborate is also a challenge. Giles (2007) 1973 CAT contributed to the CIT-trained officers growth perceptions of PwMI, specifically autism, during encounters in the field. A qualitative case study was the most appropriate methodology for exploring the perceptions and experiences of female CIT trained police officers in the State of Ohio relating to autism as a mental illness. Chapter 2 includes a literature review that consists of a synthesis of current research related to the problem statement and research question.

Chapter 2: Literature Review

Introduction

The problem addressed in this study is the lack of knowledge of how CIT training impacts female police officers' perceptions of persons with mental illness, specifically autism. The purpose of this qualitative case study was to explore perceptions and experiences among female CIT trained police officers in the State of Ohio related to autism as a mental illness. CIT training in law enforcement and social services agencies have increased due to interactions with individuals with mental illness, specifically autism, who are in crisis (Allen, 2018). Allen (2018) stated that CIT officers had increased knowledge and awareness of mental health issues when on crisis calls after training (Compton et al., 2014; Cross et al., 2014; Ellis, 2014; Khalsa et al., 2017). Although Allen (2018) focused on CIT trained police officers in northern California who were male and female, this study furthered the research of Allen specifically exploring the perceptions of CIT female police officers in Ohio. Communication effectiveness is extremely important with working with individuals with autism and is key to the success of a CIT officers' success (Allen, 2018; CACITA Public Speakers, 2017; Rodriguez, 2016; Weller, 2015; Wells & Schafer, 2006).

Chapter 2 includes an analysis and synthesis of empirical research on the CIT training of female officers to help provide an understanding of the shared phenomenological lived experiences of female CIT trained police officers. The chapter includes a synthesized literature review on the historical criminal justice response to PwMI in crisis and an extensive exploration of the evolution of police response. The

CAT was aligned with the study's purposes comprised of the theoretical framework. The chapter includes the history, models, and evolution of CIT training, a review of literature about the relationship between CIT trained female officers and the mental health network. The chapter also includes a discussion of the theoretical basis of female officers' perceptions of PwMI that included the evolution among female law enforcement officers from reactions to responses. The chapter further includes an elaboration of the evolution of police awareness when it comes to individuals with autism as a mental illness. Lastly, the chapter includes a discussion on the relationship between previous empirical research and this qualitative case study.

Literature Search Strategy

The literature review consisted of peer-reviewed scholarly journal articles, dissertations, professional websites, books, and federal government and mental health professional publications. The sources of the articles were Google Scholar and the following databases available from Walden University; ProQuest Dissertations and Theses Global and ProQuest Central (Telecommunications, U.S. Newsstream, Social Science, Research Library, Public Health, Nursing & Allied Health, International Newsstream, Library Science, Computing, Career & Technical Education, Arts & Humanities). Extensive database searches took place and included the following key words and phrases: *CIT, police perceptions, mental health interventions, police officers, mental health clinicians, mobile crisis team, outreach programs, and law enforcement*. Searches also included term variances, such as *perception, perceptions, and officer*

perceptions. The search strategies yielded over 200 articles, with 130 related specifically to the topic under study.

Theoretical Foundation

The theoretical framework for this study consisted of communicative accommodation theory (CAT). For example, initial perceptions officers had towards individuals with autism as a mental illness was negative. CAT shows that changes in police officers' behavior leads to positive attitudes and increased awareness towards individuals with autism as a mental illness (Allen, 2018; Ball et al., 1985; Kwon, 2012). Officers can use communication accommodation when interacting with individuals with autism as a mental illness as a positive technique to have a conversation when a situation occurs that is not threatening (Kwon, 2012).

In contrast, officers can use nonverbal communication techniques for situations in the field that are of a threatening nature. Understanding communication techniques, whether verbal or nonverbal, will help improve officers' attitudes and the stigma of good cop v. bad cop (Allen, 2018; Kwon, 2012). CIT training will help officers in situations that will benefit everyone, including the PwMI, Autism. CIT training will help the officers' practice strategies that may happen when encountering someone with autism. CIT training offers a proactive approach to officers' field work (Allen, 2018; Copenhaver, 2018; Hepworth, 2017; Parsons, 2016).

Communicative Accommodation Theory

Giles' (2007) CAT included ways that officers' can adjust their behaviors in speaking with each other in a way the other understands. CAT uses objective speech to

predict and explain what another individual is trying to say. Each individual included in the conversation will interpret differently. This makes it important for an improved cycle of communication. Giles suggested communication, accommodation, convergence, and divergence as the initial orientation for the conversation to begin. Communication shows individual attitudes towards one another and the level of social distance between speakers. Accommodation is the constant movement toward and away from each speaker and by changing the communicative behavior as needed during a conversation. Convergence is the most widely used strategy where individuals adjust their communicative behaviors based on linguistics (e.g., speech rates, accents), para linguistics (e.g., pauses, utterance length), and nonverbal features (e.g., smiling, gazing). Divergence is the accentuation of speech and nonverbal differences between individuals in a conversation (Giles, 2007). Officers' have motivated communication interaction techniques that lead to a desire to increase communication efficiency and facilitate comprehension with PwMI autism and officer's (see Giles, 2007; Thakerar et al., 1982). These communication styles related to my study because communication is so important that CIT training should emphasize the importance of differences in communication techniques with PwMI autism who may or may not be in crisis. Allen (2018) identified that the ability to use patience during reaction time to a response is an important strategy for appropriate de-escalation.

History of the American Response to PwMI Autism in Crisis

Autism was first discovered in 1943 by Leo Kenner who was a child psychologist at John Hopkins University School of Medicine. His study described children that for the

first time did not have the social instinct to orient towards others and were focused on specific objects to the point of obsession (American Psychiatric Association, 2013; Baron-Cohen, 2015). Autism has an antisocial behavior aspect that can lead to criminal behavior. This can lead to individuals with autism treated differently than typical criminals, such as being detained in socially excluded populations (Brown, 2015; Dein, 2010). It was reported that an individual with autism was shot and killed by police because he did not understand the instructions that were being given to him when the police approached (Iland, 2014). CIT training was introduced in the late 20th century and before this, police did not have interactions with PwMI because they were typically institutionalized (Allen, 2018; Brown, 2015).

Most law enforcement agencies are still thinking of past procedures and expecting obedience and compliance when encountering individuals, whether with autism or not. With this type of thinking, law enforcement were more likely to use cruel and usual punishment on offenders, rather than a more open-minded approach (Allen, 2018; Augustyn, 2016; Brown, 2015). Police officers typically use threats, physical force, and coercion to keep control of a situation (Allen, 2018; Watson, 2010b). Officers that have been on departments for a great deal of time have not typically had to deal with PwMI in everyday life, as they were typically institutionalized. Therefore, the use of justice on the street and officer discretion lead to inadequate policing of all individuals.

American Policing

The systematic approaches to the treatment of PwMI have been historically inhumane. In early American times police officers used street justice, such as in the

1970s, when people did not meet the criteria of normal (Allen, 2018; VanMaan, 1978).

When police officers mistreated PwMI they were praised and they became a status symbol among peers. When institutions were banned, the new way to care for PwMI was to give them freedom and dignity and they were to be included in community-based programs that were available (Allen, 2018; Brown, 2015; VanMaan, 1978).

Deinstitutionalization

The movement towards deinstitutionalization was brought on by public demand for equal treatment of PwMI. As well as the conditions of hospitals were brought to light, as they were unkept, dirty, and inhumane. It was also believed that patients would recover if not living in an institution (Davoli, 2003). It was identified that PwMI, not in an institution did have a higher rate of incarceration and homelessness and without appropriate community-based programs this would increase. Brown (2015) discussed that PwMI who were incarcerated would receive extended time on their sentences because they were unable to follow the simple rules from corrections officers (Allen, 2018). The Eighth Amendment prohibits cruel and unusual punishment and guarantees individuals that are incarcerated the right to equal treatment, including mental health treatment (Allen, 2018; Brown, 2015). Police treatment of PwMI did not improve after the ban of institutions and even though medication was offered in lieu of community based programs the police continuum of response did not change (Davoi, 2003).

Mental Health Court Response

Unfortunately, the criminal justice system is not designed to benefit PwMI. Most individuals when arrested are put in general population in jails, when they should be

diverted to a rehabilitation program (Testa, 2015). The American with Disabilities Act of 2009 identified that courts were responsible for making appropriate decisions for accommodation for PwMI, similar to CAT (Brown, 2015). Grudzinskas et al., (2005) identified that mental health courts should provide a team approach for PwMI and clearly define the rules and goals for treatment programs for the PwMI participants (Allen, 2018).

Treatment teams consisted of court personnel, mental health providers, probation officers, and jail representatives (Allen, 2018; Kennedy, 2012). Participants in the treatment programs with the team approach received more procedural justice than those without the team and those unwilling to participate (Watson et. al., 2010a, 2010b, 2010c). In contrast, using CAT has positive outcomes in the evolution of the support of PwMI during police response with the support of the programs that was representative of a diversion program (Allen, 2018).

Community Treatment Programs

Mental illness and autism have a wide spectrum of severity, variation in diagnosis, and a variety of emotions during a crisis. Allen (2018) discussed forensic community treatment programs that could help prevent arrest and incarceration of PwMI who have a significant criminal justice history (Lambert et al., 2004). The goal of this forensic treatment was to identify and place these PwMI individuals in appropriate community outreach programs to help increase their success rate in the community setting (Allen, 2018; Grudzinsas, et al. 2005). PwMI, specifically Autism benefit from outreach programs that provide teamwork to have a sense of stability. Stability and

structure are important for individuals with autism (Brown, 2015). With the structure comes stability which helps individuals with autism as a mental illness stay out of jail and helps them move into the community and improve the overall quality of life (Allen, 2018; Davoli, 2003).

International Response

Individuals with autism deserve to have the same equal rights as a neurotypical person. Saxena et al. (2007) recognized that people are less likely to seek help when there is a stigma or discrimination towards them as a person with autism as a mental illness. Slade et al. (2014) identified that case management must be strong and without judgment of the individual for what their goals may be. Every country has their own rules and laws for approaching mental illness, autism, and how they work with peer-supported environments. Trieste, Italy is a good example of PwMI with autism and their need to have both civil and human rights secure for their personal recovery. Although, individuals with autism do not necessarily recover, they learn new skills to help them move through life smoothly. When the Trieste Asylum was closed due to inhumane conditions, a positive transformation became an area for a groundbreaking concept for residences within the community and businesses that formed cooperatives (Allen, 2018). Through programs designed to teach life skills such as, cooking meals, doing laundry, cleaning, learning job skills, and hygiene skills. PwMI with autism could learn responsibilities that provided self-worth and purpose for living (Allen, 2018; Davidson et al., 2010). The Italian government made a mental wellness community out of the Trieste

Asylum. In the United States the police response to PwMI changed when CIT training was first introduced.

Law Enforcement Response: Memphis CIT Training Model

The CIT training was initiated by the Memphis Police Department in 1988 and the original Memphis model consisted of 5 days of training over a 40-hour course (Dupont et al., 2007). Barazzetti (2017) identified that a stakeholder group represents individuals with autism that ensure that training reflects the needs unique to these individuals and to help local police understand the behavioral resources available (pg. 291). The training curriculum was broken into sections including recognition and understanding of the signs and symptoms of mental illnesses, side effects of medications, de-escalation and crisis intervention, and mental health resources available from CIT encounters (Browning et al., 2011). CIT has had positive outcomes and has led to decreased injuries and has increased community mental health service options (Allen, 2018; Brown, 2015). In addition, the positive outcomes with CIT training are directly aligned with CAT where PwMI with autism received appropriate services.

It is important to understand that the majority of an officer's job is the safety of others and controlling the situation (Reuland, 2010). Role-playing exercises are important in CIT training to lower the outcomes of injuries to the officers or individual. Woods and Watson (2017) stated that meeting the needs of PwMI could be successful by giving the officers specialized trainings and having a cooperative relationship with mental health agencies. Similar to CAT, Reuland knew that behaviors of a certain capacity are a result

of mental illness, that using appropriate behavioral and communication strategies could lead to less use of lethal force (Allen, 2018).

Using the CAT approach will use understanding, patience, and swift street justice, Wells and Schaefer (2006) completed a study where it was reported that officers were found to be frustrated when interacting with PwMI, whereas after CIT training, fewer officers felt frustrated or angry. Some officers had reduced their stigma towards PwMI and increased empathy (Allen, 2018; Hanafi, Bahora, Demire, & Compton, 2008).

Mobile Response

CIT trained officers and mobile response teams are important to collaborate and is a mandatory part of CIT training. Mobile crisis teams are mental health agencies with different sets of skills that do not have the authority to arrest individuals in crisis but are available to help officers when needed (Brown, 2015). In Ohio these teams are called Mobile Response Stabilization Services (MRSS). Barker (2013) discusses the need for officers to make the decision to transport individuals to treatment facilities or not. To provide the proper care for the individual it is imperative that the medical community provide training and the proper services to make the process safe and efficient for the PwMI and the officers (Allen, 2018).

Mobile crisis teams usually consist of mental health agency representatives, such as therapists, case workers, nurses, doctors, addiction workers, and/or peer counselors (Brown, 2015). The objective of mobile crisis teams is to stabilize persons in crisis in the least restrictive environment to help decrease arrests and detainment. Finally, mobile

crisis teams assist CIT officers with difficult calls to help de-escalate PwMI in crisis (Allen, 2018; Newgass, 2000).

De-escalation and Less Use-of-Force Response

Typically, when officers would encounter a PwMI they would use traditional forceful strategies to control the situation, but as time has gone on more de-escalation techniques are being used before going the traditional route. Female officers are less likely to use force and are using supportive behaviors, such as comforting and calm speech. Using de-escalation techniques such as verbal conversation, listening to the needs of the PwMI, and giving extra attention to give enough time to resolve issues takes more time than traditional techniques (Allen, 2018; Canada et al., 2012). Rodriguez (2016) identified that the most difficult challenges for officers was shifting from traditional police approaches of authority to using verbal de-escalation skills and risk management (Kestic, Thomas & Ogloff, 2013). Allen (2018) and Mulvey and White (2014) noted that there was an increase in resistance among officers and mental illness. However, Compton, Bakeman, Broussard, Hankerson-Dyson, Husbands, Krishan, ... and Watson, A. C. (2014) identified that the highest encounters in the field for officers was de-escalation. The use of force continuum had changes that included words that replaced guns, asking questions instead of giving orders, and instead of traditional reactionary responses having patience (The Police Executive Forum, 2012).

It was reported that during the CIT training that the officers learned the most from the how to talk to PwMI section (Canada et al., 2012). Officers prefer to lead an encounter with discussion rather than just taking active force to take control of the

situation. On the use of force continuum, it was noted that officers preferred tasers over guns or pepper spray (Adams & Jennison, 2007). Taser use doesn't come without its variable of injury. It was reported that a police department changed their policy to stop using tasers after a fatal incident (Stewart, 2009). Tasers have an elevated risk of use when used on PwMI with autism during a crisis situation. Individuals with autism have a higher pain tolerance than neurotypical individuals and the pain of the taser may not affect them, but may make them misunderstand the situation more (Gardner, 2019).

PwMI with Autism Response to CIT-Trained Officers

As discussed before, police officers' approaches to CIT incidents have been replaced with verbal de-escalation skills rather than swift street justice. Studies have shown that individuals with autism are at a higher risk for being victimized, because they have interaction styles that are different from neurotypical individuals (Dein, 2010; Kapp, 2018). Higher functioning autism can cause even more confusion to law enforcement officers because these individuals go to greater efforts to hide their differences, so they can avoid a stigma or judgment (Dein, 2010; Kapp, 2018). PwMI with autism don't have the typical antisocial behaviors and they have different ways of expressing themselves, therefore it is important that law enforcement training should identify things to look for when working with the population PwMI with autism (Laan, 2013; Orinstein, 2015).

PwMI with autism will want the officers to take the time to understand what they are trying to communicate, as well as the officer taking the time to communicate to the individual with autism in the appropriate way (Glazemakers, 2012; Watson et al., 2008). Individuals with autism are not able to fully comprehend some social cues and constructs.

Society over time has created a concrete way of communicating that is considered socially acceptable; verbal communication with eye contact and non-verbal cues, such as eye rolling, using hands in an exaggerated manner, or turning your head side to side. Some other examples could be how to treat another person, how to share, or even what it means to be a law enforcement officer. Someone with autism may not be able to understand that law enforcement officers have the power to be in control of any situation (Hall, 2019; Ellis, 2017). It has been reported that female officers have higher communication skills when compared to male officers and that cases when female officers are on the crisis calls autism is perceived differently (Gardner, 2020).

Law enforcement officers are usually on the frontline when crisis calls come in and as the responders for psychiatric emergencies it is important to follow a different response continuum for a gentler approach (Allen, 2018). Ellis (2017) noted that the key elements of the CIT model must include empathy, active listening, good communication skills, a nonjudgmental mindset, and good problem-solving skills. In alignment with community treatment, this non-confrontational technique gives the officers a chance to hear what the PwMI with autism is having difficulty with and this will lessen the fear of retaliation from the officer. Studies on the outcomes of CIT training have shown less injuries to PwMI and increased transport to mental health facilities (Allen, 2018; Brown, 2015). Recent history shows that Ohio continues to rise to the challenges of adequate responses to PwMI with autism in crisis.

Female Officers Response

Female officers are less likely to use force and are rather using supportive behaviors, such as comforting and calm speech. Gardner (2020) noted that female officers are less likely to report prior CIT training than male officers. However, female officers are more likely to identify that they have had prior autism training. It was also reported that female officers had more confidence after autism training than their male counterparts. Females do complete CIT training less than males; however, they used less force when on calls of crisis. Male and female differences in use of force have been reported to be consistent with larger policing literature that documents use of excessive force by female officers (Gardner, 2020). However, it is suggested that female officers reduced force may be because of superior communication skills to de-escalate a situation (Leong, 2018). Female officers have a stereotype view of calming and have more empathy for PwMI with autism versus threatening that the male counterpart could come across.

Mental Health Community Response in Ohio

Ohio uses Coordinating Centers of Excellence as community based best practices to spread and manage the coordination of community-based programs. Using this approach has led Ohio to implementing the CIT training program for officers. This can be particularly difficult however, due to the complex multisystem and the multiple stakeholders. In 1998 Ohio held its annual Forensic conference and invited the founders of CIT to make a presentation. The Ohio Department of Mental Health hoped that from this presentation that a few counties would be interested in beginning the CIT program

and training. Two of the major cities in Ohio began additional training in 2000 and began to assist other counties in implementing CIT (Munetz, 2006).

The implementation and success of the CIT programs would not have been possible without the coordination of the police departments and the mental health services in the respective counties. Shortly after the CIT programs were implemented the Coordinating Centers of Excellence were designed to serve as resources to provide technical assistance and consultation to improve quality by ensuring that best practices were being upheld. The Coordinating Centers work with local leaders to shape the practices and to provide outreach to the mental health boards across the state, as well as to work with criminal justice leaders to maintain the CIT programs. Justice Stratton is a mental health and criminal justice stakeholder in the State of Ohio and was able to increase the minimum training for mental health in the basic police training academy from two to 16 hours. Local judges are known for their interest in CIT and mental health training and can be found to be stakeholders and advocates (Munetz, 2006). Ohio has many crisis intervention training programs throughout the state and use the same theme of training to ensure consistency. Allen (2018) notes that partnerships among the mental health community and police agencies remain the backbone of support for CIT officers in the field.

Ohio Law

Ohio has an involuntary commitment law that is defined as a mentally ill person could be subjected to hospitalization by court order as defined by Ohio Revised Code (ORC) 5122.01(B). If a person poses a substantial risk to physical harm to self and has made threats of, or attempts at, suicide or serious self-inflicted bodily harm; is a

substantial risk to others; or would benefit from treatment in a hospital for the safety and wellbeing of the person that has created grave and immediate risk to themselves or others. The two methods that can be used to hospitalize someone with mental illness involuntarily is by filing an affidavit with the court or an emergency hospitalization, otherwise known as a pink slip. A person must have a court hearing within 5 days of hospitalization and if the court is un-founding of evidence of harm, then the individual must be released from the hospital immediately (LRS, 2010).

In April of 2021 the Governor of the State of Ohio signed a new mental health bill into laws. The law expands competency evaluations and mental health treatment in criminal cases. This law allows offenders that have been charged with nonviolent, misdemeanor crimes to have the opportunity to complete competency evaluations in outpatient settings. This would free up state psychiatric hospitals beds and those beds can be reserved for individuals suffering from serious mental illness. Ohio Senator Gavarone stated that not everyone needs a 60-day hospital stay and this would help shorten the stay if needed or the individual could participate in outpatient services (WTOL newsroom, 2021).

Ohio Crisis Intervention Team Training

Once communities decide to start a CIT program, they will select a team of officers to become trainers that will represent police, mental health, and advocacy groups to a 40-hour free CIT course. As of June 2020, there are approximately 12,000 trained CIT officers in Ohio. These officers represent county sheriff offices, Ohio university police departments and local police departments. The Criminal Justice Coordinating

Center of Excellence had to valuable stakeholders to accelerate the efforts of the CIT program; NAMI Ohio and Justice Lundberg Stratton of the Ohio Supreme Court (Munetz, 2006). NAMI Ohio is an agency that improves the quality of life and ensures dignity and respect for persons with serious mental illness, and offers support to their family and friends (NAMI Ohio, 2021). Justice Stratton encouraged the development of mental health courts and is an advocate for collaborations between criminal justice and mental health (Munetz, 2006).

There were questions of the success and sustainability of the Ohio programs and how there might be a drift from quality to the CIT model. There was concern that the CIT program may lose its meaning of good community partnerships and just become basic police training. NAMI started to address the concerns and created an Ohio CIT Coordinators group that had leaders from police agencies, mental health, and advocacy communities. The coordinators meets several times a year, they have developed the core elements of effective CIT, and they help other communities develop their CIT programs. There are currently between 100 and 300 CIT programs nationally. Ohio's model of giving communities assistance to embrace CIT programs will be effective because of the partners and stakeholders that are invested and involved (Munetz, 2006). Crisis Intervention Training helps officers understand their own behaviors and their ability to improve the safety of a crisis situation (Hertzer, 2021).

Ohio Demographics

Ohio has approximately 11.7 million people according to the 2010 Census and 51% of the population was female. The Census showed that 81.7% of the population is

white and that 13.1% is Black or African American. The median household income for a family in Ohio is approximately \$56,602 and 13.1% of people are in poverty (Census, 2010). States with such a large population must have adequate means of employment for its residents and anticipated individuals moving into the state. In the State of Ohio educational attainment for individuals aged 25 and older at least 90.4% had a high school diploma and 28.3% had a bachelor's degree or higher in education. In 2019, over 700,000 veterans lived in the State of Ohio and 4.6% of the population were foreign born individuals. Men-owned firms comprised over 510,000, women owned firms comprised over 306,000, and minority owned firms comprised over 122,000. Ohio has about 282 people leaving per square mile and has 40,860 square miles of land.

Successful Interventions

Calls involving individuals with a mental health crisis require more time and effort than a call in the general population and can be more complicated (Bittner, 1967; Chappell, 2010; Hanewicz et al., 1982; Wells & Schafer, 2006; Rodriguez, 2016). There are significant benefits to having a mental health team on calls with police for assessing PwMI with autism (Ellis, 2011). Professionals realize that there is the opportunity for rehabilitation for individuals, but it won't happen unless there is a team approach (Lamb, 1984). Building on the Italian mental health reform, it has been acknowledged that there should be social structure during mental illness interventions that is accepting and empowering for PwMI with autism (Cochran, Deane, & Borum, 2000). CIT officers reported that there was a positive impact for PwMI and that there was sustainability that happened about a year after training (Allen, 2018; CACITA Public Speakers, 2017).

It is important that there is a way to track CIT encounters. Slade et al. (2012) discussed that follow-up studies that were conducted 8-12 years after significant effectiveness was reported from CIT officers was confirmed to be having a positive impact. Thus, when PwMI seek help and stick to their treatment plan in an outpatient setting it will help them maintain a healthy lifestyle and function in society (Allen, 2018). For every dollar spent to reduce arrest, incarceration, and hospitalization it has been reported that CIT major crisis encounters have reduced (Researchers at Mental Illness Policy, 2017).

Gaps in Research

My study addressed the gap in literature indicated by the lack of data to support the impact of female officer perceptions once CIT-trained. My study involved an attempt to build upon the study by Allen (2018) by exploring the gap in knowledge regarding the increase in female officers' knowledge of mental illness specifically autism after CIT training. Further, my study addressed the gap in literature (Allen, 2018; Blevins et al., 2014; Rodriguez, 2016; Weller, 2015) where researchers of reintegrated studies identified the need for structured CIT training for police officers. Allen (2018) and Rodriguez (2016) noted that the relationship between mental health clinicians and law enforcement agents remained unexplored but could help with perceptions in the field.

This case study involved an attempt to capture the knowledge that might indicate female CIT-trained officers are offering referrals to criminal diversion programs as a result of specialty training. Weller (2015) indicated there is not a good system to track if officers are really offering referrals to community based mental health programs during

CIT encounters. Consequently, my study attempted to decrease the gap concerning referrals with dispositions with CIT encounters by female CIT-trained officers (Weller, 2015). My study addressed the gap in literature on this issue indicated by the lack of data to support the impact on the perceptions of female CIT-trained officers in the State of Ohio. This study contributed to knowledge concerning how to track the course of treatment for PwMI from on-scene encounters with female police officers to diversion program outcomes.

Summary and Conclusion of Literature Review

In the 21st century, CIT training has become increasingly popular among police agencies and mental health agencies who respond to PwMI in crisis. The literature reviewed included analyses and syntheses of empirical research on female police officer perceptions and attitudes that informed the understanding of the phenomenon that confronts female CIT-trained officers. The review consisted of three sections of empirical research regarding theoretical evolution of policing PwMI. A review of current literature revealed the controversial debate regarding whether CIT training affects officers' attitudes and perceptions. The literature review included a discussion on history of the police response to field encounters with PwMI that began as a quick reaction that evolved into a calm CIT-trained response (Allen, 2018; CACITA, 2017; Rodriguez, 2016; Weller, 2015). Researchers have identified that CIT training affects officer attitudes and knowledge positively (Allen, 2018; Ball et al., 1985; Brown, 2015; Compton et al., 2014; Rodriguez, 2016; Watson et al., 2010a; Weller, 2015) and positive perceptions (CACITA, 2017, CIBHS, 2015; Dragojevic et al., 2015; Kwon, 2012; Milne et al., 2000; Watson et

al., 2004, 2010b, 2010c; Wells & Schafer, 2006). The results of the study addressed the gap in the literature through an exploration of the impact of CIT training among female CIT-trained officers.

My study addressed the gap in literature as indicated by the lack of data to support the impact of female CIT officer perceptions after becoming CIT-trained. This qualitative study also addressed why researchers do not know how to track the course of treatment and referrals for PwMI from on-scene encounters with female CIT officers. Chapter 3 includes a detailed account of the selected methodology derived from the qualitative approach via interviews.

Chapter 3: Research Method

Introduction

The purpose of this case study was to explore perceptions and experiences among female CIT-trained police officers related to autism as a mental illness. Policing in the early American days did not view PwMI as people. It was assumed that PwMI were dangerous and police would escalate situations by using threatening body language and speech (Allen, 2018, Corrigan et al., 2003; Link, 1987; Ruiz, 1993; Watson et al., 2004). Furthermore Watson et al. (2010a, 2010b) identified that police have a great deal of coercive power that ranges from threats of physical force to suggestions of violence to control a situation. Evolution of officer response has changed with CIT training for PwMI. In my study, I built on the work of Allen (2018), who discussed officer perceptions of PwMI among CIT-trained officers. Additionally, I attempted to address the gap in literature (Allen, 2018; Blevins et al., 2014; Ferguson, 2014; Rodriguez, 2016;

Weller, 2015), where researchers have identified the need for structured CIT training for police officers. However, researchers have yet to address the lack of data that indicate whether CIT training affects officers' perceptions of PwMI.

Chapter 3 includes a qualitative methodology, case study research design framework for the study, a discussion of the alignment of method instrumentation with the research problem, and a comprehensive description of the theoretical framework. The chapter includes description of the research procedures, questionnaire, data collection, methodology, coding, and theme analysis. Further, Chapter 3 addresses the research question, research method and design, appropriateness of design, population and sample plan, instrumentation, data collection, analysis, and triangulation, and ethical consideration of participants.

Research Design and Rationale

Ravitch and Carl (2016) noted that researchers who make use of a case study design tend to have an interest in individuals' experiences. The objective of case study design is to obtain thorough descriptions that give the structural analysis that shows the core of the experiences (Allen, 2018; Moustakas, 1994; Ravitch & Carl, 2016). Case studies are an exploration into an event, activity, or process using an inquiry strategy on one or more individuals. This study followed the research design of a case study because it is appropriate because it will give me the opportunity to research the context of the research question and focus on the individual female officers' experiences (Creswell, 2009; Patton, 2015). Traditionally researchers found meaning in words and stories that are complex and dynamic. Researchers can connect the dots with unfolding patterns that

emerge across the many stories told in a case study design (Patton, 2015). In contrast, a grounded theory approach was not suitable for my study because I did not attempt to discover a theory. Grounded theory studies originated from a variety of sources such as interviews, observations, documents, and other sources (Allen, 2018; see, Ravitch & Carl, 2016). Additionally, a focus group did not align with the purpose of my study, as I will not target a consumer group. Rubin and Rubin (2012) contended that, in a focus group, a researcher's participants are representative of a population of interest.

In this study, I furthered Allen's (2018) research on officers' perceptions and experiences of individuals with mental illness, specifically autism. Allen indicated that there was a lack of female presence and that more research was needed on female CIT trained police officers. Previously, researchers have shown that there were fewer injuries and more referrals to social services by CIT officers for PwMi specifically autism (Allen, 2018; Brown, 2015). My research question for this study was: What are the experiences and perceptions of CIT trained female police officers' who encounter individuals with mental illness, specifically autism?

CIT research relies upon qualitative studies that include in-person interviews and questionnaires rather than secondary police data (Allen, 2018; Broussard et al., 2011; Browning et al., 2011; Canada et al., 2012; Compton et al., 2011; Cotton, 2004; Rodriguez, 2016). Rubin and Rubin (2012) documented those researchers who conduct semi structured interviews discuss how events take place as an extended conversation between researcher and interviewee, with limited questions and follow-up questions. Accordingly, I conducted semi structured interviews and answered the research question

that addressed how female officers' experiences and perceptions improve based on CIT training when encountering PwMI with autism. This research was conducted by telephone due to the current COVID-19 pandemic and limited availability of face-to-face interviewing. Rubin and Rubin (2012) noted that internet interviews are useful when communicated with people who are either hard to reach or unwilling to converse in public. Internet interviews come with their own set of occasional difficulties, such as video delay or internet issues. Disadvantages to face-to-face interviews include setting up the site, conducting the interviews, transcribing the interviews, and analyzing the interviews, which can all be labor intensive. However, having interviews via Skype or other video platform enabled me to see the micro expressions and being able to note visible changes in the mannerisms or mood of the interviewees (Allen, 2018).

Role of Researcher

This qualitative research study involved a responsive interview to eliminate any bias that may obstruct the interview process. Rubin and Rubin (2012) ascertained that in-depth qualitative interviewing has an association with interviewees who have experience with the problem of interest. The qualitative interview strategy included primary questions, probes, and follow-up questions (Rubin & Rubin, 2012). I had no personal or professional relationships that involve power over the participants. Therefore, I had a population closely associated with the topic of the research question, which is how female officers' perceptions and experiences improved based on CIT training when encountering PwMI with autism. In contrast to ordinary conversations, interviews are likely to include a focus on the topic of the research question, which researchers pursue in

great depth (see, Rubin & Rubin, 2012). Further, Rubin and Rubin stressed that the responsive interviewing approach accepts that both the researcher and individuals under study are people with emotions.

I am an autism expert and have many years' experience with PwMI. I was the researcher, coder, and could potentially have some personal bias in the results. To eliminate bias, I used a bracketing technique during the interview process. Ravitch and Carl (2016) documented that researcher's must bracket, or set aside, their everyday assumptions. The purpose of reflexivity is for researchers to account for their influence over the research process (Gentles et al., 2014). Therefore, I did not place personal opinion or judgment on the experience of the interviewee, and I recognized my potential influence over the study's methodology for reflexivity.

Methodology

I used qualitative methodology to explore the experiences of the target population of female CIT trained police officers in the State of Ohio. The random sample consisted of what Ravitch and Carl (2016) described as the single significant case sampling strategy, which is one in-depth case that provides researchers with a rich and deep understanding of breakthrough insights. The research unit of analysis was female CIT-trained officers. The purposive random sample consisted of 7 female CIT-trained police officers in the State of Ohio. The female officers were recruited via a Facebook ad. The officers answered four questions to ensure they were appropriate for the study including: (a) Are you a sworn police officer?; (b) Do you work at a police department in the State of Ohio?; (c) Are you CIT trained?; and (d) Are you female? The study involved CIT-

trained female officer participants who participated in a qualitative interview to increase topic breadth and depth. Unlike statistical studies, the data analysis entailed coding and theme detection by transcribing the interviews. My sample size was targeted at 5-10 female officers in the State of Ohio or until saturation is reached. Saturation will be described as officers who will participate having the same experiences over and over. Allen (2018) also used purposeful sampling and was offered 20 officers and only 7 participated. With this purposeful sampling was used for the 7 available officers, which is why I will focus on between 5 and 10 female officers in the State of Ohio or until I reach saturation (Allen, 2018; Fusch & Ness, 2015). Female CIT-trained officers were the participants of the study, and I did not include any non-CIT-trained officers. One purpose of this qualitative approach was to demonstrate the coding theme behind the rationale of data analysis.

The alignment from the study's research topic to the research question on how female officers' perceptions and experiences improved based on CIT training when encountering PwMI with autism to the methodology and to the design will potentially be consistent. The purpose of the case study was to explore the impact of CIT training for female CIT-trained police officers. The focus of the outcome of CIT training pertained to female officers' perceptions and experiences of PwMI. However, I did not predetermine the outcome of the study. For example, participant answers from the questionnaire could have revealed for particular disdain for CIT training or referrals and other officer resistances to change. Participants could also show a type of personal evolution as a result of CIT training, such as a positive attitude about CIT encounters.

Instrumentation

This case study research used published data collection non-standardized instrument from a Midwestern region that explored CIT-trained officers' perceptions of PwMI. I sent an email to W. Wells and received permission to use his questionnaire for this study and to modify it as needed for my study (personal communication, July 16, 2021) (Appendix D). To ensure research credibility, I used an audio-taped recorder to collect open-ended data from the population. Ravitch and Carl (2016) contended that not relying on memory will eliminate bias in an in-depth qualitative interview.

Published Data Collection Instrument

Wells and Schafer (2006) originally distributed the perceptions and experiences questionnaire instrument selected for this study, which is a non standardized instrument created by a few people in a consensus-building project team (W. Wells, personal communication with Allen (2018), May 23, 2017). After the National Alliance for the Mentally Ill (NAMI) West Central Indiana chapter received funding by the Substance Abuse and Mental Health Administration in 2002, a consensus-building project team was born (Allen, 2018; see Wells & Schafer, 2006). The consensus-building project team was vital to the development of the perceptions instrument. Wells and Schafer noted the consensus-building project team developed the needs assessment to have a better understanding of police officers' perceptions during encounters and responses to PwMI (p. 583). Allen (2018) also used the questionnaire from Wells and made one modification that included one additional interview question to answer the research question of this study.

Instrument Reliability and Validity

The consensus-building project team included a broad group of stakeholders, including police officials, social workers, judicial representatives, mental health service providers, PwMI, and family members of PwMI (Allen, 2018; see, Wells & Schafer, 2006). Although the authors did not discuss the reliability and validity of the instrument, the authors did discuss pretest and posttest training surveys. The authors shared the survey with the target population. Wells and Schafer elaborated how, in 2003, members of the consensus building project team distributed paper-and-pencil surveys to patrol officers in five police agencies that served the greater Lafayette community of Indiana. Wells and Schafer indicated that pre- and post-test surveys of CIT-trained officers offered results that indicated the officers had heightened abilities to both identify and respond to PwMI appropriately (Allen, 2018).

Procedures for Recruitment, Participation, and Data Collection

The purposive random sample include 7 female CIT trained police officers from the State of Ohio. I recruited participants via a Facebook ad that targeted female State of Ohio CIT-trained police officers that included the researchers email address. When officers were interested in participation, they were able to send an email to the researcher. I created an email invitation to participants (See Appendix C) that introduced and explained the study and included the informed consent. When officers agreed to participate in the study they replied to the email sent by the researcher, indicating they consented to participation. There will be no financial compensation for female officer

participation. I randomly selected the order of participating female CIT officers when they responded to the participant email and categorized them by their initials.

Each interview took place via telephone or on a video platform, such as Skype, Microsoft Teams, WebEx, or Zoom, whichever one worked best for the female officer at the time of the interview. During each qualitative interview, the participants were verbally read the open-ended interview questions (See Appendix A) and demographic questions (See Appendix B). Demographic questions are kept for the purpose of member checking and transcript review. The reliable questionnaire had a descriptive design approach that originally involved measuring the officers twice since there is a need for an update on female police perceptions and experiences for female CIT-trained officers. Nevertheless, as there is no follow-up planned for this study, and there was no need for more than one instance of data collection.

This case study where I explored the perceptions and experiences of female CIT trained officers through in-depth interviews. I will use a tape recorder, a notebook, and pen to record the data. The time that was allotted for the interview was 60 minutes for each participant. To ensure participant privacy and data protection, all data will be stored in my home for safekeeping.

Data Analysis Plan

Proper qualitative data analysis is a reiterative process used to establish researcher validity. Creswell and Miller (2000) noted that qualitative interviewers use a second lens that establishes validity of the researcher's accounts: the participants in the study. Therefore, I used a recording device to sustain interview integrity. Moreover, the unit of

analysis used an embedded design. Thus, my study encompassed multiple units of analysis meant to ascertain consistent patterns of evidence across units (Yin, 2013). The study involved an attempt to demonstrate shared experiences and perceptions among female CIT-trained officers as a result of CIT training. Saldaña (2016) indicated that researchers use epistemological questions to address theories of knowing and understanding of the phenomenon of interest. Hence, the research question complemented the research design. Saldaña noted that qualitative studies require coding in cycles to flush out research themes from in-depth interviews.

My study's data analysis involved using exploratory methods of coding that evolved into a code pattern and themes. The study may reach data saturation through data triangulation. Fusch and Ness (2015) reported that researchers reach data saturation after a sufficient amount of information is available to duplicate the study, additional information is acquired, and further coding has reached feasibility. Probing questions posed to the participants of the qualitative interviews also helped to achieve a point of research saturation. To this end, data from Weller (2015) and Rodriguez (2016) may help to confirm or refute qualitative data collected from the participants as a means of triangulation. Triangulation represents how researchers explore various levels of perspectives of a similar phenomenon (Fusch & Ness, 2015). I transcribed the interviews using an online software and hired a third-party for the coding and transcription using NVivo software (QSR International, n.d.) to break down the data collected from the qualitative interviews for emerging themes detection. Miles and Huberman (1994) indicated that outliers or exceptions can take a variety of forms, and McPherson and

Thorne (2006) recognized such anomalies in research data sets as discrepant cases, atypical settings, unique treatments, or unusual events.

Mustaka's (1994) modified van Kaam method of data analysis helped determine the concepts, themes, and the essence of the experiences and perceptions of female officers. Moustaka's method of data analysis added a crucial additional step to van Kaam's data analysis method to emphasize the need for me to master self-reflexive techniques to avoid any bias in the analysis process of this qualitative process. I used this data analysis method to capture the experiences and perceptions of the participants. I listed Moustakas' (1994) modified van Kaam data analysis steps in the following paragraphs.

Moustakas' (1994) modified van Kaam method of analysis was be used in this study because its purpose is to explore the experiences and perceptions of participants (Creswell & Poth, 2016). I incorporated all information and knowledge from the literature reviews, codebook, and journal writing in the data analysis process to ensure credibility, transferability, and validity of the research (Creswell & Poth, 2016). Moustaka's method of analysis also provides me with detailed guidelines to assist me in my study (Creswell & Poth, 2016).

The first step of the analysis is to understand the features of a process known as horizontalization. This process includes me reading the written interview numerous times as I will sort through the different concepts introduced by the participants' responses to the interview questions (Moustakas, 1994). The goal of this process was to reflect on the participants' experiences and perceptions as it pertains to the CIT training. In the second

step, I put a list of significant statements into categories that do not overlap and repeat with one another (Moustakas, 1994). During this second step, care was given so as not to shuffle new information and experiences and perceptions into predetermined themes using the literature review. The third step of the data analysis was to understand the participants' ideas and overall descriptions that define the experiences through reducing, combining, and eliminating descriptions as concepts begin to emerge (Moustakas, 1994). During this step, all of the statements, thoughts, and perceptions of the participants were defined in the form of concepts.

In the fourth stage, the descriptions of the concepts were thoroughly exhausted by listing all detailed descriptions, thoughts, multiple perspectives, and statements that explore the nature of the participant's experiences and perceptions (Creswell & Poth, 2016; Moustakas, 1994). The fifth step of the data analysis combined the similarities and the differences of the female police officers' experiences and perceptions defined by the concepts into broader and complex themes. In the sixth step, I captured the essence of the participants' experiences and perceptions from the analysis of the research findings. In the seventh and final step, I developed themes from the data analysis into composite descriptions of the impact of the female CIT officers experiences and perceptions.

Issues of Trustworthiness

Credibility, Transferability, Dependability, Confirmability

Rudestam and Newton (2015) reported that it may not be necessary to use the traditional term's reliability, internal validity, and external validity in writing a qualitative dissertation. Moreover, Lincoln and Guba (1985) recommended that the alternative

constructs of credibility, transferability, dependability, and confirmability. Rudestam and Newton (2015) noted that researchers can ascertain the credibility or truth value of findings by spending sufficient time with participants and exploring participants' experiences and perceptions in sufficient detail. With this in mind, I conducted qualitative interviews with open-ended questions to make certain my study's transferability emphasized a thick description.

That is, this study's results served as the basis of the sample generalizations to other participants for future replicated studies. Rudestam and Newton (2015) also cautioned that the reliability of an instrument depended in part on the population for which a researcher uses that instrument. Thus, the Wells and Schafer (2006) questionnaire instrument achieved high reliability with one sample. However, isolated results may not necessarily attain that same level of reliability in another sample representing a different population. Finally, Rubin and Rubin (2012) established that confirmability is present when researchers report research findings in a transparent manner that allows the audience to understand the process of collecting and analyzing the data.

Ethical Procedures

This study took place in compliance with Walden University's Institutional Review Board. Minimal risk is acceptable, but researchers must provide it up front (Walden University, n.d.). That said, pregnant women, participants in crisis, and the elderly are vulnerable groups that could possibly participate in my study. However, the exclusion of pregnant women can only happen when there is no medical benefit from

participation and/or questions caused foreseen harm to fetus from participation. The exclusion of participants in crisis can only happen when the mental crisis impairs the ability to respond to the questions and causes psychiatric harm. The exclusion of the elderly can only happen when the interview process causes physical harm such as sitting for a long period of time, or sight and sound impairments prohibit the participant from fully understanding the interview questions or responding to the questionnaire. However, no participant randomly selected for this study represents any vulnerable groups. To ensure participant confidentiality, data will be stored for 5 years and after the 5 years is complete the electronic files will be deleted and jump drive reset to factory settings.

Institutional Procedures

My study remained in compliance with Walden University's IRB guidelines for review and publication. Should any voluntary participant become visibly upset at any time during the qualitative interview whether when answering the questionnaire or during the interview, I would have reminded the participant of the clause in the consent form that stated not all questions have to be responded to should discomfort occur. If another participant was required as a possible replacement, data collection stoppage would occur with the visibly upset participant. I would have terminated the interview and randomly select another participant. Further, my Chair and the IRB will be informed as to possible participant injury. However, that was not the case with this study.

Ethical Concerns

The strategy of my study aligned itself with the lens of perceptions that will explore female CIT-trained officers' perceptions and experiences during field encounters

with PwMI with autism. Thus, participants were solely female CIT-trained officers and excluded all other psychiatric emergency personnel or anyone else related to the mental health network collaboration. I respected the opportunity to interview and retained voluntary participants without any coercion as identified in the verbiage of the consent form. Thus, individuals had the option and right to decline to participate in the study or to refuse to answer stressful questions (see Appendix A) or demographic questions (See Appendix B). Also, sharing results with participant managers while naming individuals is not an ethical practice and did not happen in my study. Each participant felt safe, was not forced to speak with me, and was not worried about the need to provide guarded responses during the qualitative interview for fear of reprisal.

Protections for Confidential Data

Rubin and Rubin (2012) noted that the importance of ensuring that data remain transparent and that researchers keep interview notes or recordings so that anyone who wishes to check or duplicate the research can do so, provided the researchers secure the confidentiality of the interviewees. I kept a confidential log of how I transcribed, whether directly from tape, from notes, or from memory; how I verified it; and the level of detail it contained (Rubin & Rubin, 2012). I kept all data recordings, transcriptions on a password protected computer. The research procedures and analysis/write-ups take all possible plans and measures to ensure that there are no disclosures of the participants' identities in the study. Participants' recruitment for this study was selected in a random order by the researcher using the list of female CIT-trained officers that respond to the ads on Facebook. There wasn't any psychological, economic, professional, personal, or

physical risks beyond daily life for participants in this study. To this end, the research procedures did not reveal or create an acute psychological state as the goal of the study was to explore the impact CIT training has on female police officers. Additionally, I did not share notes or recordings with the any administration of any of the police departments at any time.

Summary

Chapter 3 included the rationale for using a qualitative case study research design to answer the research question regarding how female officers' perceptions and experiences improved based on CIT training when encountering PwMI with autism. The chapter included the research question, research method and design, issues with trustworthiness, population and sample plan, instrumentation, data collection and analysis, and an ethical consideration of the participants. Chapter 3 also included the rationale for selecting a case study design that addressed the study's research question. A qualitative interview consisting of open-ended questions was suitable to explore participant experiences and perceptions. This chapter included evidence to support the exploratory methods of coding that evolved into a code, pattern, and themes of participant lived experiences. Chapter 4 includes a comprehensive account of data analysis that includes certain shared perceptions and experiences among female CIT-trained officers. Chapter 4 also includes information about the demographic characteristics of the interviewees who will participate in the qualitative interviews, as well as the coding and themes that will emerge while exploring the participants' shared perceptions and experiences from CIT training.

Chapter 4: Results

Introduction

The purpose of this qualitative case study was to explore perceptions and experiences among female CIT-trained police officers in the State of Ohio related to autism as a mental illness. The problem addressed in this study is the lack of knowledge of how crisis intervention team (CIT) training impacts female police officers' perceptions of persons with mental illness (PwMI), specifically autism. Chapter 4 includes a detailed account of the study's setting, such as demographics of the population, the data collection procedures performed, the data analysis technique used, the evidence of trustworthiness, and the data results.

Setting

The setting of the interview was predetermined by each officer's preference. After the IRB approval was granted (approval #10-05-21-0391864), a social media post (See Appendix F) was made to recruit officers. Shortly thereafter, officers responded to the post by emailing the researcher that they were interested in participating in the study. The researcher responded to the email with an invitation to participate (See Appendix C), as well as attached the consent form (See Appendix E). Dates and times were scheduled with the officers to conduct their interviews virtually due to COVID-19 impacts. There

were no personal or organizational conditions that influenced participants or participants lived experiences at the time of the study that may have influenced the study's results. All qualitative interviews took place within 10 days.

Demographics

The demographic questions (See Appendix B) took place before I proceeded with the open-ended questions of the in-depth interview (See Appendix A). That said, the seven participants for this study consisted of all females who ages ranged from 23-53 years old. The females consisted of 1 African American, 4 Whites, 1 Asian American, and 1 Latino. Participants' initials selection was done in random order by me. All CIT-trained officers' participants had some college education, with the majority holding bachelor's degrees and one master's degree.

Data Collection

As noted, data collection was predetermined by each officer's preference. Random participation selection entailed my choice of 7 female CIT officers initials for researcher's preference. Invitations to participate in the study and consent forms were distributed via email after the officer responded to the social media post. Officers responded to the email indicating they were consenting to participate in the study. On the day of the interview, the officers were asked if they had any questions about the consent form or about the study and then the interview was started by asking questions from the questionnaire (See Appendix A). Each participant of the seven was allotted 1 hour with me. All participants were interviewed within a 10-day period.

I used my personal cellphone for the interviews and one recording device to collect the data that derived from participants answering the open-ended questions (See Appendix A). As has been noted, the demographic questions (See Appendix B) preceded the in-depth interviews (See Appendix I), and there were no variations from the plan presented in Chapter 3.

Initially, all of the interviews were to take place on a video platform. However, none of the interviews were able to be completed via video platform due to connectivity issues. All interviews were conducted via telephone. A disadvantage of not being able to conduct video interviews is that I was not able to see and note any visible changes in mannerisms or mood of the participants (Allen, 2018).

Data Analysis

I transcribed the recorded interviews using an online transcribing service. I hand coded the transcribed interviews. Approximately 3 hours of recorded audio interviews were transcribed and analyzed for this study. I hired a third-party for the coding and transcription using NVivo software (QSR International, n.d.) to break down the data collected from the qualitative interviews for emerging themes detection. The Braun and Clarke (2006) strategy for thematic analysis was used to identify initial codes and themes. Overall, 45 themes emerged out of 144 initial codes. The interviews were coded to detect themes using the NVivo software application for theme validation and to determine if other emerging themes existed. I summarized the findings for my research question, providing verbatim examples from the interviews to illustrate the themes.

Evidence of Trustworthiness

To ensure credibility I used a tape recorder when collecting open ended data from the participants. I spent as much time as was needed with the participants to explore their experiences and perceptions in sufficient detail. My study's transferability emphasized a thick description, which speaks to the study's credibility and dependability. The study's results served as a basis of the sample generalizations as transferability to other participants in future studies, and isolated results may not necessarily attain the same level of reliability in other samples representing different populations. I transparently presented the data in a manner that accounts for the study's confirmability, and no changes were made to adjust credibility, transferability, dependability, and conformability as stated in Chapter 3.

Results

The study's results answered the research question, gaps in research, and addressed the study's purpose. The purpose of this qualitative case study was to explore perceptions and experiences among female CIT-trained police officers in the State of Ohio related to autism as a mental illness. It has been noted that epistemological research questions that begin with "What are" suggested the exploration of participants' found interpretive meanings within the data (Allen, 2018; Saldana, 2016). Thus, the aligned research question of the study, what are the experiences and perceptions of CIT trained female police officers' who encounter individuals with mental illness, specifically autism, was answered in the study's data results. Most officers agreed that CIT training was beneficial, but that they hadn't had any updated trainings since their first CIT training.

Some of the officers identified that they had already had experience with individuals with autism before having CIT training. The consensus of the participants was that CIT training was helpful, but more of just an overview of de-escalation techniques and what to expect, and that they would prefer to have more specific training updates. In-depth conversations revealed how CIT training did improve the officers' perceptions to take a step back during crisis situations and to analyze the crisis to be able to effectively communicate with the individuals with autism.

Gaps in Research Results

This study produced results for each of the gaps in research briefly introduced in Chapter 1 and 2. I explored the need for more integrated studies exploring the perceptions and experiences of female police officers who have completed a structured CIT training literature (Allen, 2018; Weller, 2015; Blevins et al., 2014; Rodriguez, 2016). Similar to the study completed by Allen (2018), female CIT officers demonstrated and verified increased knowledge of verbal de-escalation skills and new perspectives of PwMI, with autism. Officers have extensive knowledge about outreach at specific local hospitals that have programs that are for PwMI with autism who are in crisis. Female officers did not identify any differences in trainings versus male officers. Female officers did identify that in certain crisis situations that the female empathy does play a part in de-escalation. This study also addressed the distribution of need for support for individuals with mental illness, specifically Autism (Shattuck, 2018; Weller 2015). Participants from this study

disclosed that there is not enough training on autism specifically and most of the training focus on mental illness in general.

NVivo Results

NVivo Software expanded the results that included the point of view of responders via the data collection from the surveys. Taxonomy tables presented in a predetermined order and derived from in-depth qualitative interview results, tabulated results from interview responses, and emerged themes. All displayed results were rounded to the nearest ten to reflect and even 100% for all data calculations. The data listed in paragraph format described the discrepant cases. I created taxonomy tables and paragraphs below the tables that displayed detailed participant responses transcribed from interview results and open-ended comments. Finally, the coding pattern and theme detection displayed emerging themes on a separate table and figures.

Table 1 indicated CIT-trained officers had at least five contacts with PwMI, with autism per month. Order-related calls such as disturbances or family related calls (100%) were considered as the most common reason for CIT encounters. Officers (100%) agreed that resolving the CIT encounter in a timely manner was not as important as the safety (100%) of the individuals. Repeat calls were a problem (58% big; 42% small). Ensuring PwMI, with autism received mental health services was somewhat important (very important 42%; somewhat important 58%), but was not as important as the safety and de-escalation of the individual. Officers indicated they could take individuals to a hospital on an involuntary basis if needed, but that the majority did not prefer to.

Table 1*Officer's Perceptions of CIT Field Encounters*

On average, how many contacts do you have per month with a PwMI, with autism?		
Frequency	Percent	
Less than 1		0
0%		
1 to 2		0
0%		
3 to 4		0
0%		
5 or more per month		7
100%		
Single most common reason for officer contacts with PwMI, with autism?		
Frequency	Percent	
Disturbance and family calls		7
100%		
Crimes PwMI are most commonly responsible for		Frequency
Percent		
Criminal trespass		1
14%		
Assault		
3	43%	
Disturbance		3
43%		
Resolving the situation in a timely manner		Frequency
Percent		
Not important		2
28%		
Very important		
5	72%	
Repeat PwMI calls in crisis are a problem		Frequency
Percent		
Big Problem		4
58%		
Not a problem		3
42%		
Ensuring the safety of the people involved		Frequency
Percent		
Very important		
7	100%	

Ensure PwMI received mental health services

Frequency	Percent	
Very important		
3	42%	
Somewhat important		4
58%		

Listed below are open-ended discussions from participants that revealed additional details of CIT field encounters during in-depth interviews:

- “Some interactions with people with mental illness take a long time because we have to identify who and what their resources are.”
- “People with autism are usually just triggered by something and a family member calls.”
- “You never know what you are walking into from a mental health standpoint.”
- “A lot of times it is found that people with mental illness are self-medicating with drugs.”

Table 2 detailed results of officers’ perceptions of CIT encounter outcomes. Some officers took 30-60 minutes (28%) for CIT encounters while the majority (72%) took 60 minutes or more for situation resolution. Officers in the department varied on whether they would take time to get a PwMI with autism admitted for treatment (yes 58%, no 14%, maybe 28%). All officers agreed (100%) that a mental health facility was an optimal choice over jail. Officers agreed (42%), disagreed (28%), and somewhat agreed (28%) that mental health providers gave adequate treatment to PwMI with autism. Officers agreed (100%) that the general hospital was a good alternative to jail. The

majority of officers didn't know (86%) if jails provide adequate treatment for PwMI with autism and (14%) said no the treatment wasn't adequate. Officers said yes (42%) and no (42%) and didn't know (14%) that there need to be an easier way to get PwMI with autism to treatment facilities.

Table 2*Officers' Perceptions of CIT Encounter Outcomes*

On average, time spent with contact with PwMI, with autism		
	Frequency	Percent
30-60 minutes		2
	28%	
60 minutes or more		5
	72%	
Officers in my department take the time to get PwMI admitted into treatment		
	Frequency	Percent
Yes		4
	58%	
No		1
	14%	
Maybe		2
	28%	
Mental health facility is the alternative to jail		
	Frequency	Percent
Yes		7
	100%	
Mental health providers give adequate treatment		
	Frequency	Percent
Yes		3
	42%	
No		2
	28%	
Somewhat		2
	28%	
General hospital is the alternative to jail		
	Frequency	Percent
Yes		7
	100%	
PwMI with autism are given adequate treatment in jail		
	Frequency	Percent
Yes		0
	0%	
No		1
	14%	
Don't know		6
	86%	

Getting PwMI with autism to mental health facility should be easier		
	Frequency	Percent
Yes	42%	3
No	42%	3
Don't know	14%	1

Participants during open-ended conversations discussed the three possible outcomes for CIT encounters, verbal de-escalations for street dispositions, psychiatric hospitals, or jail:

- “Sometimes people with autism fall through the cracks and there is no direct mental health services for them.”
- “The mental health system still needs a lot of work but yes I believe they (individuals with autism) are given adequate treatment”
- “There is a lot of grey area when meeting criteria to take someone to the hospital for evaluation.”
- “Relationship is key to a good encounter with someone with autism. They have to trust you.”

Table 3 demonstrated participants’ perceptions of PwMI, with autism. Officers thought CIT encounters made them feel anxious (14%) or no feeling of tense or uptight (86%). Officers identified that (14%) of encounters made them feel anxious and (86%) had no feelings of frustration or anger. Officers identified that sometimes (56%) and none at all (44%) felt that encounters were physically dangerous. Officers stated that yes (42%) and no (58%) that encounters posed departmental liability risks.

Table 3
Officers' Perceptions of PwMI with autism

CIT encounters make me tense or uptight		Frequency
Percent		
Anxious		
1	14%	
No		6
	86%	
CIT encounters make me very frustrated or angry		Frequency
Percent		
Anxious		
1	14%	
No		6
	86%	
I believe CIT encounters are physically dangerous		Frequency
Percent		
Sometimes		4
	56%	
No		3
	44%	
I believe CIT encounters pose departmental liability risks		Frequency
Frequency	Percent	
Yes		3
	42%	
No		4
	58%	

Participants open-ended responses about perceptions of PwMI from in-depth interviews included:

- “People with autism are usually just trying to keep themselves calm by pacing or stimming, they aren’t usually violent.”
- “Once PwMI are at the mental health facility or the hospital we as officers have no control over their care.”
- “It seems like persons with autism are usually just confused”

- “Our calls for service with individuals with autism are usually because of family fights and they are out of control.”

Table 4 displayed officers’ perceptions of CIT training and resources results as well as open-ended comments listed in the paragraph below the table. Almost all officers had CIT training more than 5 years (72%) from the date of this study, therefore (70%) of the officers had heard about NAMI in the area prior to this study (30%) did not. Officers (56%) agreed and (44%) disagreed that the CIT training received was adequate. Officers attend a 40-hour training in the State of Ohio according to participants. Officers (70%) agreed (30%) disagreed that CIT training needed improvement in the department. Officers (70%) agreed (30%) disagreed that the department provided adequate guidance about how to respond to persons with autism. Officers (70%) agreed (30%) disagreed that there should be a new place for evaluation for persons with autism in the area. Officers (100%) agreed that there were not enough CIT-trained patrol officers. Officers (14%) sometimes felt they were unsure how to respond to a person with autism, whereas (86%) felt there were completely unsure how to respond. Officers (44%) understood services available for persons with autism and (56%) did not understand services available. Participants were (100%) positive that most officers were willing to receive additional CIT training. Participants were (70%) positive that jailed needed to better serve individuals with autism and (30%) didn’t know. There were mixed perceptions displayed among the participants. For example, (28% yes, 28% no, 44% neutral) when discussing how the majority of officers felt about police and mental health clinicians having a good working relationship.

Table 4
Officers Perceptions of CIT Training and Resources

How long ago were you CIT trained?		Frequency
Percent		
Less than 5 years	28%	2
More than 5 years but less than 10 years	44%	3
More than 10 years but less than 20 years	28%	2
I have adequate training on CIT encounter responses		
Frequency	Percent	
Yes	56%	4
No	44%	3
CIT training needs to be improved in my department		
Frequency	Percent	
Yes	70%	5
No	30%	2
My department provides adequate guidance about how to respond to persons with autism.		
Percent		Frequency
Yes	56%	4
No	44%	3
Most officers are willing to receive additional training		
Frequency	Percent	
Yes	100%	7
Not enough officers are assigned to respond to patrol functions		
Frequency	Percent	
Agree	100%	7
Most of the time I am unsure how to respond to a person with autism		
Frequency	Percent	
Sometimes	14%	1

No	86%	6
<hr/>		
I understand what services are available for persons with autism		
	Frequency	Percent
<hr/>		
Yes	3	44%
No	4	56%
<hr/>		
I have heard about National Alliance for Mental Illness in the area		Frequency
	Percent	
<hr/>		
Yes	5	70%
No	2	30%
<hr/>		
Police and mental health service providers have a good working relationship		
	Frequency	Percent
<hr/>		
Yes	2	28%
No	2	28%
Neutral	3	44%
<hr/>		
Jail needs to better serve persons with autism		
	Frequency	Percent
<hr/>		
Yes	5	70%
Don't know	2	30%
<hr/>		
There needs to be a new place for officers to take persons with autism for evaluation		Frequency
	Percent	
<hr/>		
Yes	3	42%
No	4	58%
<hr/>		

Subsequently, here are some open-ended comments from the in-depth interviews that addressed the importance of CIT training:

- “My CIT training has taught me that most officers are willing to take the time to get a person with mental illness, specifically autism admitted into a treatment facility.”
- “CIT classes used to be voluntary, but now they are required, which I think is good.”
- “Here we work with out mobile crisis unit, they have social workers, when working with people with mental illness, but they aren’t always available.”

Summary

Chapter 4 contained a detailed account of the setting of the conducted study, demographics of the population, data collection procedures performed, data analysis technique used, the evidence of trustworthiness, and the results. The results showed an increased knowledge of verbal de-escalation skills, new perspectives on PwMI with autism, having extensive knowledge of outreach programs at specific hospitals, and also confirmed that there is not enough training on autism specific individuals. The chapter discussed how verbatim transcription and third party NVivo software analysis validated themes discovered in this study. This chapter included a summary of the data analysis and the findings, presented in tables summarizing the identified themes and the frequency of occurrence for the 45 themes. Chapter 5 includes an interpretation of the research findings, recommendations for CIT trainers, implications for social change, suggestions for future research, and the limitations of this study. Chapter 5 also includes a discussion on how the findings from the current study aligned or refuted findings of prior research studies described in the literature review of Chapter 2.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of this qualitative case study was to explore perceptions and experiences among female CIT-trained police officers in the State of Ohio related to autism as a mental illness. In this study, I discussed the lack of knowledge about how CIT training impacts female police officers' perceptions of PwMI, with autism. My study addressed the gap in the literature indicated by researchers of reintegrated studies identified the lack of data to support the impact of female officer perceptions once CIT-trained (see Allen, 2018; Blevins et al., 2014; Rodriguez, 2016; Weller, 2015). Further, my study addressed the gap in the literature indicated that there was a need for structured CIT training for female police officers. Also, my study built on the work of Allen (2018) by exploring the gap in knowledge regarding the increase in female officers' knowledge of mental illness specifically autism after CIT training and the relationship between CIT trained officer and mental health clinician. Chapter 4 included a completed data analysis that resulted in the findings of my study. Chapter 5 contains a summary of the research study, which includes the interpretation of significant findings, limitations of the study, recommendations for further research, recommendations for the State of Ohio mental health network, implications for policy recommendations and social change, and conclusions.

Interpretation of Findings

As mentioned in Chapter 4, the study's results demonstrated increased knowledge of autism in CIT-trained officers and revealed that officers had an increased knowledge

of verbal de-escalation skills, new perspectives on PwMI with autism, having extensive knowledge of outreach programs at specific hospitals, and also confirmed that there is not enough training on autism specific individuals. Data triangulation consisted of comparing previous studies to this study's findings that demonstrated similarities and differences in my data results. Wells and Schafer (2006) identified that one goal of CIT training is to not only enhance the police training but to also see changes on a larger scale system that would respond and seek the enhancing of quality of life for PwMI with autism.

Consistent with prior research, once CIT-trained, officers spend more time on mental health-related emergency calls (Rodriguez, 2016). Rodriguez (2016) also mentioned, as well as the officers that officers usually aim for a quick response to gain control of encounters, but usually spend more time with mental health encounters, which isn't typical of a law enforcement response. Similar to previous studies (see Allen, 2018), participants in this study agreed that CIT training improved their ability to identify PwMI, with autism in crisis and anticipate some of the behaviors during a CIT encounter. In agreement with previous studies, CIT-trained officers had a greater knowledge and attitude towards PwMI, with autism (see Allen, 2018). Findings also agree with previous studies that indicated that CIT training led to increased use of mental health services, such as hospitals with psychiatric units available (see Allen, 2018). CIT officers often remain the first responders for a psychiatric emergency and frustration was expressed that with no real field support from any other system that it leads to frustration with the entire system.

As discussed in Chapter 2 and as confirmed by the participants in this study, CIT trained female officers demonstrate an increased knowledge of PwMI, with autism (Allen, 2018, Compton et al., 2014; Cross et al., 2014; Ellis, 2014; Khalsa et al., 2017). Rodriguez (2016) identified that the most difficult challenges for officers was shifting from traditional police approaches of authority to using verbal de-escalation skills, however the female officers in this study identified that with the CIT training it helped them to utilize verbal de-escalation before use of force (Kesic et al., 2013). Female CIT-trained officers in this study identified that their perspective shifted on PwMI with autism after CIT training and researchers have identified a same perspective (Allen, 2018; Ball et al., 1985; Brown, 2015; Compton et al., 2014; Rodriguez, 2016; Watson et al., 2010a; Weller, 2015). Brown (2015) discussed that stability and structure of outreach programs benefit PwMI specifically autism. The female CIT-trained officers in this study identified that they have an increased and extensive knowledge of outreach programs at hospitals for these individuals. As stated in Chapter 2, female officers use supportive and calm speech, compared to male officers, which aligns with CAT theory and the results of this study that identify the enhanced verbal de-escalation skills that were most likely obtained prior to CIT training (Gardner, 2020). In the State of Ohio there is a minimum standard for CIT training, but no follow up training required and this aligned with the study finding of lack of training on individuals with autism specifically (Munetz, 2006).

These findings were not surprising as I have known that there is no specific training on autism in the State of Ohio. Also, it is well known that females have a naturally calmer demeanor in stressful situations compared to males. It was interesting to

find that female officers had new perspectives on PwMI with autism after completing CIT training. There definitely is a lack of knowledge when it comes to autism in policing specifically and to find out that there was an increased knowledge after the specific CIT training was refreshing. One thing that I think can be improved throughout the State of Ohio is to increase individual department and local hospitals training on individuals with autism, to help reduce the stigma of this group of PwMI. With more training it would help both the individual with autism and the care provider to ease the anxiety of the needed care and open up a communication barrier.

The demographic population of this study was all female CIT training officers that were employed by a department in the State of Ohio. One thing I found through the research interviews with the participants was that when there was a call for a PwMI with autism that the calls were typically diverted from male officers to female officers. This is something that was both surprising and not because it is known that female officers have a calmer demeanor, however, it seemed the departments just didn't have the confidence in their male officers. I had a wide age range of female officers with a wide range of experience. It was interesting to hear the information about taking individuals to hospitals for evaluation versus taking them to jail from the younger group of officers. They tended to reach out for superior advice rather than to decide to go to the hospital or jail. The older group of officers tended to follow up with the individuals after they were taken to the hospital or jail, to build rapport in case there was another call.

Similar to Allen's (2018) findings, officers prefer to help the individual with autism seek treatment, rather than arresting them. It is also helpful when hospitals do not

refuse police referrals when PwMI with autism are brought in for treatment and helps increase CIT training satisfaction (Borum et al., 1998; Steadman et al., 2001). CIT officers still overall remain the first responders for a crisis situation for PwMI with autism.

Limitations of the Study

According to Creswell (2009) one limitation when conducting a qualitative case study was that there may not be enough documentation of procedures or definitions of terms used to give the necessary information to the participants and for coding information (O'Sullivan, 2017; Yin, 2003). Another limitation of this study was that I am used purposeful sampling that requires a specific demographic of people and in a specific region. Using this type of sampling could be that the demographic needed isn't available in the region selected. Another limitation of this study when collecting secondary data was that there is not enough data available or that the data may be skewed in some way. Another challenge may be that participants could have failed to answer all of the questions asked or may be fearful when answering openly and honestly. However, that did not happen in this study and all of the questions were answered. Another could have been that there may not be enough female CIT trained officers available for the study, but there were enough officers. Lastly, study duplications should include additional departments in the State of Ohio.

Recommendations

The State of Ohio has a small scale of advocacy support for individuals with autism. Officers who respond to CIT encounters are encouraged to solve the situation

without involving hospitalization. Not all areas in the State of Ohio have the ability to transport an individual in crisis to an efficiently trained hospital. New local resources and support will provide substantial relief to the officers on the crisis encounter calls and the undertrained hospitals. The State of Ohio has a guardianship program for individuals who have mental illness, specifically autism. According to the Disability Rights of Ohio (2021) guardianship takes away the rights of the individual to make choices about his or her life. I know that certain agencies in the State of Ohio are looking at a more person-centered planning to help the individual work with the guardian to make decisions about his or her life (Ohio DODD, 2021). With person centered planning with a guardian it may help reduce the number of crisis calls that the PwMI with autism has because they feel that they have some control over their life. Person centered planning is defined as having goals, objectives, and interventions selected by the individual, the guardian, and the team of professionals to support him or her in their daily living activities (Ohio Laws, 2016). I suggest that CIT-trained officers have training on what person-centered planning is and the benefits of it.

The State of Ohio may want to consider a statewide mandate for CIT training and CIT training updates to ensure consistency. The State of Ohio may also want to enact a mobile crisis response in each major city to employ a social worker to help de-escalate crisis situations as they are happening. A future study recommendation would be on the disparity and equity of how police officers treat people since this study focused on Communicative Accommodation Theory of how people's behavior impacts their speech towards each other. A future study recommendation would be to focus on specific racial

backgrounds, as it was limited in this study. A future study could explore CIT training that includes social workers and social services workers, as they are also a major part of crisis interventions.

Implications

This study provided original contributions to law enforcement and mental health network collaborations. This study's findings further validate the impact of CIT training, as I discovered that female specialty officers had slightly improved perceptions of PwMI with autism once CIT trained. Further, the exploration of the topic of CIT training led to an in-depth discussion that revealed elevated thought processes female police officers had towards PwMI with autism. It is important for the thought processes of officers to change as to impact the policies on crisis encounters with PwMI with autism, in the departments to enhance the positive outcomes of these types of calls. My study's implication for social change also supported the objective of CIT training outcomes by providing tangible ways of mental health wellness for PwMI with autism and significant, reliable levels of mental care and community resources available. The combined components of my recommendations and strong suggestions provided the resources and support for the study's implication of social change regarding the treatment of PwMI with autism in crisis.

Conclusion

A close alignment exists between CAT and the dynamics of CIT training among police officers. However, successful interventions happen and often go without officers knowing what types of treatment achieve long-term mental stability. The purpose of this

study established the answer to the study's research question concerning CIT trained female police officers perceptions of CIT training in regards to individuals with mental illness, specifically autism. CIT officers understood the specialty training and practiced its techniques during CIT encounters. Police continue to state that there are not enough community resources for PwMI, specifically autism. Due to lack of resources and minimal evidence this will improve, it is imperative that officers continue to receive updated mental health training to be able to work with PwMI, with autism effectively.

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Appendix A: Questionnaire

Section 1: Questionnaire Form

In this section we would like to know about your on-the-job contacts with persons who have a mental illness, specifically autism. When responding to these items please refer both to individuals who you believed are diagnosed with a mental illness, specifically autism and/or individuals you believe should be evaluated for a mental illness. Please select only one response for all questions and items.

1. On average, about how many contacts do you have per month with a person who has a mental illness?
2. What is the single most common reason for your contacts with a person who has a mental illness, specifically autism?
3. Based on your contacts with persons with mental illness, specifically autism, what crimes are these individuals most commonly responsible for?
4. About how much time do you spend on the average contact with a person who has mental illness, specifically autism?
5. In your agency, how bad of a problem are repeat calls for service that are related to persons with a mental illness, specifically autism?
6. How important are the following concerns during your encounters with persons who have a mental illness, specifically autism?

a. Resolving the situation in a timely manner.	
b. Obtaining the most appropriate disposition.	
c. Ensuring there is not a repeat call for the situation	
d. Ensuring the safety of people involved.	
e. Ensuring the person receives mental health services.	

In this section we want to learn about the dispositions and outcomes of encounters you have had with persons who have a mental illness, specifically autism. When responding to these questions and items please refer both to individuals who you believe are

diagnosed with a mental illness, specifically autism and/or individuals you believe should be evaluated for a mental illness.

7. What is the most common disposition when you have contact with a person with mental illness, specifically autism?
8. In your experiences, what is the single most important disposition for a person with mental illness, specifically autism?
9. Compared to getting a person with a mental illness, specifically autism admitted to jail, how easy is it to get a person with a mental illness admitted into a facility for evaluation or treatment?
10. If you have attempted to place a person with mental illness, specifically autism in a treatment facility, how satisfied have you been with that process, on average?
11. When you have contact with a person with a mental illness, specifically autism, how often are you able to obtain the disposition you think is most appropriate?
12. When responding to these items think about your on-the-job contacts with individuals who you believe are diagnosed with a mental illness, specifically autism and/or individuals you believe should be evaluated for a mental illness.

a. I understand what services are available for persons who have a mental illness, specifically autism.	
b. If I believe a person should not go to jail then I can take them to a mental health facility for evaluation.	
c. If I believe a person should not go to jail then I can take them to the general hospital for evaluation.	
d. Persons with a mental illness, specifically autism are given adequate treatment at the jail.	
e. Persons with a mental illness, specifically autism are given adequate treatment by mental health service providers.	

f. It needs to be easier for me to get a person with a mental illness, specifically autism into a treatment facility.	
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We would also like to learn about your attitudes toward potential changes to the way police and service providers respond to persons who have a mental illness. Again, when responding to these questions and items please refer both to individuals who you believe are diagnosed with a mental illness, specifically autism and/or individuals you believe should be evaluated for a mental illness.

13.

a. The disposition options available to me when I have contact with a person who has mental illness need to be improved.	
b. The police and mental health service providers in the State of Ohio have a good working relationship.	
c. Mental health services in the State of Ohio need to change to better serve persons with a mental illness, specifically autism.	
d. There needs to be a new place for officers to take persons with a mental illness, specifically autism for evaluation.	
e. The jail needs to change to better serve persons with a mental illness, specifically autism.	

In this section we want to know about the training you have received for responding to encounters that involve persons who have mental illnesses.

14. How long has it been since you received specific training on how to respond to persons who have a mental illness, specifically autism?

15. I have received adequate training on how to handle encounters with persons with mental illnesses, specifically autism.
16. The training my department provides on responding to persons with mental illnesses, specifically autism needs to be improved.
17. Most officers are willing to receive additional training on how to respond to persons with mental illnesses, specifically autism.

In this section we would like to learn about your perceptions of stress and workload.

18.

a. I believe encounters with persons who have a mental illness, specifically autism are physically dangerous.				
b. Most of the time I am unsure about what to do with persons who have a mental illness, specifically autism.				
c. I am dissatisfied with the disposition options available when I have encounters with persons who have a mental illness, specifically autism.				
d. I believe encounters with persons who have a mental illness, specifically autism pose significant liability risks for my department.				
e. I am often dissatisfied when I try to obtain the disposition I want when I have encounters with persons who have a mental illness, specifically autism.				
f. My department provides adequate guidance about how to respond to persons who have a mental illness, specifically autism.				
g. Encounters with persons who have a mental illness, specifically autism make me tense or uptight.				

h. Encounters with persons who have a mental illness, specifically autism make me very frustrated or angry.				
i. Most officers I work with are willing to take the time to get a person with a mental illness, specifically autism admitted into a treatment facility.				
j. There are not enough officers assigned to patrol functions to hand the demands for calls for service.				

With these three items we want to understand what you know about NAMI and the Crisis Intervention Team model for responding to persons who have a mental illness, specifically autism.

19. Prior to this survey had you heard about the work of the National Alliance for the Mentally Ill (NAMI) in the State of Ohio?
20. Prior to this survey have you heard about the Crisis Intervention Team approach to responding to persons with mental illnesses, specifically autism?
21. Based on my understanding of the Crisis Intervention Team, I believe my department would benefit from adopting this approach to responding to persons with mental illness, specifically autism.
22. In the space below please describe what you think is the most important problem for police in terms of responding to persons with mental illness, specifically autism.
23. In the space below please describe what you think could be changed about the current mental health and/or criminal justice systems in the State of Ohio that would allow you to achieve the most appropriate outcomes of encounters with persons who have mental illness, specifically autism.

24. Do you think your performance related to persons with mental illness, specifically autism responses during CIT encounters has improved since taking CIT training? If yes or no, please explain why?

Appendix B: Demographics

INSTRUCTIONS: The demographic information provided by research participants is a very important part of the questionnaire. Sometimes demographic data can help to illuminate study findings and results. PLEASE REMEMBER responses to the questions below are strictly on a voluntary basis AND as a reminder will be kept confidential.

25. How many total years of law enforcement experience do you have? _____

26. How many years have you worked as a sworn officer in your current agency?

27. What is your gender?

Female

Male

28. What is your current age? _____

29. What racial or ethnic group do you belong to?

African American

White, non-Hispanic

Hispanic, non-white

American Indian

Asian American

Other (please specify) _____

30. What is the highest level of formal education you have completed?

High School or GED

Some college but have not earned a bachelors (4-year) degree

Bachelors (4-year) degree

Graduate or professional degree

Appendix C: Invitation to Participate E-mail

Dear Officer,

I am conducting interviews as part of a research study to increase my understanding of how Ohio CIT training impacts female police officers' experiences and perceptions with persons with mental illness, specifically autism after CIT-training is completed. I am a doctoral candidate at Walden University in the Public Policy and Administration Program specializing in Non-Profit Management and Leadership. As a female police officer, you are in an ideal position to give me valuable first-hand information from your own perspective. Your participation will be a valuable addition to our research and findings could lead to greater public understanding of autism experiences in the Public Policy and Administration Program. If you have any questions, please do not hesitate to ask. I am attaching a consent form.

Thank you in advance for your consideration to participate in this study.

Sincerely,

Julie Hall, PhD Candidate

School of Social and Behavioral Sciences

Public Policy and Administration: Non-Profit Management and Leadership

Appendix D: Instrumentation Email

From: Julie Hall

Sent: Monday, July 5, 2021 7:53 PM

To: Wells, William

Subject: Instrumentation Permission and Use

Hi Mr. Wells,

Good day to you sir! I read your article sir:

Wells, W., & Schafer, J. A. (2006). Officer perceptions of police responses to persons with a mental illness. *Policing*, 29(4), 578-601.

doi:<http://dx.doi.org/10.1108/13639510610711556>

It was a fine read and I would like to duplicate your methodology for my own case study!

However, I did not find the name of the instrument used for your case study. Can you kindly give me the instrument name please? Thank you in advance for your time and consideration!

Regards,

Julie Hall

PhD Student Walden University

From: Wells, William

Sent: Tuesday, July 6, 2021 11:51:49 AM

To: Julie Hall

Subject: RE: Instrumentation Permission and Use

Hi Julie,

Thank you for your interest in our project. Dr. Schafer and I created the survey with input from officers and other stakeholders that were part of our project. The survey is attached and you can feel free to use it.

I hope your project is a success.

Bill William Wells, Ph.D.

Professor and Department Chair

Director of Research, Law Enforcement Management Institute of Texas

Department of Criminal Justice and Criminology

Sam Houston State University

Huntsville, TX 77341

936-294-4817

<http://www.cjcenter.org/>

Appendix E: Social Media Post

Hello, I am a doctoral candidate at Walden University seeking participants for my study. You are invited to take part in a research study focusing on CIT training on autism among female CIT-trained police officers. The researcher is inviting anyone currently employed in the State of Ohio as a female CIT-trained police officer to participate in the study. If you meet the requirements and would like to participate in the study please email the researcher at. Walden University's approval number for this study is 10-05-21-0391864 and it expires on October 4, 2022.