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Law Enforcement Officers' Experience of Crisis Intervention Team (CIT) Training

Jessica Yolanda Goings
Walden University

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Walden University

College of Psychology and Community Services

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Jessica Y. Goings

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Walden University
2022

Abstract

Law Enforcement Officers' Experience of Crisis Intervention Team (CIT) Training

by

Jessica Y. Goings

MPhil, Walden University, 2019

MSP, University of Phoenix, 2015

BS, University of Phoenix, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

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Abstract

The decline in mental health services has led to an increased role of law enforcement officers (LEOs), who are often the first to respond to mental health crisis incidents. Despite the specialized training that officers receive, there continues to be a public consensus that LEOs lack proficiency when handling a mentally ill individual and have a deficiency in communication skills. The purpose of the research was to explore the experience of Crisis Intervention Team (CIT) training for LEOs and then describe how their experience ensued once deployed to the field to handle mental health encounters. Evaluations of CIT training have produced conflicting results, pointing to the need to understand the CIT experience better and how it translates into LEOs' work in the field. This study employed a basic qualitative design to describe how LEOs experienced CIT training and explored how officers responded to mental health calls given what they learned. Thorne's interpretive description and the framework of procedural justice were used to guide data collection and analysis. Six LEOs were interviewed via Zoom. The resulting nine themes summarized important distinctions about mental illness, strategies for dealing with mental health crisis, and the limitations of what could be applied in the field. Recommendations for future research include repeating the study in different geographic regions, recruiting a more diverse sample, and conducting longitudinal studies to examine how well skills and knowledge were retained. The results of this study may encourage positive social change with further CIT training so that LEOs can feel competent and that their community members can feel reassured of a fair and compassionate police presence.

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Dedication

I dedicate this study and doctoral journey to my husband, Tony. During frustrating revisions, he often became my sounding board as he praised my knowledge, work, and commitment. He constantly told me I was more intelligent than I believed, very capable, and I never gave up on anything; and now, *more than ever*, was not the time to throw in the towel. He became my shadow, positively following my progress, whispering in my ear, *you got this*. Thank you for being there since day one. You are my ride-or-die partner for life. I am a better person because of you, and I want you to know- I cannot see past you. I love you here and now and will continue loving you beyond life. Next, know that I will be right by your side as you move forward attaining your Ph.D. Forever-in-a-Day. Toda mi vida. **Siempre** yo.

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Despite having to lock me away in hours, days, and years in a room to work on my dissertation, my children cheered me on. They never made me feel guilty when I was unable to spend time with them. Contrarily, they gave constant praise, crediting I would be the first in the Goings family to excel and accomplish a magnificent prize called a Ph.D. I love you.

My mom and dad became an inspiration as I worked toward a goal they had not pursued, yet they proudly acknowledged the cumbersome task I painstakingly assumed, devoting long hours to earning my Ph.D. Thank you for your love and support. I love you for infinity.

My sister Lucia joined me in my academic journey, pursuing her Ph.D. May 2020, she embraced her success and became Dr. Lucia Weatherall. Congratulations on a well-deserved prize. I was fortunate when I hit a blank mind becoming confused; she helped me get back on track. Her willingness to guide me is a gesture I will never forget. I love you and thank you.

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and assisted me in creating an art of work I could be proud to share. I am humbled reflecting they gave me their wisdom, expertise, and down to earth one on one time. Thank you both. You each were an inspiring and uplifting team. How lucky I was to have you in my academic journey.

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Chapter 1: Introduction to the Study

The purpose of the research was to explore the experience of Crisis Intervention Team (CIT) training for law enforcement officers (LEOs) and then describe how their experience ensued once deployed to the field to handle mental health encounters. Law enforcement agencies spend a significant part of their time and resources engaging with citizens experiencing mental health and illness challenges (Davidson, 2016). The current research suggested that LEOs who completed CIT training perceived a strong association between the training experience and their overall departmental effectiveness as well as their preparedness to handle calls involving persons who have a mental illness (Bonfine et al., 2014; Davidson, 2016; Ellis, 2014). However, some studies have also shown that this positive effect declines over time (Davidson, 2014). Recent summary studies by Puntis et al. (2018) and Rodgers et al. (2019) have pointed out inconsistent findings. They have noted that more research is needed to understand officers' experience after completing the CIT program and their subsequent experiences in the field (Bonfine et al., 2014; Scantlebury et al., 2017).

Davidson (2016) and Kane et al. (2017) reported that on a routine basis, two out of eight calls involve mental health issues, and LEOs routinely respond to the phone call because the caller is stating a concern as a witness, as a victim, or as an offender. These studies of LEOs experience in the training and in the field may provide new insights into improving these increasingly common interactions for the safety and benefit of both citizens and officers (Davidson, 2016; Kane et al., 2017).

Background

Compton, Bakeman et al. (2014), Livingston (2016), and Scantlebury et al. (2017) found a decline in access to adequate mental health services, particularly for the homeless and impoverished minority communities. Along with the deterioration in access, LEOs are becoming more responsible for one-third of the referrals to mental health centers and psychiatric emergency room cases (Compton, Bakeman et al., 2014). These studies have provoked research on the process and consequences of implementing policies and procedures when responding to mental health incidents (Ellis, 2014; Furness et al., 2016; Sereni-Massinger & Wood, 2016). Other research has pointed out that poor communication is a substantive problem in LEOs officers' responses to mental health calls. These problems are associated with preconceived or personal biases, racial prejudices, and discrimination (Davidson, 2016; Wolfe & Nix, 2015).

Recent program and policy findings indicated that more than 15% of 911 calls for assistance had involved citizens reporting a mental health incident (Kane et al., 2017; Kenyon, 2016; Wood et al., 2017). In response, there has been a growing concern regarding LEOs ability to appropriately respond to calls involving potential mental health issues (Davidson, 2016; Dempsey, 2017; Rossler & Terrill, 2017; Weitzer, 2015). From 2015 to 2016, Frankham (2018) reported that out of the 2,000 mental health calls, 25% of police fatally shot individuals displaying some form of mental illness. The outcome of recent studies has provided mixed results. For example, in a randomized trial, Scantlebury et al. (2017) found a difference between a control and intervention group

(who received CIT training) in the number of reported incidents; however, this difference was not statistically significant. However, the number of incidents assigned a "tag" of "mental health call" was significantly different between groups, suggesting that such events are being underreported (Kane et al., 2017; Kenyon, 2016; Wood et al., 2017).

Tyler (2003) introduced the procedural justice model (PJ) and opened a new pathway to how law enforcement officers (and other legal authorities) could positively interact with the public and how the characteristics of those encounters mold and positively impact the public's views of law enforcement. The PJ model supports proactive processes for LEOs to incorporate when responding and interacting with the public. When LEOs show transparency, openness, and empathy in CP, the public is more often willing to comply and follow officer directives when upholding the law. Criminal justice agencies have used this model to incorporate CIT training into their curriculum (Furness et al., 2016; Hample, 2016; Nix, 2017; Wood & Watson, 2016).

Davidson (2016), Dempsey (2017), and Weitzer (2015) conducted qualitative studies and found CIT may reduce the use of force involving mental health concerns. Davidson (2016) conducted a pre to posttest evaluation of officers attending CIT training. The study found officers' knowledge, understanding of mental illness, and options concerning using force were increased and improved. Ellis (2014) collected data from a one-group pretest/posttest explorative, quasi-experimental design on CIT-trained officers' perceptions, attitudes, and knowledge. Although the procedure was not rigorous enough

to attribute a cause, the outcome showed improved awareness involving mental health encounters.

Compton, Bakeman et al. (2014), Ellis (2014), and Hample (2016) found fairly consistent findings on CIT training. The three studies reported officers feeling more than adequate in helping and assisting persons exhibiting mental illness after completing CIT training. The researchers determined the advanced skills enabled LEOs to (a) identify, (b) approach, and (c) use interpersonal skills strategically when encountering those that exhibited abnormal behavior, which was then later diagnosed as a mental health issue or illness. Ellis (2014) also added that officer knowledge about mental health increased from pre to post CIT training. Bonfine et al. (2014) conducted a study on 57 CIT-trained officers and reported the officers said they felt more effective when engaging with the mentally ill.

Peterson and Densley (2018) conducted a systematic review of 25 previous research studies on CIT training and found difficulty validating CIT as the "best new" practice. The systematic review investigated by Peterson and Densley had mixed results influenced by negative and positive analysis reports. While some studies deemed that CIT improved the officer's preparedness to handle mental encounters, other studies questioned the validity of self-reported responses, minimal control samples or comparisons, and limited posttests (Rodgers et al., 2019).

There have also been many studies that produce null or inconclusive results focusing on mental health training and effectiveness for LEOs (Peterson & Densley,

2018; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury et al., 2017). What researchers identify as missing from the literature is an understanding of how LEOs who have trained to recognize mental illness symptoms and signs bring their experience into the field. My study was needed to help fill this research gap and potentially inform policymakers and LEO administrators on improving officer performance on mental health calls (Peterson & Densley, 2018; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury et al., 2017).

Problem Statement

Davidson (2016), Scantlebury et al. (2017), and Wolfe and Nix (2015) noted a public consensus that LEOs' response to a mental crisis is problematic and deficient in communication skills. The introduction of the CIT program began in 1988 but only recently viewed invigorated as research (Rogers et al., 2019; Scantlebury et al., 2017).

As mental illness became more prominent, the scope of instruction became an area of interest. Davidson (2019), Scantlebury et al. (2017) and Watson and Wood (2016) disclosed society expected LEO departments to become more transparent, accept responsibility, and be held accountable given the current political and social climate. CIT is a 40-hour training curriculum that educates officers on interacting with mentally ill individuals (Dempsey, 2017; Ellis, 2014; National Alliance on Mental Illness {NAMI}), 2016; Weitzer, 2015). The studies described the training as instruction in educating officers on signals and signs associated with mental illness and alternative approaches to

handling mental health encounters (see Dempsey, 2017; Ellis, 2014; NAMI, 2016; Weitzer, 2015).

Incorporating CIT training into an officer's skill set enhances and elevates an officer's ability to critical think, observe, and respond to a person in crisis. LEO departments can improve communication between LEOs and mental health (MH) encounters (Davidson, 2016; Dempsey, 2017; Ellis, 2014; Scantlebury et al., 2017; Weitzer, 2015). While many studies have examined the effectiveness of these programs, the research results are mixed or unclear (see Peterson & Densley, 2018; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury et al., 2017). The mixed results of prior studies have led researchers and policymakers to consider how the CIT experience translates meaningfully into the LEOs daily experience. The studies address the CIT experiences of LEOs and then reflected on their takeaway from the training and what it means to them now and in the field (see Peterson & Densley, 2018; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury et al., 2017).

Purpose of the Study

The purpose of this introductory qualitative study was twofold: (a) to describe how LEOs experience CIT training, and (b) to explore how officers respond to mental health calls given their knowledge applying techniques acquired from CIT training. The findings from this study add and contribute to scholarly understanding and policymaking toward improving relationships between LEOs and civilians.

Research Questions

The research questions (RQs) focused on LEOs officer perceptions and feelings after completing specialized training.

RQ1. How do officers who completed CIT training describe their experience of the program?

RQ2. How do officers who complete the CIT program describe their experience in the field interacting with consumers with mental health issues?

Conceptual Framework

PJ guided the conceptual framework for this study. Tyler (2003) described PJ as comprised of four components: (a) understanding, (b) neutrality, (c) voice, and (d) respect. The Presidential Task Force (2015) stated when LEOs respond to mental health calls, incorporating PJ elements builds public relationships and enhances community policing. Additionally, PJ includes effective communication (EC), empathy, and transparency as valuable interpersonal skills to demonstrate when responding to mental health encounters and helpful in community policing (Presidential Task Force, 2015). Communication refers to exchanging information verbally; empathy means showing care is genuine, and openness allows citizens to tell their side of the story without fear of repercussion and requires the officer to listen to community concerns without interruption or interruption recourse (Presidential Task Force, 2015).

Most CIT training programs incorporate components of PJ into their training curriculum. The Presidential Task Force (2015) inaugurated PJ as an innovative way to

create positive social change and connect with community stakeholders. The PJ framework guided the development of the interview guide questions and analysis plan, detailed in Chapter 3.

Nature of Study

The main reason for conducting a qualitative study was to observe and explore the perceptions of LEOs experience of CIT training (Thorne, 2014, 2016). The primary phenomenon of interest-maintained focused on the CIT experience from two different time points: during the training; and in the field. The data uncovered provides a different lens applying a meaningful qualitative process to reveal yet understand the personal account of LEOs having completed CIT training (Thorne, 2014; 2016). A basic qualitative approach provided a strategic method to observe, gather, compare, and confirm reliable results (Shenton, 2004).

For this study I recruited six officers who had been through CIT training with experience in the field (post training) and then interview each using a semi structured interview guide. With the questions I prepared, I aimed to obtain a rich descriptive dialog from the LEOs on the CIT experience and their field experience account with mental health calls.

Definitions

Crisis Intervention Team (CIT) Training: CIT training is a voluntary 40-hour specialized training curriculum where officers learn and recognize mental illness signs

and symptoms. The training consists of (a) structured learning, (b) consumer and family interactions, and (c) intensive scenario workshops (Davidson, 2016; Haigh et al., 2018).

Interpersonal Communication (IC); Effective Communication (EC): IC and EC are interchangeably used to explain the mental process involving critical thinking, using forethought, and then applying strategic words to result in a tactical conversation (Hample, 2016).

Law Enforcement Officers (LEOs): Persons acting under the color of law. Men and women accept the role of protecting and serving and placing service above self while pursuing justice. They are authorized to enforce the laws of the land set forth across the nation (US Department of Justice, 2018) Synonyms used in this study include community servants, certified officers, public servants, first responders, peace officers, and police.

Procedural Justice (PJ): This model uses various approaches and effective communication processes to enhance CP. The actions include transparency, understanding, neutrality, an active voice exchanged (allows a citizen to be vocal- give their side of the story), and respect to unfolding with others while intently listening (Furness et al., 2016; Presidential Task Force, 2015; Tyler, 2003).

Assumptions

My primary assumption for the study included ethical access to the target group (LEOs). I also assumed the participants could offer more insight where limited research exists, establishing if more in-depth training is needed to meet the standing agency policies and procedures. Another assumption included whether CIT instruction is

sufficient. There was a possibility to uncovering the problem centers on disgruntled officers' attitudes and feelings who do not support CIT training (Ellis, 2014; Steinkopf et al., 2015; Wolfe & Nix, 2015).

Another assumption was that I would gather enough participants and content from the interviews to generate rich, substantial data to conduct meaningful analysis and achieve saturation. I assumed the answers provided by the participants were genuine and honest as they shared their perceptions and feelings about CIT training. Finally, given that many of the interview questions are retrospective, I assumed that the LEOs recollections of experiences were sufficient and accurate in the recall.

Scope and Delimitations

The qualitative study focused solely on LEOs who met the study criteria and completed the CIT Training. The main scope and limitation concentrated on recruitment from one LEO agency. The participation solely focused on LEOs who volunteered for the study. Because of institutional review board (IRB) standards and ethical pursuits, no peers from my organization were participants. I relied on a posted invitation flyer that elicited participation on a bulletin board located in the briefing/debriefing room of a local law enforcement agency. The flyer announcement sought officers who had graduated from the police academy, successfully passed the CIT class, and had road/field experience.

Limitations

The first limitation of the study involved self-reporting from the participants. The responses could change depending on the participants' attitude or willingness to share openly. Another constraint involved whether the depth of the officer responses was expressed as each deeply intended. The participants were heavily burdened with the consequences of COVID -19 that caused overtime, working staffing shortages, and lack of sleep. The barriers could affect how the officers understood the questions and how they responded which then could implicate the credibility and legitimation of the study (Leech & Onwuegbuzie, 2007). The study's third limitation was that the conclusions are not general principles or outcomes indicative and decisive of all CIT-trained LEOs. Accomplishing transferability and dependability derives from a thorough, comprehensive data collection compiled from the participants (Ravitch & Carl, 2016). Reviewing and transforming the context into codes, patterns, and categories requires an unbiased mindset while analyzing the information. From the context, themes unbiasedly emerged that colorfully captured the real-life experience of LEOs shared thoughts on CIT training. The officers' insight and shared knowledge offer new awareness to explain the phenomena as the interviews unfold.

Transferability

Transferability refers to the ability of the reader to understand the process and findings of research to determine their personal or professional relevance (Shenton, 2004). I provide details of the development and execution of my procedures, data

collection, and data analysis in Chapters 3 and 4 to enhance the ability of readers to make sense of and apply what is relevant.

Dependability

Dependability depends on creating well-formed field notes, reviewing numerous journal articles, scheduling several interviews, data-analysis, revisiting, and re-examining recorded data (Shenton, 2004). Hence, other researchers could replicate the study to a similar group or setting using the question guide and the findings would result in a similar outcome. All the participants were asked the same questions following the semi structured guide. The responses used to answer the research questions presented in this study to achieve dependability.

Confirmability

Potential pitfalls centered on my personal bias and attitudes that could have compromised how I collected the data. I was aware my biases could compromise the officer's interpretations. Therefore, I used several recognized qualitative strategies (recording interviews, member checking, audit trails) to enhance confirmability. I recorded and transcribed the LEOs interviews applying the tools offered in Zoom. I then emailed each officer their transcribed Zoom session to review to ensure accuracy. I further asked a peer to review my data to ensure my findings were executed without bias. I then sought the opinion of another peer to review my research data to ensure I achieved confirmability. Both peers agreed with the data results. The data collection is currently maintained and kept on a computer hard drive and password protected. A hard copy was stored and secured under lock and key. And as a last measure of security, the data is stored in an encrypted password protected iCloud and accessible upon request.

Credibility

Credibility is the foundation of the research recognized and accepted by peers, experts, and fellow readers (Ravitch & Carl, 2016). Establishing credibility is a vital element needed in the study. The laborious data I collect comes from willing participants and form evidence explaining the research phenomena. The information gathered derived from in-depth observations, well-developed field notes, several journal articles, a number of interviews, data analysis, vivid, full descriptive articulation resulting from participant

interviews, revisiting, and re-examining recorded data (see Shenton, 2004). Chapter 3 contains a more thorough discussion of the study's credibility.

Significance

My study will add to limited research on whether more in-depth training is needed to meet the agency standing policies and procedures or if the preparation is sufficient, but the problem centers on the officers' attitudes and feelings toward undesirable personnel (see Ellis, 2014; Steinkopf et al., 2015; Wolfe & Nix, 2015). Reforming traditional law enforcement training will transcend toward developing respect and rebuilding community relations (Tyler, 2003).

Social change amid law enforcement and the communities' trust center on professionalism and transparency (Furness et al., 2016; Tyler, 2003). Understanding officer attitudes may supply LEO agencies opportunities to enhance education on mental illness, adopt mental illness training into policy, or uncover burned-out officers. Based on limited narratives from LEOs from previous studies concedes to add fuller content to add in deeper content the perceptions of LEOs completing CIT training and how they applied the training later in the field not yet fully investigated or understood.

Summary

This chapter summarized a basic qualitative research approach exploring the CIT experience in training and the field. The conceptual framework for this study was Tyler's (2003) PJ. Recruitment for this study elicited volunteer officers who have successfully passed CIT training and road experience (Robinson, 2014). Data analysis forms from an

in-depth investigative process taken from the participants. The fundamental qualitative guidelines established trustworthiness, validated the data findings, and provided guidance to minimize the risk of my personal biases (Shenton, 2004). A literature review is outlined in Chapter 2, and the justification of the method and design is fully discussed in Chapter 3. The research questions occur twofold in Chapter 4: (a) to describe how LEOs experience CIT training and (b) to explore how officers respond to mental health issues in the field, given their knowledge of techniques acquired from CIT training. Lastly, Chapter 5 details, describes, and address whether the results answer the research questions presented in this study.

Chapter 2: Literature Review

Reform in law enforcement dates to 1960, focusing on community policing (CP) and the positive relationships established with the community members (Watson & Wood, 2016). Over time, government budgets, cutbacks, and procedures changed and affected CP from having and knowing members in the community as they once had. Mental illness was rising, and LEO agencies did not have enhanced training to deal with mentally ill people (Bonfine et al., 2014; Davidson, 2016; Dempsey, 2017; Ellis, 2014; Furness et al., 2016; Hample, 2016; Martin & Thomas, 2015; Nix, 2017; Weitzer, 2015; Wood & Watson, 2016).

The changes arose based on the evolving need for public health and to manage societal needs effectively and successfully. During this era, many mental health institutions closed because of budget cuts related to city budgets. As a result, the mentally ill had nowhere to go but the streets or jail. The introduction of CIT training evolved in 1988 and provided the tools and aid officers in and with other options to consider versus incarceration (Bell et al., 2014; Bonfine et.al, 2014; Schaefer, 2012). The history and data offered on CIT studies continue to emerge and add to the research on the successful outcome of LEOs. CIT training has been reported but has also found limitations, particularly in the personal experience of LEOs and CIT training as it pertains to responding to mental illness (Bonfine et al., 2014; Davidson, 2016; Dempsey, 2017; Ellis, 2014; Furness et al., 2016; Hample, 2016; Martin & Thomas, 2015; Nix, 2017; Weitzer, 2015; Wood & Watson, 2016).

The firsthand perception of LEOs completing CIT instruction has not been openly explored. Several studies reported limitations in the research findings and recommended more exploration on the experience of officers who have completed the training and how the guidance correlated with their interactions with the mental health population. In my study, I aimed to explore and describe the experience of law enforcement officers' feelings and attitudes having completed CIT training.

Chapter 2 offers the scholarly literature on mental illness, the police culture, police patrol, CIT training, and effective communication (EC). The segment opens with a thorough depiction of the literature review and search strategy that developed on the history of police, definitions, common myths, the current scholarly understanding of police training, and the identified limitations. A meta-synthesis on several qualitative and quantitative analyses examines the effectiveness of CIT training related to the officer after completing CIT training instruction. The chapter describes the conceptual framework of the PJ concept and uses Thorne's (2004, 2016, 2018) inductive descriptive qualitative study to create the research study's foundation.

Literature Search Strategy

The following evaluative report delivers information regarding CIT and forms a strategic literature review. The aim of the literature review research commenced with scholarly peer-reviewed resources. Numerous peer-reviewed resources concentrated on mental illness, police history (attributes to police culture/schemas), CP/foot patrol studies, trained LEOs officers completing CIT training, and EC.

I carefully examined each study, reviewing current research to expound and offer new content where current limitations exist in research to CIT training in conjunction with CP. The uncovered data aids a more in-depth understanding of officer training related to the officer's takeaway and how they later decide to utilize newer concepts related to mental health encounters. Current research proposes an understanding of how some trained officers apply CIT training. Still, limited studies have explored the feelings and attitudes that LEOs have related to LEOs culture (schemas or biases). Traditional LEO instruction is formed using paramilitary approaches (Bonfine et al., 2014; Davidson, 2016; Dempsey, 2017; Ellis, 2014; Furness et al., 2016; Hample, 2016; Martin & Thomas, 2015; Nix, 2017; Weitzer, 2015; Wood & Watson, 2016).

The research attention necessitated a search of various databases to find the accessible studies, that included ProQuest, PsycARTICLES, PsychoINFO (, SAGE Journals, and Thoreau. More search engines used in the literature search included the Walden University Library, Google Scholar, and the University of Phoenix Library. The Georgia Public Safety Training Center online course modules were also used.

The keywords used to search past and present research included *community policing (CP), crisis intervention team training (CIT), mental health, police training, PJ, procedural legitimacy, police transparency, police culture, communication, and effective communication*. Additional terms used to narrow the specific search options included *mental health, mental illness, mental awareness, psychological crisis, police, law enforcement, first responders, public safety, specialized training, historical policing,*

interpersonal communication, schemas, traditional approach, police influence, use of force, and de-escalation to retrieve specific content specific to the population. The scholarly exploration of perceptions, feelings, and attitudes experienced by LEOs having completed CIT training remains in preliminary development (Bonfine et al., 2014; Ellis, 2014; Scantlebury et al., 2017).

Therefore, to certify a complete and in-depth analysis was investigated, additional internet findings centered on curriculums offered by the Georgia Jail Association (GJA). American Jail Association (AJA; American Jail Association, 2018) and the Georgia Sheriff's Association (GSA; Georgia Sheriff's Association, 2015). The various agencies divulged the historical, present, and future training opportunities intended for advancing CP, enhancing public relations, and building trust. The date choice for scholarly works ranged from 1995 to the present day with an effort to retrieve historical development on research exploring CP, PJ, police culture, schemas, specialized training, and effective communication. Also, the empirical examination encompassed studies that support the conceptual framework of Thorne's inductive descriptive research and PJ.

History of Community Policing

Giwa (2018) and Stein and Griffith (2017) described how CP (CP) can be traced back to the 19th century. The researchers stated that over the years, many municipalities consented for law enforcement officers to personally engage with the local inhabitants. The purpose of CP was for the police to form personal and professional relationships with community members while on patrol. CP created a partnership causing LEOs to gain

respect and connect with the community area they serviced. During an officers' tour of duty, CP conducted foot patrol versus riding in a patrol car through the neighborhoods. CP aided in the awareness and reduction of crimes based on learning about the community they maintained, and the people protected (Giwa, 2018; Stein & Griffith, 2017).

Historically, Giwa (2018) and Stein and Griffith (2017) found the implementation of CP enhanced relationships with LEOs personally developed in the communities serviced. A key element in CP required officers to engage in foot patrol, promoting community compliance. The citizen cooperation within the neighborhood aided LEOs in combatting crime and forming professional relationships. LEOs are rebuilding trust with the public centered on connecting new showmanship when enforcing laws fairly and unbiasedly. The citizens developed respect knowing the man on foot patrol served responsibly and ethically (Stein & Griffith, 2017).

Stein and Griffith (2017) reported that traditional CP created opportunities for LEOs to call community members by their names, gain family history knowledge, and get to know the behaviors of individuals. CP opened avenues for officers to collaborate with the community, functioning and enforcing the laws effectively with community cooperation. Officers created resilient connections, relationships, and unity with limited resistance. The personal relationships opened avenues for officers to prevent crimes versus responding to them after they have happened (Stein & Griffith, 2017).

Giwa (2018) and Stein and Griffith (2017) both found the premise of CP involved LEOs pursuing and developing an open line of communication within the neighborhoods they patrol. Stein and Griffith (2017) particularly mentioned when the two groups are united, the cohesiveness results in the best ongoing relationship between the pair. The researchers' findings indicate that CP established a positive strategic approach toward successfully rebuilding trust and strengthening community ties. Therefore, when LEOs implement components of CP produced more favorable outcomes and lessened resistance when engaging civilians (Giwa, 2017; Stein & Griffith, 2017).

Schaefer (2012) and Bell et al. (2014) conducted a study of police officers while on duty. Both studies saw ineffectiveness in approach styles when the officers' patrolled areas. As a result of the observation, researchers determined LEOs oversaw areas densely populated with diverse groups. The officers did not attempt to become acquainted with or understand the culture of the neighborhoods they swore to protect and serve. Therefore, less favorable cooperation forms within the community should the residents perceive that LEOs intentionally respond detached showing ill discord. Public dissention will continue to rise forming a larger rift and deeper resent against LEOs (Bell et al., 2014; Shaefer, 2012).

Schaefer (2012) determined officer disconnect occurred in various areas because foot patrol was no longer part of their routine. However, other officers on bike patrol or horse patrol said that the relationships were maintained even though they relied on a bike or horse as effective because they felt their presences were like foot patrol. The United

States Department of Labor (2010) indicated the financial crisis occurring in 2007 and 2009 had a significant negative impact across the nation Greenglass et al. (2013) reported over 15.3 million people became unemployed by the closing of 2009. Hamilton-Smith et al. (2014) asserted police budgets dictated the time, money spent, and how officers patrolled, interfering with how police related to their assigned areas it told to the CP practices.

Giwa (2018) and Stein and Griffith (2015) reported today's LEO confront and face more stress when responding to calls in comparison to yesterday's beat officers. Hamilton-Smith et al. (2014) added that traditional CP proactively influenced professional development and produced effective communication (EC) when interacting with individuals in their assigned areas. The researchers from both studies recognized and distinguished common practices found in CP have slowly faded over time (Giwa, 2018; Hamilton-Smith et al., 2014; Stein & Griffith, 2017).

Giwa (2018), Hamilton-Smith et al. (2014), and Stein and Griffith (2015) found newer police practice has become progressively insufficient and ineffective involving interpersonal skills. The researchers determined LEO lacked the skills of the conventional beat officer. The common core features in CP involved EC and knowing the beat and knowing the people. Because LEOs no longer walk the beat interferes building interpersonal relationships or mentoring opportunities which was once commonly observed in CP (Giwa, 2018; Hamilton-Smith et al., 2014; Stein & Griffith, 2017).

Hamilton-Smith et al. (2014) further asserted that society openly welcomed CP long ago. Community members did not readily challenge the directives given by the officer. Moreover, the data revealed that LEO authority held even when civilians disagreed with the officer, but they still complied with the orders disseminated by LEOs (Hamilton-Smith et al., 2014). People had faith and trust in CP. Citizens complied based on believing the officer acted unbiasedly and with fairness. Oriola and Knight (2020), Scantlebury et al. (2017), and Wittmann et al. (2021) reported that individuals are not afraid to challenge authority, record the behavior as proof, and march together for change. Oriola and Knight stated that recent matters involving LEOs, and civilian encounters have caused demonstrations and an outcry against LEOs injustice. Civilians readily and aggressively respond when they feel disrespected and, as a presumed means to an end, react to situations involving negative encounters with law enforcement (Dempsey, 2017; NAMI, 2016; Weitzer, 2015).

Furness et al. (2016), Hample (2016), Nix (2017), and Wood and Watson (2016) reported that law enforcement is a dangerous job and questioned whether the public understands the risks officer's encounter. News coverage often negatively affects the social perception of LEOs as a whole (Wolf & Nix, 2015). News media reports the presence of LEOs who abuse their power of authority (Furness et al., 2016).

Wolfe and Nix (2015) reported LEOs worked with altruistic motives, and they loved what they provided as servants of the community despite how society viewed them. The study found that even when the LEOs faced negativity in the city, they still believed

in protecting and serving the same group of people. Wolfe and Nix also said CP works effectively when the community believes in the system and has the buy-in, especially when LEOs behave impartially and unbiasedly while performing their duties. Oriola and Knight (2020) stated that changes in overtime scheduled impacted how LEOs struggle to form personal relationships inside the community, resulting in communities to no longer trust or have faith in the LEOs. Data from multiple studies have found communities are more inclined to stand in opposition to injustice at any cost when hope is believed to be lost in CP (Compton, Bakeman, et al., 2014; Kim, 2018; Mathenson-Monnett & Jennings, 2017; Morris, 2017; Taheri, 2016; Watson et al., 2017).

Perry et al. (2017) remarked LEO agencies that continued to train and practiced paramilitary style often have little support from the communities they respond to and service. Perry et al. stated consistent data results determined that paramilitary training no longer satisfies social support. While Wolf and Nix (2015) discussed the level of respect demonstrated by LEOs responding to social conflict influences how civilians reacted. Additionally, Perry et al. (2017) determined gaining public compliance may turn to noncompliance based on the LEOs disposition. Contemporary society have grown more vocal and demand police reform as a result of gone wrong incidents supervised by LEOs (Perry et al., 2017; Wolf & Nix, 2015).

Scantlebury et al. (2017) and Oriola and Knight (2020) addressed ineffective communication used in police practice. The ineffective communication augmented distrust among varied groups and law enforcement causing perpetual tension to exist

when an interaction occurs between the LEOs and the citizen (Oriola & Knight, 2020). Additionally, more discord within communities is compounded by dissatisfaction with how police encounter and interact with people in mental crisis or the mentally ill (Oriola & Knight, 2020; Scantlebury et al., 2017; Wittmann et al., 2021). The researchers noted the measure which LEOs oversee mental health calls has become a high point of concern. But the researchers' studies also determined when EC is exchanged with people in conflict or mental crisis that the incidents were quickly resolved (Oriola & Knight, 2020; Scantlebury et al., 2017; Wittmann et al., 2021).

Krameddine and Silverstone (2015) and Wittmann et al. (2021) uncovered repeated instances of LEO interactions with unstable persons becoming violent and fatal. Limited training or less experience influenced adverse interactions because the officer was unaware of how to handle an unstable individual (Oriola & Knight, 2020). Specifically, when a LEOs responds to mental crisis calls officers may inadvertently acerbate incidents instead of de-escalation because of the officer's inexperience or limited knowledge (Wittmann et al., 2021). Some mentally ill people may perceive the officer's actions as the intent to harm versus help them. The officer's approach may be regarded as threatening, causing a mentally disturbed individual to retaliate, run away, or fight out of fear. Some studies report mentally sick people resisted the officers' attempts to render aid, resulting in their arrest and subsequent incarceration (Wittmann et al., 2021). The combined discoveries formed from the studies indicate LEOs required more training

involving the MI or a person in crisis (Krameddine & Silverstone, 2015; Oriola & Knight, 2020; Scantlebury et al., 2017; Wittmann et al., 2021).

Police Culture

Radil et al. (2017) and explored the influence police cadets learned from paramilitary structured police training while attending the police academy and the impact of the police culture. Radil et al. (2017) state discord causes protestors to question why aggressive responses from LEOs continue to occur paramilitary style. Radil et al. (2017) indicated the federal sectors over the years have supplied LEO agencies with Military equipment to prepare for incidents involving civil unrest. Public concern stemming from police confronting civilian protestors perceive LEOs as confrontational and aggressive (Radil, 2017). While Papazoglou et al. (2014) explained LEOs have been trained to respond to stressful incidents with resiliency having a masculine disposition. Papazoglou et al. (2014) found LEOs have little training involving self-care or how to handle stress incidents they task is completed. Indicated program. Both studies detail officers face incredulous scenarios which the public criticize without realizing the difficulties officers face once their shift is over and go home, or the negative consequences LEOs face alone and have to unwind before they can engage with their family (Radil, 2017; Papazoglou et al., 2014).

Bishopp et al. (2016) examined factors placing and causing stress to officers and found unethical behavior linked back to the officer's administrative leadership and training. Moule et al. (2019) and Wolfe and Nix (2015) also found organizational cultures

such as police culture often create schemas (bias uniquely learned and shared within the group) to transcend from one officer to the next (Compton, Broussard et al., 2015; Esterberg et al., 2006). Wolf and Nix (2015) indicated LEO agencies have an enormous influence associated with officers' behavior and motivation. The LEO culture which associates how LEOs engage in the community most often immolate a key figure(s) in the officer's management (Bishopp et al., 2016; Compton, Broussard et al., 2015; Esterberg, 2016; Moule et. al., 2019; Wolf & Nix, 2015).

Bishopp et al. (2016) and Wolfe and Nix (2015) found similarities between LEOs within the law enforcement realm, determining that similarly, significant development affected new cadets to have the same mindset later and form the corresponding schemas. Radil (2017) explained the blue line as a LEO code which LEO culture embodies gaining control and authority (with focus on the use of force). All occupations have their own unique culture (schemas), and law enforcement is not the exception to the rule (Radil, 2017). Law enforcement agencies generally have well thought out and reliable policies and procedures in place that govern them and their behavior (Bishopp et al., 2016; Moule et al., 2019; Papazoglou et al., 2014). Moule et al. (2019) stated in any agency, there is the appropriate protocol (formally structured what is supposed to take place and transpire) to adhere to. Then there are practices (the informal practice of what takes place and happens) formed and initiated by the command line (and sometimes upper echelon/superior) officers based on the culture itself. When the instilled police culture practices outweigh the structured protocol (Radil, 2017). The practiced culture becomes

the foundation of the agency which can result in social turmoil (Perry et al., 2017; Radil, 2017). The data from the studies indicate that police approaches (style) dictate and influence the level of social discord dependent on how LEOs engage minorities, mental illness subjects, and individuals in crisis (Bishopp et al., 2016; Papazoglou et al., 2014; Radil, 2017).

Police Patrol

Radil et al. (2017) and Papazoglou and Anderson (2014) report traditional law enforcement training involve tactical training, gun proficiency, defensive tactics, application of laws, the legal system, and safety & control; however, simple communication offers limited skill development. Papazoglou and Anderson (2014) stated that officer training instills a paramilitary-style structure. This paramilitary-style structure intends to develop the officer's approach technique using direct dissemination, orders, and directives (Moule et al., 2019). Traditional training requires officers to immediately take control of whatever transpires as quickly and safely as possible when responding on the scene (Moule et al., 2019; Papazoglou & Anderson, 2014; Radil et al., 2017).

Current Police-Community Relations

Wolfe (2015) and Bell et al. (2016) mentioned that when responders arrive on the scene, their objective is to take charge, give directives demanding compliance, and control the situation (which may be too much for the scenario unfolding). Wolfe (2015) reported that this mindset, at times, causes the incident like Ferguson to escalate as opposed to de-escalating. Therefore, officers of all races, genders, and nationalities

around the nation are perceived to be maliciously killed because they represent the uniform. On July 5, 2017, in New York, on a corner in the Bronx, a female police officer's life ended because she wore police attire (Mueller & Baker, 2017).

Moule and Parry (2019) and Perry et al., (2017) explained citizens had voiced their perceived concerns that paramilitary tactical approaches used by LEOs as biased, uncaring, and cynical. A study by Davidson (2016) credited effective communication (EC) as the key to resolving domestic issues. Moreover, Davidson proposed police intentionally induce and purposefully cause the application of unnecessary use of force to result in heated calls when not needed. Therefore, asserting that the power of words at times is more effective than the use of force. When EC is used strategically and expressed with empathy people in crisis tend to listen and more apt to comply to LEO directives (Davidson, 2016; Moule & Parry, 2019; Perry, 2017).

Another study by Krishan, et al. (2014) found citizens reported the core problem with police patrol involves the officers' inability to communicate with individuals beyond "normal behaving proficiently." Davidson (2016) Moule and Parry (2019), also stated, in the past, and as of late, abnormal response techniques were never a focal point of training; therefore, officers overlooked critical characteristics associated with non-compliance versus mental impairment. The researchers also added that nationwide (and with the addition of CIT), many law enforcement agencies and officers are trained to detect abnormal behavior and manage it appropriately (Davidson, 2016; Moule & Parry, 2019; Perry, 2017).

Perry et al. (2017) reported public opinion is that LEOs ineffectively respond to high conflict incidents involving a person in crisis. Bystanders believe officers' inability to recognize abnormal behavior negatively affects communicating and de-escalating the mental health calls (Oriola & Knight, 2020; Ellis, 2014). Therefore, missed cues cause officer/civilian incidents to escalate out of control, resulting in using force, excessive force, or fatality to unfold (Oriola & Knight, 2020; Ellis, 2014; Scantlebury et al., 2017; Wolfe & Nix, 2015). Evolving research recognizes mental illness is more extensive than previously known. Therefore, policymakers should require all LEOs to attend annual specialized mental health training. Mandated training strengthens critical thinking skills, communication skills, and interpersonal intelligence (Papazoglou & Anderson, 2014; Perry, et al., 2017).

Mental Illness and Law Enforcement

Mental illness encompasses an array of psychiatric disorders. Common mental illness groups are anxiety disorders, social anxiety disorders, panic disorders, mood disorders, psychotic disorders, eating disorders, binge eating, control/addictive disorders, and personality disorders, affecting individuals differently (Mental Illness, 2018).

History of Treatment of MI and Consequences for Police Responding

Thomas et al. (2019) conducted a data linkage study on 2, 220 having a mental disorder and found that 27% had received mental health assistance. 8.2% had two or more mental illnesses; of those with comorbidity, 2.97 to 3.22 were compared to those with a mental disorder and found to have a higher encounter

with police and have more significant criminal histories. Another study conducted by Martel, Rosner, and Harmon (1995) reported that homeless mentally ill people were involved in crime 35 times higher than others with MI who were not displaced. The study also uncovered those violent crimes were 40 times greater to occur by those associated with homeless having a mental illness than those with the same mental illness who were not displaced. Lastly, additional data discovered that homeless mentally ill individuals were 27 times more likely to engage in non-violent crimes than other mentally ill people who were not homeless (Thomas et al., 2019).

Watson et al. (2015), Parson and Sherwood (2016), Wolfe et al. (2016), and Kane et al. (2017) reported that law enforcement officials meet more mentally ill individuals than stated, identified, or known in the public realm. The researchers further noted that LEOs experience or inexperience (associated with their knowledge of mental illness) correlates with how they respond to an individual(s) in a crisis. The various studies reported that individuals with mental illness might not exhibit any external symptoms or behaviors, such as paranoia, anxiety, or fear of the police (Kane et al, 2017; Parson & Sherwood, 2016; Watson et al, 2015; Wolfe et al., 2016).

Ellis (2014), Davidson (2016), and Rossler and Terrell (2017) discovered in their analyses that mentally ill persons outward physical appearance may/could be deceiving by appearing okay to the naked eye. Rossler and Terrell (2017) said, many individuals with a mental illness may act and behave "normal" and live healthily under a physician's care. Ellis (2014) went on to say based on the social stigma associated with mental

illness, the researchers reported many individuals having symptoms and signs do not seek medical assistance or know they may have a mental illness. Ellis (2014) and Davidson (2016) further indicated consequently, the studies determined that mentally ill people may hide and internalize their condition from LEOs but have challenging feelings when dealing with officers. The emotional conflict can make those with MI susceptible to others' judgments, opinions, and biased views (Davidson, 2016). Therefore, the researchers explained that outside-looking LEOs might confuse visually identifiable symptoms as non-compliance at first glance and miss mental illness symptoms and signs (Davidson, 2016; Ellis, 2014; Rossler & Terrell, 2017).

The National Sheriff's Association (2018) acknowledged the negative social perception involving gone-wrong incidents when engaging with the mentally ill. The organization understands improving social discord. Many LEO agencies affirm that mental illness fell under the radar and negatively impacted public relationships. The default has caused inefficient policing, mistrust in LEOs, and created society to demand police reform. Furness et al. (2016), Hample (2016), Nix (2017), Scantlebury et al. (2017), Wood and Watson (2016) reported that law enforcement agencies that are open to promoting, exploring, and providing officers with the innovative specialized skill set are core examples to enhancing CP. The researchers concluded that officers with crisis intervention training (CIT) must quickly critically think and analyze crisis as they approach a person showing mental distress and apply advanced techniques when

engaging with an unstable individual (Furness et al., 2016; Hample, 2016; Nix, 2017; Scantlebury et al., 2017; Wood & Watson, 2016).

Moreover, advanced skill training also provides LEOs with tactical communication skills when working cohesively with diverse populations. When officers work in unison with various people, considering their race, age, gender, demographic background, and, most importantly, the individual's mental capacity promotes positive gradual change. In any given scenario, or even when an officers employ specialized training (in this case, CIT) is not always a guarantee. Officers need to learn, understand, and empathize with the population they routinely provide community service (National Sheriff's Association, 2018).

King (2013) determined that educating officers with advanced skills would promote better service and enhance CP. Officers making profound community connections strengthen their ability to recognize differences, intricacies, and vulnerabilities prevalent in their patrol areas. Additionally, the researcher said that officers would gain respect and learn how to connect more efficiently in the community. When officers understand the population they service daily, an anticipated positive outcome is quite favorable (National Sheriff's Association, 2018). King also indicated that an officers' awareness of cultural beliefs, customs, practices, positive conversation, and respect are fundamental components to consider when interacting with diverse populations. Once LEOs embrace and respect community characteristics is when proactive social change begins. LEOs, can start to bridge the gap that has been long

broken between society and law enforcement (King, 2013; National Sheriff's Association, 2018).

The studies conducted by Scantlebury et al. (2017) and Wolfe and Nix (2015) shared limitations and acknowledged a gap in the research associated with officer perception when made to attend specialized training. Other analyses performed by Densley (2018), Puntis et al. (2018), Rodgers et al. (2019), and Scantlebury et al. (2017) similarly reported inconsistencies in data-focused on mental health training. Therefore, the researchers attempted to determine if officers acquired the CIT skill set necessary to complete and pass the program in their study. Meaning did officers attending CIT training retained the instruction to handle mental health encounters later confidently, or had they forgotten what to do later in the field (Densley, 2018; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury et al., 2017).

Furthermore, other studies objectively examined if there were identifiable officers unwilling to properly communicate with individuals suffering from a psychological crisis despite having CIT certification (Bush & Dodson, 2014; Kane et al., 2017; Parson & Sherwood, 2016; Wolfe et al., 2016). Several validated studies note the need to explore new data that seeks to understand the takeaway of LEOs effectiveness with the mentally ill before CIT training and then compare how the same trained officers later perform. The studies described exploring previous CIT training probing whether the instruction properly educates the officer on dealing with those suffering from a mental crisis (Densley, 2018; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury et al., 2017).

Conceptual Framework: Procedural Justice

Procedural Justice (PJ) centers on how police and other legal authorities intermingle with those that are not in the field of law enforcement (Tyler, 2003). This focus is on how LEOs interact with the public and how the qualities and traits of those exchanges influence and mold the public's opinion and perception of them (Antrobus et al., 2015; Gua, 2015; Wolfe & Nix, 2015). Additionally, the focus is on the public's commitment and willingness to abide by the governed laws and compared with the actual crime rates (decline/upsurge) (Worden & McLean, 2017).

Understanding

Nix (2017) and Worden and McLean (2017) discussed that community perception involves deep understanding, and it affects the ongoing relationship with the citizens living inside the officers' realm of responsibility. The study's observations outlined PJ instituting procedures that dictate officers taking the initiative to learn the population they patrol or supervise as paramount. The findings from the studies determined that LEO awareness of social opposition was a fundamental realization previously unnoticed. LEOs should have heightened awareness and always be conscious when responding to calls realizing the heavy resistance, they face involving public perception. The residential areas LEOs patrol include various demographics, a diverse age group encompassing gender-sensitive populations, substance abuse addictions, and mental illness (Nix, 2017). The research findings determined that members of the community want to believe the

treatment LEOs demonstrate is fair and impartial for everyone, yet the television and social media report different narratives (Nix, 2017; Worden & Mclean, 2017).

Antrobus et al. (2015), Gua (2015), and Wolfe et al. (2016) research found the support of the community as a significant component for LEOs having at their disposal when attending to unstable situations. The researchers reported that a professional relationship developed when officers became familiar with the citizens. Once law enforcement forms a positive partnership, the citizens often collaborate and work cohesively and in unison with LEOs (Antrobus et al., 2015; Gua, 2015; Wolfe & Nix, 2015).

Transparency

Nix (2017) defined transparency as open, honest, and conscientious actions that aid LEOs endure and withstanding scrutiny from the public. In law enforcement, responsiveness involves a LEOs proactive receptiveness to explain officers involved in questionable or controversial incidents. Agencies willing to quickly provide information to the public promote an open communication line for the citizens to ask questions, understand, and be an intricate component toward resolve (Antrobus et al., 2015; Gua, 2015; Wolfe et al., 2016; Worden & McLean, 2017). Additionally, law enforcement agencies taking ownership and responsibility and proactively addressing problems within their departments enhances another level of transparency (Nix, 2017; Wolfe et al., 2016; Worden & Mclean, 2017).

Weir (2016) and Worden and McLean (2017) addressed the LEO culture has influenced the development of internal implicit bias (groupthink), which affected stereotype profiling to take place and exist. Weir (2016) asserted that across the country, working at the local, state, and federal levels, out of 15,000 plus law enforcement agencies, there is no “typical” police department; however, evidence for racial differences and inequalities are increasing. As society steps back and observes officer interactions involving minorities or people in crisis; the public across the nation is watching ready to capture the incident go wrong (Weir, 2016; Worden & McLean, 2017).

Worden and McLean (2017) found a majority of bias stigma involved in the treatment of black civilians by white officers. Additionally, the researchers found that internal implicit bias influenced stereotype profiling to begin at the top in many law enforcement agencies. Often the stigmatic culture via sanctioned and initiated (Line Superior Officer) and then overlooked (Command Level Staff) practices versus adhering to and enforcing the policies and procedures that govern their behavior. Seasoned officers may have introduced the acknowledgment of these preconceived beliefs into the equation. Therefore, the public has a presumption that LEOs respond to incidents having an automatic mindset of disbelief instead of giving a person the "benefit of the doubt" (Antrobus et al., 2015; Gua, 2015; Wolfe et al., 2016).

Wolfe et al. (2016) stated that in being given the "benefit of the doubt," the officers' are more apt to empathize, understand the culture, and respond devoid of hesitation, reservation, and bias. In return, the community will be more willing to

bequeath respect, cultivate trust, and augment professional dialog. Addressing citizens objectively or with stigma can either be a positive experience or an adverse catastrophe (Wolfe et al., 2016).

Antrobus et al. (2015), Gua (2015), and Wolfe and Nix (2015) agreed the most effective manner to serve the community is by acknowledging diversity. Next, treat each incident uniquely and demonstrate proactive community service focused on traditional principles. Lastly, the authors noted that LEOs must encompass the PJ theory, which requires officers to get out of their patrol cars, engage, and interact in assigned areas. The studies found that creating a positive presence and using the power of words could be more productive than responding paramilitary style (Antrobus et al., 2015; Gua, 2015; Wolfe, 2015).

Wolfe and Nix (2015) said that when officers engage the mentally ill open-minded, empathically, listen, and effectively communicate, these actions create a unique partnership and transpire with respondents. King (2013) noted that officers could learn what matters to the community via observation, listening, and attentiveness. After that, responses appear more effective, appropriate, respectful, personal, and sensitive to outward onlookers (King, 2013; Wolf & Nix, 2015).

Respect

Antrobus et al. (2015) and Gua (2015) indicated the tenants of PJ generated an experience that the public embraced as sensible, reasonable, sensible, and fair. When citizens believe equal and intrinsic value are shown. The researchers said that people are

more prone to comply and respect police authority. Every single contact for officers establishes an opportunity to gain and build trust. Wolfe and Nix (2015) reported that an officer's influence on bringing a community together is predicated on the LEOs willingness to make citizens feel like they count and have a say. The exposure to PJ enhances public perception, thereby forming good decisions and positive encounters officers later encompass in CP (Antrobus et al., 2015; Gua, 2015; Wolfe et al., 2016).

At the forefront, when conflict occurs, public opinion has lost its belief in CP because of the officers' inability to communicate reasonably and effectively with the citizens they swore to protect and serve (Compton, Esterberg et al., 2006; Ellis, 2014; Oriola & Knight, 2020; Mathenson-Monnett & Jennings, 2017; Watson et al., 2017). People in the community yearn to feel appreciated, respected, valued, and, most importantly, acknowledged (Compton, Esterberg et al., 2006; Ellis, 2014; Watson et al., 2017).

Oriola and Knight (2020), Ellis (2014), Sereni-Massinger, and Wood (2016) said invigorating reform became the solution to resolve the significant ongoing problems involving CP and awareness of the dissimilar types of individuals requiring assistance. Sereni-Massinger, and Wood (2016) implied, in general, the concept of protecting and serving while LEOs perform while patrolling is an occupation society looks to for safety and security. Hess (2012) stated, uniformly, the officers are held to a higher standard as they enforce the law; however, they are also servants in the communities. Watson et al. (2017) went on to state, the public acknowledged officers as first responders who render

aid and bestow first care in critical moments. Harkin (2015) conducted a qualitative study denoting the positive impact of trust established when police legitimacy becomes transparent in CP. Sereni-Massinger and Wood (2016), Hess (2012), Bain et al. (2014), and Broussard et al. (2014) researched the overall consequences of effective communication styles. The researchers determined that when agencies teach officers new and innovative approach styles to effective communication, they enhance good rapport in their service areas (Broussard et al., 2014; Ellis, 2014; Harkin, 2015; Hess, 2012; Watson et al., 2017; Wood, 2016).

Legitimacy

Across the nation, many agencies understand that potentially withholding information amplifies the communities' distrust. Nix (2017) stated that, based on the notion, open communication lines establish the foundation for LEOs to overcome the stigmas the communities developed. Wolfe et al. (2016) reported when agencies take ownership of mistakes (made or acknowledged), or bad policing transpired while employing excessive force, the public is less judgmental. Bain et al. (2014) reported buy-in occurs when community members find the officers' actions transparent and fair. Police legitimacy is a process that consents for fluid information openly disseminated and shared with the public (Antrobus et al., 2015; Gua, 2015; Wolfe et al., 2016).

The National Network for Safe Communities (2018) advocated establishing and maintaining police legitimacy to promote the acceptance of command staff decisions.

Legitimacy correlates with high levels of law-abidingness and makes it more likely that

officers and communities will collaborate to combat crime (Antrobus et al., 2015; Gua, 2015; Wolfe et al., 2016).

Position, Reflexivity, and Bias

Bradford et al. (2015) and Gua (2015) stated that an officer's role involving communication with the public is essential. Wolfe and Nix (2015) add dependent on the outcome of the incident, the officers' attitude, approach, and temperament will be considered by citizens. Public perception is unique, and, in any scenario, each receives and understands behaviors and actions dissimilar from one another (Antrobus et al., 2015; Gua, 2015; Wolfe et al., 2016). The studies mentioned researchers said that negative perceptions were taken from the citizens (but are not limited to) claims of unethical police behavior, unprofessional actions, and ineffective communication resulting in prompting incidents to go astray (Ellis, 2014; Oriola & Knight, 2020; Watson et al., 2014). Once law enforcement becomes involved in a conflict, many diverse groups articulate and express racial profiling, aggressive use of force, wrongful arrest, and unprofessional attitudes (Ellis, 2014; Watson et al., 2014).

Compton, Bahora et al. (2008), Ellis (2014), Mathenson-Monnett and Jennings (2017), Oriola and Knight (2020), and Watson et al. (2017) found an incline in negative social perception involving LEOs response techniques, limited training, and poor communications skills. The noted characters were common themes in similar stories that continued to have the same issue. The researchers said that society is in unrest because of witnessing or being a part of an incident entailing officer involvement that has gone

wrong. The contributed studies uncovered that more people detailing the conflict have no connection to it, narrating a consistent and compelling story (Oriola and Knight, 2020). Further agreeance from the researchers that those (bystander, news reporter, eyewitness, a person with second-hand information, etc.) on the outside looking in, take the facts of the story, or lack thereof, formulate their opinions, and at times, add to it, or subtract from it. The analysis of the studies concluded depending on the scenario could initiate an optimal outcome or generate a very detrimental and life-altering one for all involved (Compton, Bahora et al., 2008; Mathenson-Monnett & Jennings, 2017; Oriola & Knight, 2020; and Watson et al., 2017).

Bush and Dodson (2014), Grabiner (2016), and Papazoglou and Anderson (2014) proposed the reform of officer training to include interpersonal skills, walking the beat, and learning about the inhabitants of the community. The findings from the studies determined LEOs establishing effective communication are core components used in Crisis Intervention Training (CIT) and PJ. PJ aligns well with this study permitting effective communication to unfold simultaneously (Antrobus et al., 2015; Gua, 2015; Wolfe & Nix, 2015). The advanced skill set, and proactive practice open a professional pathway when approaching individuals with a mental illness, and how the current study benefits from this framework (Sereni-Massinger & Wood, 2016). The fundamental concepts of police legitimacy form the interview guide questions and construct the data analysis (Bush & Dodson, 2014; Grabiner, 2016; Papazoglou & Anderson, 2014).

Effectiveness of Crisis Intervention Training (CIT)The Memphis Model

The Memphis Model (established in 1988) CIT training collaborates with law enforcement and mental health providers to bestow assistance to the mentally ill, their families, and the affected law enforcement officer. The Memphis concept believed that CIT training is an innovative (quantitative and qualitative design) police-first responder program that provides law enforcement-based crisis intervention training to assist those suspected or diagnosed with mental illness. There have been several studies evaluating the effectiveness of CIT training and discussed individually and then summarized at the end of this section (Ellis, 2014; Dempsey, 2017; NAMI, 2016; Rogers et al., 2019; Weitzer, 2015; Wood & Watson; 2016).

The Pivot Foundation

Taheri (2016) reviewed many studies that involved 42 States. The model surveyed 174 police departments and concluded out of 174. Only 78 had a set protocol for interacting and dealing with the mentally ill and reported overall effectiveness in responding to an individual in crisis. Taheri (2016) reported the findings from the study was that of the 78 (45%) departments that had specialized responses to deal with individuals with mental illnesses, only 6 (3%) used the police-based technological answer. The review concluded the only limitation noted was the lack of funding for the training or the agencies not embracing the concept. The study conducted by Taheri (2016) collected and reviewed quantitative and qualitative methodological designs. The researchers' study aimed to learn the effect of CIT training on an officer's: a) knowledge,

b) perception, and c) attitude about an individual diagnosed with mental illness (Kim, 2018; Taheri, 2016).

Another study performed by Ellis (2014) observed 25 police officers and explored three major concepts (awareness, perception, and attitude). An explorative, quasi-experimental, descriptive design was employed to collect the data:

- Knowledge about mental illness improved at $p < .0125$ ($p < .05$ after Bonferroni correction).
- Perception scores improved at $p < .0125$ ($p < .05$ after Bonferroni correction).
- Attitudes were more favorable at $p < .0125$ ($p < .05$ after Bonferroni correction).

The results of this study substantiated that the CIT program was a groundbreaking community health program that benefits all (law enforcement, consumers, mental health professionals, stakeholders, etc.) concerned, and no known limitations were noted (Ellis, 2014).

Study of the Georgia CIT

Compton, Bakeman et al. (2014) employed a quantitative and qualitative methodological design. The population included 586 officers from six different police agencies found in the State of Georgia. Out of the 586 participants, 251 received the 40-hour CIT training. The study consisted of in-depth, in-person assessments of the officers' knowledge, attitudes, and skills depicting typical police encounters with individuals with mental illness or thoughts of suicide (Compton, Bakeman et al., 2014).

Compton, Bakeman et al. (2014) denoted that CIT trained officers encompassed unswervingly better scores on knowledge, diverse attitudes (about mental illnesses and treatments), self-efficacy (when interacting with someone with mental illness or thoughts of suicide), social distance stigma, de-escalation skills, and referral decisions. The study results also represented the effect sizes for some measures, including de-escalation skills and referral decisions about mental illness, were substantial ($d=.71$ and $.57$, respectively, $p<.001$). Lastly, the study results substantiated that the CIT training of police officers resulted in sizable and persisting improvements in diverse aspects of knowledge, attitudes, and skills (Compton, Bakeman et al., 2014).

Crisis Intervention Team Training Outcome

Although across the United States, several law enforcement agencies train their officers in crisis intervention team (CIT) training. CIT training is a 40-hour curriculum training officers on interacting with mentally ill individuals (Ellis, 2014; Dempsey, 2017; NAMI, 2016; Weitzer, 2015). The contributing studies explained that the program offers a brief overview of mental illness to educate officers on psychological afflictions' various behaviors and characteristics (Ellis, 2014; Dempsey, 2017; NAMI, 2016; Weitzer, 2015).

To some degree, a few agencies have picked up on the need for more specialized training. Wood and Watson (2016) said law enforcement agencies know that specific training is essential in recognizing mental wellness. Other contributing studies found across the nation, qualitative studies found that police administrators supported the implementation of specialized training in their organizations to educate and enhance

better judgment when engaging with individuals suffering a mental crisis (Dempsey, 2017; Ellis, 2014; Martin & Thomas, 2015; Weitzer, 2015).

De-Tribolet-Hardy et al. (2013), along with Martin and Thomas (2015), reported that when officers understand/taught CIT techniques to use in high tense moments, CIT techniques may help the officer de-escalate conflict at a more rapid pace versus not trying at all. Based on observation, De-Tribolet-Hardy et al. (2013) and Martin and Thomas (2015) found responders, actions, inactions, and responsiveness of the subject affect the outcome. The studies saw LEOs might first attempt applying interpersonal skills to de-escalate high tense scenarios (if permissible) as a first option (De-Tribolet-Hardy et al., 2013; Martin & Thomas, 2015).

Case in point, in a psychiatric setting, De Tribolet-Hardy et al. (2013) conducted a qualitative study examining nurses' interpersonal skills toward patients. The nursing staff found aggressive behavioral patients to be more compliant, applying EC's therapeutic approach than non-therapeutic (De Tribolet-Hardy et al., 2013). Often, the use of force transpires because officers with less experience handle a situation above their experience and respond paramilitary-style (De Tribolet-Hardy et al., 2013; Wittmann et al., 2021).

Ellis (2014) and Martin and Thomas (2015) reported that crisis intervention team training (CIT) praised a deep-seated and innovative intervention toward community building services. Martin and Thomas (2015) said officers who incorporate proactive interpersonal skills are prepared to think and quickly assess each incident critically. Ellis (2014) discussed the effectiveness of CIT training. The research expounded on educating

officers with knowledge, preparedness, and techniques for making contact (interaction) with individuals identified as having a mental illness. The study's findings concluded that officers with specialized mental health training were more successful in assisting individuals diagnosed with mental illness. Further analysis ascertained that LEOs with advanced training provided them with a specific skill set. As a result, this skill set aided them in recognizing mental illness based on cues, behaviors, or responses (Ellis, 2014; Martin & Thomas, 2015; Watson et al., 2017).

Georgia Public Safety Training Center (2019) said the skill set(s) learned from the CIT training is/but are not limited to:

- Ability to recognize abnormal behavior
- Ability to understand strange behavior
- Ability to effectively assist individuals with mental illness
- Ensure those they encounter suffering from a mental illness receive appropriate treatment versus incarceration
- Ability to respond to individuals safely and effectively with mental health needs
- Ability to relate to what the mental health patient is enduring
- Improves the responding officers' confidence and competence in working with the mentally ill (Georgia Public Safety Training Center, 2019).

On the other hand, Bonfine et al. (2014) conducted a quantitative study examining police officer confidence, effectiveness, and perceptions of the mentally ill pre-and post-

training. In his assertion, Bonfine et al. (2014) alluded those officers admit mental health deficiencies or apply effective communication styles. Ellis (2014) and Davidson (2016) agree that some police could not always successfully identify individuals with mental illnesses.

Ellis (2014) determined officers became better communicators after receiving CIT training. The LEOs engaged responsively and appropriately while employing communication as a de-escalation technique. The research concluded that officers could assess and identify an individual having a mental illness. Moreover, the findings contended LEOs proceeded with an unprovoked, initiated follow-up intervention with a mental health facility when permissible (Ellis, 2014).

Scantlebury (2017) and Wolf and Nix (2015) found some LEO populations (having specialized training) experience unique encounters when engaging with vulnerable people. Furthermore, Wolfe and Nix (2015) found compounding issues may make officers uneasy and apprehensive about responding to calls for fear of adverse outcomes, continued public disapproval, and, most importantly, loss of life. The studies reported LEO feeling frustrated and stressed and compromised executing the advanced knowledge to manage unstable consumers (Scantlebury, 2017 Wolf & Nix, 2015).

The CIT training studies of Ellis (2014), Martin and Thomas (2015), Weitzer (2015), and Dempsey (2017) observed consistent findings that many police agencies agreed there was a marked improvement in interpersonal skills and effective communication when dealing with the mentally ill after completing the training.

Although other studies by Bonfine et al. (2014), Scantlebury (2017) uncovered that some responders find it difficult to modify their approach style for mental illness. The study also found limited information about whether the before and after training is meaningful (Ellis, 2014; Martin & Thomas, 2015). Nonetheless, the research has limitations centering on the type of officer trained to modify their approach willfully when dealing with mentally ill subjects after receiving CIT training (Bonfine et al., 2014; Ellis, 2014; Martin & Thomas, 2015; Scantlebury, 2017).

Bonfine et al. (2014) and Scantlebury (2017) concluded that not all officers identified individuals having mental illness symptoms or signs. The researchers also determined elements of communication and interpersonal skills lost after training. The studies advocated for more specialized training. The researchers also acknowledged that some limitations focused on training effectiveness have on an officer having a different mindset, involving the mental health population, or approaching subjects demonstrating abnormal behavior (Bonfine et al.2014; Scantlebury, 2017).

Current research on crisis intervention team training (CIT) focuses on the officer's ability to recognize signals, signs, and cues associated with mental illness. Studies conducted by Davidson (2016), Dempsey (2017), Ellis (2014), and Weitzer (2015) concluded CIT is specialized training that enhances the officers' awareness, knowledge, interaction, responsiveness, and other avenues to consider when encountering and managing the mentally ill. Referrals to mental hospitals remain an alternative option

when LEOs do not feel an individual demonstrating symptoms and signs of MI should go to jail (Davidson, 2016; Dempsey, 2017; Ellis, 2014; Weitzer (2015).

Although, in retrospect, other studies completed by Peterson and Densley (2018), Puntis et al. (2018), Rodgers et al. (2019), and Scantlebury et al. (2017) found mixed results on CIT. The researchers questioned if the LEOs who have completed the training encompassed the necessary skills to approach, communicate, and de-escalate a situation involving an individual portraying cues and symptoms associated with mental illness. The studies were unclear if the LEOs remembered all the dynamics taught in CIT class (Peterson & Densley, 2018; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury et al., 2017).

Puntis et al. (2018) and Rodgers et al. (2019) conducted a systematic review of 95 CIT studies observing and documenting officer effectiveness after completing CIT training. Puntis et al. (2018) summary analysis supplied positive and negative insight on the takeaway of the specialized training involving success for officers that used the CIT model techniques correctly. The data examined determined inconsistent findings on the effect or value of CIT training. Additionally, Rodgers et al. (2019) also asserted undetermined results on the influence CIT training had on other LEOs having the same training.

Effective Communication in CIT

The assessment conducted by Ellis (2014) is a point of literature analysis centering on effective communication collected from agencies via the submittal of

volunteer surveys. Henry (2017) conveyed information that gets the point across successfully happens when effective communication is clear and straightforward. The study investigated how “Emotional Intelligence” (EI) comes into play. Additionally, Henry (2017) asserted that encompassing EI on ones’ behalf denotes and implies the ability and capability to enable and expedite reasoning. Further, the researchers uncovered that EI also includes amassing info and data from all sources for enhanced patient care and an optimal outcome (Ellis, 2014; Henry, 2017).

Wicks et al. (2018) alleged that by its’ nature, the EI definition encompasses a strong focus on empathy and understanding in which emotions manipulate and sway people. The art of using emotional intelligence necessitates an individual’s sense of how their own emotions “guide” or “derail” how others feel (Wicks et al., 2018). If employed appropriately, EI enables one to navigate the relationship. Ellis (2014) said interpersonal skills might resolve problems quickly using emotional intelligence versus not at all. Tyler (2003) explained that communication could either produce optimistic or adverse outcomes depending on the message conveyed and the communicator's intent. Components of PJ encompass “*Understanding*” the positive impact of effective communication when interacting with individuals just by containing critical thought (Tyler, 2003).

Nix (2017) found a police officer who asserted professionalism and having positive interpersonal skills will often find that individuals are more cooperative and compliant to authority. Nix stated that positive outcomes from dispatched calls involve an

officer's quick assessment, critical thinking, observation skills, and excellent verbal skills when handling confrontation, emotional unbalance, or just regular day-to-day rudimentary contact with people (Nix, 2017).

Wolfe and Nix (2015) said a routine call could hastily shift from good to bad, and dependent on the officers' training, dictates their role as effective or futile communicators. The Wolf and Nix asserted in 2015, the aftermath of Michael Brown incident in Ferguson, Missouri, augmented scrutiny of law enforcement officers referred to as the Ferguson Effect. Wolf and Nix also determined across the nation; the Ferguson Effect led to heightened crime rates. As a result, Wolf and Nix found LEOs approached with less vigorous enforcement in situations that might lead to a backlash from the community. The study examined the "Ferguson Effect," and George Floyd's outcome and determined that still there were trained officers found a meaningful purpose in their position (Wolfe & Nix, 2015). The findings concluded despite social discord, officers having self-legitimacy continued to respond to problems in the community unaffected and showed a desire to connect with the public (Wolfe & Nix, 2015).

Societal Effect

Wolfe and Nix (2015) questioned the shift in police actions?

- The authors compared 2015 versus 2014 police responses to calls. The study found that LEOs handled 100,000 fewer motor vehicle stops in Missouri (a 6% reduction).

- Between 2013 and 2014, there was a considerable difference in stops (2,000-pullovers logged).
- In 2015, to some degree, a change occurred 2015 within Missouri unattributed to average variation (Wolfe & Nix, 2015).

More In-depth Look

- In 2015 as opposed to 2014, 118 law enforcement agencies assisting metropolises appeared similar patterns across the nation despite having more than 5,000 inhabitants.
- In 2015 as opposed to 2014, these 118 agencies made approximately 67,000 fewer stops (Wolfe & Nix, 2015).

Significant changes from LEO agencies did not report associated stops, searches, seizures, or arrests, but contraband "hit" ratios were slightly higher. From 2014 to 2015, they marginally enhanced by 11 %, which proposed that the officers were doing better searches. Although Wolf and Nix said in 2015, as opposed to 2014, agencies patrolling districts handled a small number of pullovers, pursuits, and apprehensions associated with a larger population of African American people (Wolfe & Nix, 2015).

Communication, noted by Wolfe and Nix, is a powerful skill that can impact the lives of others if the speaker is artistic and fluent in their presentation. Ample literature is available detailing the encouraging outcome staff has (in a therapeutic environment) using effective contact with confrontational patients related to interpersonal theory (De-Tribolet-Hardy & Thompson, 2013).

De-Tribolet-Hardy & Thompson (2013) shared interpersonal communication has different techniques applicable. Smith and Granger (2016) stated when LEOs encountered individuals showing mental illness symptoms and signs; they advocated using effective communication. Tomescu-Dumitrescu (2016) said EC is the eminence of exchange amid LEOS, the mentally afflicted, and mental health specialists. When EC is proficiently performed, exchanging, and gaining the person's attention in crisis paves a successful outcome (Dempsey, 2017). Proficient verbal communication skills are essential for collaborating with others. Tomescu-Dumitrescu (2016) articulated that human communication is a particular manner of interaction, information exchange association, and correlation between individuals. The method and technique in which the listener comprehends, and the LEO strategically selects words to sway each other well. Ineffective communication is at the top of the list and is one of the main origins of medical oversights and unpremeditated harm to patients (Jahromi et al., 2016; Tomescu-Dumitrescu, 2016).

Tomescu-Dumitrescu (2016) reported that correct, precise, straightforward, honest, and timely information and communication replace gossip and rumor and relieves anxiety at times. During an officer's tour of duty, the most effective and successful law enforcement officers fathom and grasp how to communicate with individuals from diverse backgrounds under varying and unstable, unpredictable, and volatile conditions (University of San Diego, 2019). The most effective and successful law enforcement officers employ communication to foster and form trust, initiate and

generate transparency and cultivate and encourage an ambiance of reciprocated compassion, empathy, sympathy, understanding, and, most importantly, respect (Antrobus et al., 2015; Gua, 2015; Wolfe & Nix, 2015).

The resolve to successfully connect with diverse populations suffering and experiencing mental illness is not an easy task (University of San Diego, 2019). Public perception involving standard police practice advocates that more in-depth training is necessary, enhancing communication skills, mental health awareness, transparency, and empathy (Ellis, 2014). Officers routinely meet with people with psychological afflictions, individuals in despair, or unstable situations, yet respond encompassing inadequate skill usage (Compton, Bakeman al., 2014; Mathenson-Monnett & Jennings, 2017; Watson et al., 2017).

Summary and Transitions

Exploring the first responder's behavior, attitudes, and perceptions after completing CIT is an essential factor in determining whether officers later apply learned knowledge efficiently or continue policing without changing areas continue as problematic areas in public opinion (Ellis, 2014; Steinkopf et al., 2015; Davidson, 2017). This qualitative study focused on current limitations in research that caused the need to explore LEO perceptions after CIT and their takeaway. This chapter reflects the data learned through ongoing peer-reviewed research an inquiry to unveil new insight concerning a LEOs experience, exposure, and meaning after completing training and how they later apply knowledge involving mental health incidents while in the field (Thorne,

2016). The actions demonstrated while dispatched to mental health calls in the area will either enhance social change or continue to negatively influence public perception (Compton, Bakeman et al., 2014; Mathenson-Monnett & Jennings, 2017; Watson et al., 2017).

This study delves deeper into understanding the perceptions of LEOs post-CIT training and how they interact with the public (eliciting respect, courtesy, dignity, professionalism, and sympathy). The study unveils approaches exchanged by law enforcement apply strategic words positively (EC) with the mentally ill, opens the pathway for a positive partnership to evolve and prosocial change to occur (Antrobus et al., 2015; Gua, 2015; Wolfe et al., 2016). The study results of this qualitative topic offer substantiated data that reinforces how social change can occur. The findings are relative and vital toward uncovering personal interpretations related to police experience which affects positive social change and a new stepping-stone toward rebuilding trust in the public's eye (Wolfe & Nix, 2015; Wolfe et al., 2016).

Densley (2018), Puntis et al. (2018), Rodgers et al. (2019), and Scantlebury et al. (2017) reported a gap because of unknown or undetermined findings in their study. This analysis aims to explore the attitudes of officers' feelings exploring whether the outcome of CIT training offers meaningful material or lacks the criteria to aid officers to identify members in the community having a mental illness. Densley (2018), Puntis et al. (2018), Rodgers et al. (2019), additionally, the studies explored whether CIT training produces helpful skill sets. The one-on-one interview delved deep into officers' perceptions

uncovering if the practical training or opting not to apply the advanced learned knowledge later on (Ellis, 2014; Steinkopf et al., 2015; Wolf & Nix, 2015). Ellis (2014) and Wolf and Nix (2015) stated the advanced skill set required officers to carefully and safely intercede and mediate in communities across the nation. On a routine and daily basis, law enforcement officers interact and have close contact with individuals deemed (or diagnosed as) mentally ill (Ellis, 2014; Scantlebury et al., 2017; Steinkopf et al., 2015; Wolf & Nix, 2015).

Davidson (2016) found that officers reverted to initial training or instilled practices, only becoming aware of consequential public inquiry involving a mental health crisis revealing officer inadequacies. As a cause of public outcry, LEOs became more aware of self-improvement. Some officers realized techniques taught by CIT trainers were not remembered or understood in full (Bonfine et al., 2016; Ellis, 2014; Scantlebury, 2017). In retrospect, Davidson also found law enforcement, community stakeholders, etc., recognized that the crisis intervention team (CIT) model was a beneficial and invaluable methodology for strengthening and enhancing law enforcement officers' relationships and interactions with individuals with mental health issues. Davidson affirmed that when crisis intervention training is instituted and appropriately applied, LEOs will evolve using a revolutionary and transformative intervention to amend, modify, and alter the disparity gaps in training and reform before instilled practices influence LEOs behavior, actions, and mindset (Davidson, 2016).

Morris (2017) determined that other officers who did not accept training resorted to old practices that resulted in excessive force. Officers regressing to the traditional methodology subsequently reinforced public reticence. Morris said when LEOs used power in incidents not understood, it exacerbated negative public perception of law enforcement officers. Morris stated that LEOs that failed to transition using advanced training caused an increased ongoing negative public opinion that continued to tarnish LEOs (Morris, 2017).

A quantitative study conducted by Rossler and Terrill (2017) found that CIT trained LEOs all-encompassed similar responses to situations involving individuals experiencing mental health disorders. The researchers stated the data revealed LEOs established the skill set to resolve the crisis and de-escalate disruptive, unruly, uncontrollable behaviors. The researchers also concluded that the interactions between LEOs after CIT training who interacted with the mentally ill improved their communication. Rossler and Terrill indicated those officers who recognized symptoms and signs approached the behavior with transparency and did not defer with non-compliance. Furthermore, the researchers of the study support that Crisis Intervention Training (CIT) is an essential tool for LEOs to have at their disposal to aid in de-escalating a person in crisis and reduce the use of force (Rossler & Terrill, 2017).

Rossler and Terrill (2017) qualitative study recommends the best approaches to quell public discord and respond to mental health crisis incidents with skill and empathy. The Rossler and Terrill offers a different lens to understand law enforcement's attitudes

and feelings that are currently unknown. Recent research has yet been unable to identify the emotions or biasedness of officers after completing CIT training or understand the thoughts of officers in the field applying CIT training. Therefore, Rossler and Terrill study adds foresight into the minds of LEO having completed CIT training. The learned data hopes to add to current ongoing research associated with CIT training (Rossler & Terrill, 2017).

Chapter 3: Research Method

The rationale of this qualitative research is twofold: (a) to explain how LEOs experience CIT training, and (b) to explore how officers respond to mental health issues in the field, given their knowledge of techniques acquired from CIT training. This chapter describes the method and procedures used in this inquiry. I describe the justification for using interpretive descriptive research as the methodological approach. The selection and recruitment of participants for data collection included the transcription, coding, and assessment of the information, is also included. Additionally, the integrity of the exploration is discussed, including credibility, dependability, transferability, and confirmability.

Research Design and Rationale

I selected an interpretive description (ID) method to answer the research questions. This method addressed how specialized training is perceived individually from one LEO to the next (see Thorne, 2014, 2016). Selecting ID allowed me to observe, monitor, and explore the perceptions and reactions of local agencies and their LEOs experience of crisis intervention team (CIT) training.

Research Questions

The research questions focus on police officer perceptions and feelings after specialized training.

RQ1. How do officers who completed CIT training describe their experience of the program?

RQ2. How do officers who complete the CIT program describe their experience in the field interacting with consumers with mental health issues?

Thorne's (2016, 2018, 2020) interpretive descriptive inquiry was used to explore the two research questions. I applied a qualitative case study methodology to uncover ideas associated with personal accounts of LEOs completing CIT training and subsequently implement change in how they respond to incidents involving mentally ill patients. The method delivered an in-depth assessment of the framework occurring within the phenomenon. Therefore, an interpretive descriptive approach proved effective toward investigating the research questions.

Thorne (2016, 2018) explained that the analytical process provides meaning to understand the phenomena and creates and uncovers new application suggestions. Furthermore, an interpretive explanation advances from old-style qualitative descriptive methods in that it undertakes an in-depth exploration of the inquiry. Older techniques seldom provided full detail in the description alone. The interpretive approach seeks past reasonable explanations by delving deeper into human thought, producing new considered revelations. Continually probing beyond superficial inquiry sheds new concepts and accounts that may spawn new proposals that add to the science of psychology. A qualitative analysis offers critical innovation by applying strategic tactics to unveil wealthier responses from the participant. The uncovered reactions result from the researcher's profound focus on the inquiries posed to understand or determine new phenomena (Thorne, 2016, 2018).

I considered other methods but did not choose them. For example, the phenomenological perspective focuses on the individual experience instead of an interpretive approach that seeks to understand the meaning, the application, and their takeaway of CIT training as an LEO and how that later affects their interaction with individuals facing a mental illness crisis (see Patton, 2002; Thorne, 2016, 2018). A narrative approach was not considered because the meaning of CIT training surpasses the life history or biography of one LEO (Creswell, 2014). I used an interpretive approach to seek meaning from a cultural perspective associated with law enforcement (see Thorne, 2016, 2018).

Role of the Researcher

The role of the researcher is the principal tool that amasses data inclusively involved when conducting a qualitative study and is also a vital component included in the progression toward finding meaning and understanding from the participants (Ravitch & Carl, 2016). This qualitative exploration consisted of observation, interviewing, and transcribing contextual data. As the primary instrument, I was responsible for gathering the data unbiasedly from one-on-one interviews, organizing the context, and finding meaning related to LEOs trained in CIT. I used the mentioned components and established themes and patterns gathered in the analysis (see Saldana, 2016).

It is important for a researcher to acknowledge personal bias associated with qualitative research (Ravitch & Carl, 2016). I am familiar with the policy and procedures of LEOs, but I recognize my experiences with mentally ill people are not the same as

LEOs. I work in a correctional setting with confined, mentally sick inmates, whereas LEOs work closely with the community as public servants. A researcher must objectively approach the study, always conscious of implicit and explicit bias, which could cause unintentional influences between participants and researcher (Ravitch & Carl, 2016). I remained mindful of personal associations that could compromise the data process therefore, I approached with an open mind and ensured my perceptions remain unbiased as I interviewed participants.

Methodology

Participant Selection Logic

I targeted participants for my study by using a purposeful criteria sampling strategy, as recommended by Patton (2002). This ensure that participants who volunteered met the requirement of being a certified officer who graduated from the police academy. I placed invitational fliers in the briefing/debriefing room, to which only accredited police officers have access. Participants were also required to meet the following criteria:

- The officer must have 2 years of uninterrupted employment service.
- The officer must have earlier road experience involving CP.
- The officer must have attended, completed, and successfully passed the 40-hour CIT training.

Thorne (2016, 2018) proposed recruiting a large sample size to generate rich content sufficient for data analysis. Guest et al. (2006) reported that similar, if not the

same, meanings became consistent with 12-15 participants. Guest et al. (2006) and Thorne (2016, 2018, 2020) stated the number of participants responses may emerge a theme with less than 12 LEOs My research strategy included the possibility of adding additional participants as necessary if the themes and patterns appeared incomplete or indistinct (see Ravitch & Carl, 2016).

Mason (2010) explored the variance between saturation and sample size in a qualitative study. Mason concluded further evidence does not automatically provide more content. Unlike a quantitative analysis that generalizes, a qualitative approach seeks meaning and value to understand the phenomena in question. A large sample size is an extensive process that can be laborious and time consuming. Mason also asserted that attaining saturation may be quicker with a smaller participant size ranging from five to 15. I planned to recruit 12 to 15 LEOs who had been through CIT training with experience in the field. Unfortunately, the barriers associated with COVID-19 impeded my goal. Ultimately, I only recruited six participants volunteered to interview.

Instrumentation

The primary data collection relied on the interview guide (Appendix C) used for the one-on-one interviews as an instrument to elicit in-depth, vivid responses from each officer's experience. Additionally, semi structured questions aided me in finding more detailed data adding to the qualitative process (see Creswell, 2014). The interview guide provided me guidance when interviewing the participant. The set a common framework that I applied when asking the inquiry of each participant. The same questions were asked

of all LEOs participating in the study. The questions did not change, and I did not ask questions different from the guide.

Procedures for Recruitment, Participation, and Data Collection

A law enforcement agency located in a Southwestern County in Georgia was where I conducted the research study. The LEO agency hosts several CIT training classes each year. I sought approval from the LEO agency's chief to reach out to the training supervisor to conduct the study (Appendix A). I posted an in and around the agency invitation announcing the study to recruit participants, explaining the criteria for inclusion and the study procedures.

The invitation sought volunteer LEOs meeting the criteria for the study, which I posted on a bulletin board located inside the agency's briefing room. The invitation flyer explained the research and included my contact information. LEOs interested were given my contact information. LEOs meeting the qualifications wishing to participate in the study received an invitation describing the study with my contact information (Appendix B). I found potential volunteer participation from LEOs who met the established requirements. I confirmed with the training supervisor that the LEOs volunteering in the study had successfully passed the class. I informed the LEOs who wished to participate in the survey they could opt-out from participating in the research at any time. I provided each participant with the informed consent document to read and review.

I asked that they email me "I agree," consenting, acknowledging they freely wanted to participate in the study or understand that they could opt-out at any time

without any recourse. After that, I scheduled 90-minute interviews convenient with the participant via Zoom, a web video conference. As a result of COVID-19, scheduled interviews were selected from the desired time chosen from the LEO. Zoom offered the participant to contact me, which provided privacy and did not cause any discomfort or interfere with the participant's daily routine. Scheduling Zoom sessions based on the officer's availability reduced exposure or influence of external entities, which reduced anxiety and permitted the officer to reflect in open and detailed responses devoid of unforeseen pressures (see Rubin & Rubin, 2012).

The web-based interviews provided some level of anonymity for the officer. Zoom also offered features that recorded and transcribed each interview session. Additionally, I documented observed characteristics from each LEO occurring on facial expressions, body language, or unique factors. I then gathered the data and began coding. I developed and prepared the instrument guide unbiasedly, neutral, and fair, having detailed context and culture-specific questions for the LEO population. The same questions were derived from the predeveloped questionnaire guide, and all participants were asked the same questions. Initially, I prepared to ask LEOs if they knew of other officers meeting the criteria interested in participating in the project if I did not reach saturation. But the pandemic did not afford me the time, and I recognized I was fortunate to proceed with only six volunteers.

Although I only had six participants, the responses generated rich, substantial data to achieve saturation and reach analysis. I gathered the answers offered by the

participants as open and honest as each shared their perceptions and feelings about CIT training. Finally, given that the interview questions are retrospective, I assumed that the LEOs recollection of experiences was sufficiently accurate in the recall.

I informed each officer that I would forward the transcript for them to review for accuracy once the interview was complete. If they determined any discrepancy, they were instructed to contact me. Additionally, I asked the participants if they would mind me contacting them if, when transcribing their interview, any answer was unclear. Lastly, I communicated I would gladly schedule a debriefing if they wished to learn the study's outcome.

Data Analysis Plan

Zoom offered a feature that recorded and transcribed each LEO interview. I transcribed and summarized the interviews. Via email, member checking between the participant and myself occurred to verify the accuracy of my summary. Participants were encouraged to add or expand on any question asked. Once the participant reviewed their responses and summary and agreed with the finalized report, the analysis proceeded. I examined the transcribed data and determined consistent themes and patterns appeared (see Creswell, 2014).

Saldana (2016) described coding as taking words, minimizing, and summarizing content from passages. From the transcription, I conducted the first coding cycle to enhance the matter of meaning. Then, a second cycle ensued where I combined the codes, recognizing patterns/categories that I perceived to associate with the participants'

experiences or uncover similar themes related to the one-on-one interviews. The process for obtaining underlying themes from a dataset commenced with comparing and finding similarities from the personal interviews (see Leech & Oawuegbuzie, 2007). The data analysis was a lengthy task. I combined the transcribed contextual data and then chunked the similar meaningful words together by one-word codes or small phrases using In Vivo Coding (see Saldana, 2016).

Leech and Oawuegbuzie (2007) said that the researcher reviews the codes after completing coding and seeks keywords categorized and grouped. The data formed from Saldana's (2016) In Vivo method, applying cycle one and cycle two, then developed into common themes. Rabinovich and Kacen (2013) stated that one of the critical points of interpretive research is to uncover the similarities found in a contextual framework. Thorne's (2016, 2018, 2020) interpretive approach aligned well because she recommended that the researcher seeks beyond reasonable explanation, probe beyond everyday inquiry, and focus on more in-depth investigations to understand the meaning of CIT training and how it relates to meeting a mentally ill person. Following Saldana's (2016) coding process using chunking, creating categories, and finding themes within the LEO. In discrepant cases, further research may be recommended (DiLoreto & Gaines, 2016).

Issues of Trustworthiness

The terminology of trustworthiness from a qualitative perspective is like that in a quantitative study. In a quantitative realm determining reliability, validity, and objectivity

establish the worthiness of the researcher's study. I addressed credibility, transferability, dependability, and confirmability. I ensured to safeguard that trustworthiness aligns with the study analysis (Patton, 2002). Establishing transferability and dependability was attained and provided through comprehensive data collection. After that, Saldana's (2016) In Vivo procedure aided in creating codes, patterns, and themes. I then reported the synthesis findings uncovered from the real-life experience of LEOs unbiasedly, who completed CIT training. The officer's perception and shared experiences added understanding to the phenomena once the interviews unfolded. And finally, the only other limitation would be an individuals' personal (if any) biases.

Transferability

Transferability is a person who reads the review to understand the process and discoveries of research to determine their personal or professional relevance (Galli, Chiclana, & Siewe, 2020; Fuschand & Ness, 2015; Patton, 2002; Shenton, 2004). I planned to provide details of the development and execution of my procedures, data collection, and data analysis in Chapters 3 and 4 to enhance the ability of readers to make sense of and apply what is relevant.

Dependability

I established dependability by focusing on well-formed field notes, numerous journal articles, several interviews, data analysis, and revisiting and re-examining recorded data (Shenton, 2004). Therefore, other researchers could replicate the study in a similar group or setting, and the findings would result in a similar outcome.

Confirmability

Potential pitfalls arise from the researcher's personal bias and attitudes that could compromise how the data is collected. Therefore, the recruited LEOs aid offered an authentic experience in understanding the phenomena. I was aware my preferences could compromise the officer's interpretations. Consequently, I used several well-recognized qualitative strategies (recording interviews, member checking, audit trails) to enhance confirmability.

Credibility

Credibility is the foundation of the research recognized and accepted by peers, experts, and fellow readers. Establishing credibility is an essential element needed in the study. I collected laborious data from willing participants and formed evidence explaining the research phenomena. The information gathered derived from in-depth observations, well-developed field notes, numerous journal articles, several interviews, data-analysis, rich, thick descriptive articulation resulted from participant interviews, revisiting, and re-examining recorded data (Shenton, 2004).

Ethical Procedures

I followed the ethical considerations outlined in the APA ethical guidelines and ensured that the IRB governs the procedures. I assured them that the participant was volunteering and informed the LEO they could stop participating anytime they desired (Tavakol & Sandars, 2014). Secondly, the participants were advised of the purpose of the study, the risks, and the potential benefits and then had them sign an informed consent

form (Creswell, 2014). Thirdly, I prepared for the Zoom interviews to unfold at their discretion so that the officer did not feel pressure, influence, or coercion (see Creswell, 2014).

Additionally, I prepared the questioning for the officer in a positive manner to generate openness, candidness, and judgment. I approached the study unbiasedly, empathetically, and sincerely when engaging with LEO participants. I then thanked the participants for taking the time to share their experience and knowledge before the interview. Next, I safeguarded agreements with data ensuring the information was available but not accessible, although through open public records requests attainable. The data collection is currently maintained and kept on a computer hard drive and password protected. A hard copy was stored and secured under lock and key. And as a last measure of security, the data is stored in an encrypted password protected iCloud and accessible upon request.

Lastly, I advised the participant that the information obtained for the study is confidential and would not be used or shared for any other purpose other than the research design (see Creswell, 2014). The researcher primarily demonstrated kindness, empathy, sensitivity, courteousness, mindfulness, and professionalism of the participants' emotional needs (Tavakol & Sandars, 2014). Overall, the researcher always had the participants' best interests in mind. The study was conducted in good faith and met all ethical concerns, and the study responsibly addressed the criteria.

Summary

A qualitative case study involves deep thought and detailed exploration design, offering insight into the intended research question: How do officers who complete CIT training describe their program experience? This part of the research has an intricate role in the analysis, as I became the instrument to conduct an objective data analysis obtained from the experience and perceptions of officers. The procedure considered approaches and judgment were achieving a sample size, having a particular background and experience. The strategy involved interviewing officers to answer approved research designed questionnaires until meeting congruency. I completed the data collection and coding. I discovered codes, patterns, categories, and themes that the LEOs answered associated with the research questions. The study provided steps to confront potential problems or issues on trustworthiness. Finally, I summarized the chapter by addressing the ethical standards established for this qualitative case study. This qualitative research is a case study of police officer experiences in CIT training.

Chapter 4: Results

This qualitative research aimed twofold: (a) to describe how LEOs experience CIT training and (b) to explore how officers respond to mental health issues in the field, given their knowledge of techniques acquired from CIT training. The research questions were as follows:

RQ1. How do officers who completed CIT training describe their experience of the program?

RQ2. How do officers who complete the CIT program describe their experience in the field interacting with consumers with mental health issues?

I met individually with each participant to conduct the interviews. This chapter describes data collection, analysis plan, and results.

Setting

During the data collection phase, COVID-19 interfered with scheduling face-to-face interviews. Social distancing and in-place quarantine were obstacles. I informed the potential participants that Zoom, or video interviews could occur instead of face-to-face interviews. During the pandemic, I sought volunteers and scheduled Zoom sessions from November of 2020 until April 2021. LEOs employed with the county were required to work overtime and cover short shifts with limited staffing. The participation outcome was minimal over 5 months. I only interviewed six volunteers willing to participate in the study using Zoom. I associated the small participation due to the COVID-19 virus, overworked LEOs, or LEOs that became ill with the virus.

Demographics

The study focused on six LEO officers- two females and four males. The demographic group comprised a bicultural female, an African American male, a Hispanic female, a Caucasian female, and two Caucasian males. Each participant met the criteria of having experience in the field following CIT training. Lastly, one officer reported having a 20-year law enforcement career.

Data Collection

In Chapter 3, I planned to recruit 12 to 15 participants for interviews. From 2019 to the current, the COVID-19 pandemic introduced an array of barriers that interfered with recruiting. Despite avid attempts to use personal outreach rather than solely on the flyers, only six participants volunteered to interview. While I intended to conduct face-to-face interviews as described in Chapter 3, the circumstances of the COVID-19 pandemic changed what I had planned to do.

I chose Zoom as an alternative interview option for interviews to move through the pandemic. Also, email provided an alternative tool to disseminate the flyer and invitation, provide participants with the consent form, obtain consent, share the questionnaire interview guide, and provide my contact information. Using email, I confirmed with the training department that each volunteer LEO met the set criterion, met the requirements, and successfully passed CIT training.

Each Zoom interview lasted from 45 minutes up to 1.5 hours. I used the interview guide to facilitate the discussion, asking the questions in order. At times, probing

questions were introduced when I felt the participant did not thoroughly answer the question. Member checking was done by emailing participants the complete transcript within 48 hours of the interview. I asked them to review and ensure that I had accurately documented their experience and reflections. No one provided feedback on the transcripts. I then transferred the content to an excel sheet for coding and contextual analysis.

Data Analysis

First Research Question Analysis Plan

The first research question was “How do officers who completed CIT training describe their program experience?” The data analysis process for the first research question followed Saldana’s (2013) first and second cycle coding for the first cycle, I used In Vivo Coding derived from literal words or phrases the participant shared that stood out, had a particular meaning, and formed an experience. The initial first coding cycle surfaced 850 codes. I went back to each transcript to understand the contextual meaning of the words and phrases, and I then began to condense and identify the most similar accounts in the example of codes in Table 1.

For the second cycle, I started to combine similar codes into categories. I summarized the first and second codes and types into themes that reflected a shared understanding of the phenomena in question. I started with 20 themes and continued sorting and filtering to form the most prevalent and meaningful themes provided by the LEOs. The resulting nine themes included (a) how mental illness can be seen, (b) how to

understand mental disorders, (c) distinguishing mental illness versus mental crisis, (d) CIT training takeaways, (e) educational training CONs, (f) effective communication, (g) emotional intelligence, (h) PJ and (i) legitimacy. There was consistency in the way participants responded to the questions for the most part. Similarly, in the CIT training takeaway's theme, most of the officers provided general positive statements about the value of the training.

Table 1 summarizes the resulting themes, categories, and codes.

Table 1

Themes, Categories, and Examples of Codes

Themes	Categories	Example of Codes
How mental illness can be seen	Symptoms and Signs	Anxiety, anxiousness, nervousness, delusional, or defensiveness. Hopeless, sadness, aggression, violence, or verbalized suicidal thoughts or homicide.
How to understand mental disorders	Characteristics of psychosis	Paranoia. Delusional. Erratic behavior. A person may talk out loud to themselves and appear violent. Afflicted people may yell, scream, and observe imaginary things or think someone or something is out to get them while hearing voices. A person demonstrates fear, aggression, or violence to others nearby.
	Schizophrenia	Loud voices are occurring inside the mind of a person with schizophrenia. Unable to concentrate. Disheveled appearance Voices inside their head may be harmful or self-demeaning. A person understands everything going on in real life despite the voices talking inside their mind. Confusing and complicated to live everyday life. Constantly interrupted by voices inside head. May discuss and believe conspiracy theories out to get them. May use substances and appear under the influence.
	Depression	Individuals sleep too much, and the person stops eating, stops bathing, crying, and threatening suicide. Depression interferes with interacting with daily events. Unable to work or carry out chores. A person

		<p>becomes reclusive. They no longer engage in things they liked before. Expresses wanting to die.</p> <p>Up and down mood swings, high one minute, low another. Behavior may show grandiose ideas during high moments. Begin several projects that they never finish. Talk quickly, but never finish a thought before going on to the next. Behave irresponsibly. Act out self-harm or mutilation. Express thoughts of wanting to die. May use substances and appear under the influence.</p>
	Bipolar disorder	
	Suicide	<p>Give away personal Items. Talk about leaving the world. Share they do not matter. State the world would be a better place without them: act-out self-harm or mutilation. Attempt suicide. May use substances and appear under the influence.</p>
Distinguishing mental illness versus mental crisis	Misinterpreting mental illness	<p>The difference between non-compliance, behavior vs. characteristics of mental illness. Mental illness vs. Mental crisis- real-life events disrupt everyday thinking.</p> <p>Understanding the difference between (<i>defiant</i>) behavior and mental illness</p> <p>CIT training opened my eyes, realizing individuals demonstrating non-compliance may not be behavioral but may be experiencing a characteristic of mental illness.</p> <p>Behavior is not intentionally associated with autism or psychotic episode.</p> <p>Individuals under the influence of alcohol or drugs could mimic mental illness.</p> <p>Mental Illness and substance abuse may have resemblances.</p>
CIT training takeaways	Educational training PROs	<p>Valuable training</p> <p>Different perspectives concerning mental illness, officer encounters, and de-escalation outcomes.</p> <p>Great training. Valuable training.</p>

		<p>In-depth training. Training exercises are reasonable but fictional.</p> <p>(CIT) has exhibited to have quantifiable (some) optimistic effects.</p> <p>Observe and recognize symptoms and signs.</p> <p>Use CIT tools when possible but keep safety and security at first sight.</p> <p>The training addressed officer safety.</p> <p>A person experiencing a tragic incident can lose concepts of reality and show signs of mental illness like hopelessness, sadness, aggression, violence, or verbalized suicidal thoughts or homicide.</p> <p>CIT was very helpful in showing me what symptoms or signs to look for when a person may be in a mental crisis or have a mental illness.</p>
<p>Educational training CONs</p>	<p>Compromises LEOs safety, security, and control</p>	<p>More time is needed to learn how to de-escalate a mental illness crisis.</p> <p>Not all situations allow for the time required and taught in CIT, and it could be life or death.</p> <p>I felt the training was limited.</p> <p>Too much information was given at one time in a short period.</p> <p>The training offers instruction up to only a particular advantage.</p> <p>Uncertain when CIT Applies.</p> <p>Ongoing training is not likely to stay—too much training content.</p> <p>Officers respond to their training and experience and then reform back to safety, security, and control.</p> <p>Peaceful outcomes do not always occur. Actions dictated by uncertain, tense, rapidly evolving circumstances cause the use of for or deadly force to happen.</p> <p>Incidents could go wrong due to a lack of knowledge. Lack of education. Lack of agency support. Or personal biases.</p>

Effective communication	Value of communication	<p>Statistically speaking, the training may lack evidence-based stats as it relates to lethal encounters between law enforcement and those living with a mental illness; however (and in the area of officer to perpetrator outcomes),</p> <p>Training exercises did not seem researched-based related to the use of force up to lethal force occurring between LEO and the mentally ill.</p> <p>De-escalation training is limited.</p> <p>Annual training is needed.</p> <p>Retraining CIT instruction may not be entirely retained. The training offers education up to only a specific advantage.</p>
	Appreciate mental illness knowledge.	<p>I realized just how powerful words could have on a person.</p> <p>When time permits, LEOs should listen to the individual's problems. They (person in crisis) may de-escalate the situation.</p> <p>Be fair, open, honest, let them speak, and know what you plan to do.</p> <p>Establish rapport with individuals when time and conditions are allowed.</p> <p>·</p> <p>After deep discussion - the incident was de-escalated by talking or listening to the complainant's concerns.</p> <p>Applying verbal "de-escalation" tactics.</p> <p>Applying Listening Skills</p> <p>Show approval.</p> <p>The training was very eye-opening and allowed this officer to view the world around him through another lens. It enlightened him about the interaction between law enforcement and those living with a mental illness.</p> <p>Mental illness can be similar to a person under the impact of alcohol and drugs. Signs and Indicators may not be assessed correctly.</p>

		<p>Cognizant that mental illness may require medical attention.</p> <p>I recognize that if I cannot de-escalate the behavior, I may have to transport the person to the hospital for further care.</p> <p>I recognize that I am not a trained expert and cannot give a diagnosis.</p>
Emotional intelligence	Showing empathy	<p>Sometimes people just need someone to hear them out.</p> <p>Validating their emotions may make them feel their relevance to life.</p> <p>Demonstrate Compassion</p> <p>Show Kindness</p> <p>Validation is important.</p> <p>You don't always have to talk; just listen.</p>
Procedural justice	Understanding	<p>Everybody makes mistakes.</p> <p>(CIT) bestowed this officer with other avenues to consider versus the alternative.</p> <p>Listen objectively to the person. Employ non-intimidating commands (verbal/nonverbal).</p> <p>Training exercises emphasized how thinking through and how to respond to individuals in crisis is essential.</p> <p>Understanding this is key to considering alternatives for a person's behavior.</p> <p>Showing I was not judging the person as a wrong person.</p>
	Transparency	<p>After the officer listened and asked more questions, they realized the person was not defiant.</p> <p>Officers must respond unbiasedly, without prejudice or judgment.</p> <p>Listen, and talk with them unbiasedly.</p>

		LEOs are showing openness, sincere honesty, and understanding.
		When possible, show the person you care about-validation is vital.
		Be willing to listen and empathize.
	Respect/Build trust	The responder listens first, being open and honest.
		Allow a person in crisis to discuss what is going on with them.
		Recognize person bias, position, or experiences different from others.
		Officers' actions show they care and are willing to listen and empathize with the subject.
		Recognize Personal Bias
		Answer Unbiasedness/ Respond respectfully
		Communicate without judgment
Legitimacy	Fair/Unbiased	Listen and look for ways to de-escalate situations from the start.
		Taking an extra few minutes to make assessments without letting instincts kick in and take over.

Discrepant Responses

In some cases, the participants provided unique answers that no one else shared. Each discrepant response stood out as noteworthy and factored into the pros of CIT training, emotional intelligence, Cons of CIT, and transparency. For example, no one was specific in the CIT training takeaway's theme except for Participant 5. He was very illuminated in his support of the value of the CIT training sharing, "[CIT] bestowed this officer with other avenues to consider versus the alternative. The training exercises emphasized that thinking through and responding to situations is important."

Participant 1 was also very explicit in his support of the concepts of emotional intelligence, noting, “You let the person know even as a stranger, they are important, and you want to help them.” Participant 4’s takeaway about transparency was also concrete, “Making a personal connection and letting that person in crisis know I’m here to listen, care, and help; being as open as possible in body language and words.”

However, Participant 2 expressed some general concerns or adverse reactions (“takeaways”) and was very explicit, “The only thing that stands out is that there comes a line where officers realistically must use force to protect themselves, others, or the individual involved. This course did not focus as much on this aspect.” The comment Participant 2 made caused concern based on not wanting the public to feel all strategies were not implemented before resorting to use of force. The LEO wanted community stake holders to know LEOs do try to deescalate an unstable person (scenarios), but also wanted the public to realize safety and security of everyone must also be considered. And when all resources have been exhausted to de-escalate an unstable person; use of force may have to be employed.

Second Research Question Analysis Plan

The second research question was “How do officers who complete the CIT program describe their experience in the field interacting with consumers with mental health issues?” An emergent thematic analysis strategy was applied (see Thorne, 2015). As I read and re-read the transcripts, two themes emerged about how CIT participants experienced the program. These are identified as (a) takeaways and (b) cram session. The

dimensions for takeaways” are presented in Table 2 and discussed in detail in the results section.

Table 2 summarizes LEO takeaway from CIT training.

Table 2

Summary of LEOs Takeaway from CIT Training

Dimensions	Categories	Example of Codes
Preparedness after CIT	Training techniques/valuable training take-away	<p>I encountered several people experiencing mental breakdowns.</p> <p>I recognize what symptoms and signs of a mental crisis or mental illness appear.</p> <p>Officers respond to their training and experience and then reform back to safety, security, and control.</p> <p>I may only render enough assistance to recognize the person is possibly mentally ill, and I may need to contact a service provider with more experience to respond and take over custody of the person.</p> <p>CIT provided various on-call services to contact when situations went beyond officer training.</p>
CIT exercises, not practical	Unrealistic examples	<p>Actors may not have demonstrated mental illness incidents to the fullest compared to the next as good examples for handling a mental crisis.</p> <p>I was not a fan of the mental health clinician that taught certain blocks.</p> <p>CIT did not effectively train or teach mental health information enough to know when to employ CIT or resort to defensive tactics.</p> <p>Exercises seem like a precursor to becoming a hostage negotiator, with the person being a hostage of their illness or addiction.</p> <p>Be mindful it could be little voices making the decisions, and the individual’s a hostage in their mind.</p>

		<p>Most of the skits did not fit into real scenarios because the imagination of the people who volunteered to instruct the program determined when a practitioner passed or did not pass the exercise.</p>
<p>Training effectiveness In the field post-training</p>	<p>Alternatives to use of force</p>	<p>LEOs indicted preparedness when encountering someone with mental illness on the road having this training.</p> <p>Exercises provided the officer with mental awareness skills and different ways to approach a mental health encounter with a good outcome.</p> <p>CIT training respected alternative solutions to deal with confrontation instead of the use of force.</p> <p>Evaluate whether or not the person is an immediate danger to himself or others before deciding to use force.</p> <p>Some exercises may later help officers engage with a mental encounter.</p>
<p>Public perception</p>	<p>Public vilifies police</p>	<p>The public perceives how we handle mental health consumers boosts or hurts our perception of the community.</p> <p>Public perceptions involving mental illness outcomes affect good or bad feelings.</p> <p>Incidents gone wrong ends up on TMZ.</p> <p>Police get vilified- social perception thinks CIT-trained officers can handle mental illness/crisis calls.</p> <p>The public perceives CIT LEOs as mental illness experts.</p> <p>The public seems to think that LEOs receive as much training on mental health as we train in discharging our weapons.</p>

The cram session theme emerged as many participants reflected on improving the program. The LEOs shared that the amount of information delivered was too much to

recall and use in the field. Many participants expressed the need for repetitive and annual training.

Table 3 LEOs Takeaway from CIT training as cram session learning.

Table 3

Cram Session Theme Takeaways

Takeaways (Cram session)	<p>Some exercises may later help officers engage with a mental encounter.</p> <p>View mental illness with a different lens.</p> <p>Exercises provided the officer with mental awareness skills and different ways to approach a mental health encounter with a good outcome.</p> <p>CIT training gave me a different view on how to handle a person in a mental crisis.</p> <p>A few realistic practicals help officers understand more about mental illness.</p> <p>Experience and time result in Proficiency</p>
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Trustworthiness

Credibility

I achieved credibility by relaying the real-life experience shared by the LEOs and how I illuminated their responses taken from my interview questions. To ensure I adequately documented the conversation, I asked each participant to review their transcript for correctness. I requested the LEOs to contact me via email or phone if they observed any discrepancies from my take-away from the interviews. None of the six had any changes or modifications to the transcript.

Initially, I planned to recruit 12 to 15 participants for the study. Stogner, et al. (2020) discussed that the COVID-19 epidemic impacted and interfered with the number of volunteers I planned. Ultimately six LEOs volunteered to take part in the study. Although the change in sample size differed, it did not hinder the gathering and composing of the data collected from the six LEOs (Guest et al., 2020).

Despite having a small number of participants, slowly, I noticed a theme emerging after the fourth participant (Guest et al., 2020). As I continued with the last two LEO interviews, I established they shared similar perceptions and experiences as the other four. From the six LEO participants, several common themes developed. I recognized unique aspects of the group takeaway experiences related to CIT training (Fuschand & Ness, 2015; Galli et al., 2021). I met the concepts of credibility despite having a smaller participation group—the content analysis provided transferable content for future research using the unique population for continued studies.

Transferability

I focused on collecting detailed and thick descriptive context, which may assist in paving the path for another peer to discover new meaning and understanding from my results and have the same takeaway (Fuschand & Ness, 2015; Galli et al., 2020; Patton, 2002; Shenton, 2004; Watson & Wood, 2016). The six LEOs met the criteria for the study. Although the participant size proved smaller than anticipated in my research, overall, the data results described and shared similar feelings and thoughts.

Notably, Fuschand and Ness (2015) expressed meeting saturation as an ongoing debate, but I accomplished to form nine themes after reviewing the contextual data provided by the six participants. Fuschand and Ness pointed out that defining the appropriate number of participants to reach saturation has yet to be determined, and saturation is not a one-size-fits-all exercise.

Guest et al. (2020) recommended a sample size ranging from 11 to 14 participants, explaining that around the 12 participants, a researcher meets elevated saturation levels. On the other hand, Fusch and Ness (2015) shared that one study may offer many participants yet still lacks richness and understanding (quality forms categories and themes). At the same time, another study may have rich data (quality) taken from a smaller group, although the depth of information produces a meaningful understanding (Fusch & Ness, 2015; Guest et al., 2020).

Dependability

Shenton (2004) noted that the data analysis draws the pathway to achieving dependability. I referred to Carl and Ravitch's (2016) triangulation concepts, including reverting to member checking, investigating up-to-date peer-reviewed literature, reviewing interviews, and re-examining notes. Therefore, if another researcher decided to replicate the study involving the same conditions (COVID-19 pandemic) with participants representing the same population, the findings would have a similar outcome (Shenton, 2004). Although I believe if the world were to revert to pre-COVID-19 (a time once considered normal), a researcher seeking to recruit more volunteers to participate in

the research might determine more interviews necessary to reach saturation (Guest et al., 2020). Conversely, Fusch and Ness (2015) shared that those researchers who analyze thick information (lesser quantity) and purposeful content from a small, researched population work more innovative versus more complex. More participants in some cases, maybe just that, too much content, that loses value to achieve quality (Fusch & Ness, 2015).

Confirmability

My goal to meet confirmability was to recognize that my beliefs, bias, and attitude could compromise data collection. Carl and Ravitch (2016) stated that I maintain reflexivity in my research. Another added component was applying triangulation methods to sustain trustworthiness (Fusch & Ness, 2015). I approached applying many qualitative techniques to maintain the integrity of the authentic experiences shared by the LEOs. I ensured that I detailed what measures I used to gather the data. The Zoom platform provided an easy way to schedule convenient interviews, record the sessions, and transcribe each interview. I then transposed the transcripts onto an excel sheet and began In Vivo Coding (Saldana, 2016). I added highlighted notes to help me remember meaningful, profound statements that I wanted to ensure were shared with the readers.

The information I gathered during the research, interviews, data collection, and analysis, embodied the LEOs CIT experiences, truths, and take-aways as clearly and dutifully to meet trustworthiness. I analyzed the data without intentionally interposing my opinions or assumptions (Carl & Ravitch, 2016). The unique comments quoted in the

study offered a different lens into understanding the LEOs experience and meaning of the phenomena; therefore, their truths prevented me from interjecting my difference or bias.

I detailed and selectively chose words to express the authentic perceptions shared by the LEOs. I added profound excerpts made by LEOs. I was conscious of maintaining reflexivity as I analyzed the data (Carl & Ravitch, 2016). Therefore, the various steps to validate credibility are fully detailed. No changes were altered on credibility, transferability, dependability, and conformability, as outlined in Chapter 3.

Results

As shown in Table 1, nine themes emerged from the data analysis, moving from data to codes to categories to themes. I discuss the findings of each theme, illuminating the results with quotes from the original transcripts.

Theme 1: How Mental Illness Can be Seen

Theme 1 reflects how officers learned about the observable characteristics, symptoms, and signs associated with mental illness, distinguished from aggressive behaviors. Statements commonly shared from the officers were that while CIT training offered symptoms and signs related to mental illness, the overall message was to contact a professional or take the person to a hospital when in doubt. Although, some of the participants were specific in their responses:

Participant 2 described observable symptoms and signs an individual may display:

Confused, hallucinating, delirious, paranoid, afraid, yelling, showing signs of aggression, appearing afraid, sad, expressing suicide, crying, yelling, anxious,

hysterical, sweating, confused, appearing over happy or grandiose delusions, appearing manic or hyper. But also express larger-than-life feelings of superiority and invulnerability.

Participant 3 shared, “I am cognizant that mental illness may require medical attention.” Participant 5 stated, “I recognize if I am unable to de-escalate the behavior, I may have to transport the person to the hospital for further care.” Lastly, Participant 6 said, “I recognize I am not a trained expert and cannot give a diagnosis.”

Theme 2: How to Understand Mental Disorders

Theme 2 determined LEOs ability to recognize and explain how what they observe in suspects are potential symptoms of different kinds of mental disorders. For example, Participant 1 said, “I did like the experience of how a person with schizophrenia lives life hearing voices inside their head.”

Participant 3 described his experience of the simulation of internal voices:

I found it difficult to follow instructions listening to a recorded voice with derogatory statements and pay attention to others while the headphones were covering my ears. Despite the volume on the headphones being on a low level, the recorded voices I heard interfered with someone else talking to me and fully understanding what they were telling me or asking me.

Participant 2 shared what he learned about depression: “sadness, expression of wanting to die, hopelessness, tired, sleeps all the time, and no longer partakes in activities they like.”

Participant 4 added: Addictions add layers to the unknown in policing. Individuals under the influence of alcohol or drugs could mimic mental illnesses such as bipolar disorder. She further noted symptoms and signs as happy one moment and then crying, anxiousness, pacing, sweating, fear, outbursts, behaving recklessly, the person believes they are on top of the world, but then I say they wish they were dead.

Participant 3 shared his takeaway from learning about suicide. He said, “The relevancy was the shame the individual showed and wanting to end their life over something very minor. The person saw themselves as a bad person believing they would do their family a favor by taking their life.”

Theme 3: Distinguishing Mental Illness Vs. Mental Crisis

Theme 3 identified how officers potentially left class understanding how to distinguish the mental illness vs. mental crisis incident- Misinterpreting Mental Illness – The LEOs learned from the course the difference between a person displaying non-compliance behavior versus characteristics of mental illness. The officers appreciated learning that Mental illness vs. Mental crisis- real-life events disrupt everyday thinking and act out varied traits, behaviors, and factors that can appear comorbid. LEOs also understood the difference between (defiant) behavior and symptoms, and signs associated with mental illness.

Participant 2 stated, “CIT training opened my eyes, realizing individuals demonstrating non-compliance may not be behavioral but may be experiencing a

characteristic of mental illness.” Participant 3 shared, “Behavior is not intentionally associated with autism or psychotic episode.” Participant 4 said, “Individuals under the influence of alcohol or drugs could mimic mental illness.” Participant 6 noted with concern, “Mental Illness and substance abuse may have resemblances.”

Theme 4: CIT (Crisis Intervention Team) Training Takeaways: Educational Training PROs

Theme four revealed similarities among the participants—all agreeing that CIT offered good information and takeaways not previously known. The positive comments noted from the six expressed as CIT:

- “Valuable training. Different perspectives concerning mental illness, officer encounter, and de-escalation outcome.”
- “Great training. Valuable training. In-depth training.”
- “Training exercises are good but fictional. (CIT) has exhibited to have quantifiable (some) optimistic effects.”
- “Observe and Recognize symptoms and signs. Use CIT tools when possible but keep safety and security at first sight. The training addressed officer safety.”
- “A person experiencing a tragic incident can lose concepts of reality and show signs of mental illness like hopelessness, sadness, aggression, violence, or suicidal thoughts or homicide.”

- “CIT was very helpful in showing me what symptoms or signs to look for when a person may be in a mental crisis or have a mental illness.”

Theme 5: Educational Training Cons -Compromises LEOs Safety, Security, and Control

Theme five addressed concerns the officers believed could impact how they later interacted with mentally ill subjects despite receiving CIT training. Statements offered by the six include:

- “More time needed to learn how to de-escalate a mental illness crisis; Not all situations allow for the time required and taught in CIT, and it could be life or death.”
- “Felt training was limited. Too much information given at one time in a short period; The training offers instruction up to only a particular advantage; Uncertain when CIT Applies.”
- “Lasting training not likely to stay, too much training content; Officers respond up to their training and experience and then reform back to safety, security, and control; Incidents could go wrong due to a lack of knowledge. Lack of education. Lack of agency support.”
- “Mental illness can be similar to a person under the impact of alcohol and drugs. Signs and Indicators and may not be assessed correctly.”
- “Statistically speaking, the training may lack evidence-based stats as it relates to lethal encounters amid law enforcement and those living with a

mental illness; however, and in the area of officer to perpetrator outcomes.”

- “Annual training is needed because CIT instruction may not be entirely retained. The training offers instruction up to only a specific advantage.”

Theme 6: Effective Communication (EC-value of communication)

Theme 6 conveyed the power of words and applying strategic statements that could potentially de-escalate a mental health crisis instead of resorting to the use of force. The participants each had the same wise, articulated understanding recognizing powerful words can positively influence a person. Additionally, when time permits, the LEOS profoundly expressed that they would stop listening to an individual’s problems. The officers recognized EC as an effective strategy that allows a person in crisis to feel heard and validated. Once the individual feels validated, the situation is often quickly defused, and the person in crisis often de-escalates themselves. Most of the officers left training finding the value of verbal “de-escalation” tactics. Simply by applying listening skills and showing approval.

Participant 5 said, “Training was very eye-opening and allowed this officer to view the world around him through another lens. It enlightened him about the interaction between law enforcement and those living with a mental illness.”

Theme 7: Show Emotional Intelligence

The theme associated with all six participants linked understanding with showing emotional intelligence concepts as easy takeaways. The officers uniformly noted and

shared thoughts understanding that sometimes people just need someone to hear them out could resolve a problem. Or remembering through emotions and validating a person having a mental illness may make the individual feel relevant to life. The officers learned and agreed that demonstrating compassion is a valuable emotional tool to de-escalate a mental crisis. The officers identified showing kindness and authentication as necessary emotional authentications that could help a person.

The most straightforward statement involving EC was given by participant 4, “You don’t always have to talk; just listen.” Emotional intelligence is as simple as not offering a solution, but for a person in crisis to talk themselves through their problem recognizing they found a resolution on their own.

Theme 8: Procedural Justice

The theme of PJ tying into CIT training almost unfolded hand in hand. The components of PJ became apparent in tactics uniformly used in CIT training. First is the concept of understanding. CIT training involves officers listening and empathizing; dually in PJ, Understanding is shown through emotional cues and verbal messages officers offer to people in distress, recognizing everybody makes mistakes.

Participant 6 said, “(CIT) bestowed this officer with other avenues to consider versus the alternative” and stated, “Listen objectively to the person” potentially helps the individual feel someone else is receptive and not judging the mental crisis.” Participant 2 further elaborated, “Training exercises emphasized how thinking through and how to

respond to individuals in crisis is important.” Participant 1 offered, “Understanding this is key to considering alternatives for a person’s behavior.”

Participant 4 explained understanding as “Showing I was not judging the person as a bad person.” Participant 3 noted understanding as, “Listen objectively to the person, showing I was not judging the person as a bad person, and mindful not to employ non-intimidating commands (verbal/nonverbal).” The participants expressed that the training exercises emphasized that thinking through and responding to individuals in crisis is essential. Lastly, a big takeaway from the LEOs is that understanding is critical when considering alternatives for a person’s behavior.

Another component of PJ is the process of rebuilding respect and trust. CIT speaks on the officers connecting with a person in crisis when the officer first listens, shows openness and honesty, and allows a person in a situation to discuss what is going on with them. The officer does not interrupt the person while speaking and only answers once they have shared their feelings or problems. The LEO can quickly gain respect and trust once the person feels the officer's actions are sincere. During communication, the officer must recognize personal bias, position in life, or experiences different from those in crisis. PJ and CIT efficiently worked when officers demonstrated simple, caring actions and were willing to listen and empathize with the subject. LEOs takeaway also included a readiness to answer unbiasedness and communicate without judgment.

Theme 9: Legitimacy- Fair/Unbiased

Theme 9 represents the elements forming Legitimacy. The LEOs took heed of paying attention to the process of listening, responding fairly, acting in an unbiased manner, and looking for ways to de-escalate situations from the start. The method of PJ and CIT included that officers take an extra few minutes to make assessments without letting instincts kick in and take over (only in optimal circumstances). The officers realized the advantage of PJ techniques and CIT strategies when responding to a mental health call. The LEOs acknowledged the benefits of showing fairness, being open, staying honest, allowing a person in crisis the time to speak through their trouble, and then letting the individual know what they (the LEO) plan to do. Participant 1 said, “Establish rapport with individuals when time and conditions allowed. Respond respectfully.” But also knowing shared that “peaceful outcomes do not always occur.”

Discrepancies and Discrepant Findings

The overall responses were positive concerning CIT training, but the course curriculum content left officers concerned about safety and security. For instance, Participant 4 responded, “Some exercises may or may not later help officers engage with a mental encounter.” Participant four also stated, “Most of the skits did not fit real scenarios because of the imagination of the people (instructors) who volunteered to instruct the program.”

A few participants were not satisfied with the CIT instructors, or the exercises asked to perform to show they understood how to handle a mental health incident.

Participant 1 said, “Actors may not have demonstrated mental illness incidents to the fullest compared to the next as good examples for handling a mental crisis.” Participant 6 said, “I was not a fan of the mental health clinician that taught certain blocks.” Participant 1 felt, “I have not effectively trained or taught mental health information to know when to employ CIT or my defensive tactics.”

Participant 2 shared, “Experience and time result in proficiency,” not feeling CIT training would benefit him while responding to an encounter later in the field. Participant 3 shared concern that “Mental illness can resemble a person under the influence of alcohol and drugs. Trained CIT officers may easily misconstrue symptoms and signs associated with intoxication instead of a mentally ill subject. The characteristics of each mimic similarly.” Lastly, Participant 4 shared, “Seems like a precursor to being a hostage negotiator, with the person being a hostage of their illness or addiction.” She also stated, “Be mindful. It could be little voices making the decisions, and the individual’s a hostage in their mind.”

Participant 3 statements showed me his insight into mental illness was well respected. He said, “Mental illness is not a crime or criminal, but requires medical attention and professional intervention instead of incarceration.”

Participant 5s input was eye-opening, “A person who may not have a diagnosis of mental illness may encounter a stressful situation causing a mental break from reality. A normal person then can experience signs of mental illness. Mental illness can mimic a mental crisis.” These statements confirm why Participant 1, Participant 2, Participant 3,

Participant 4, Participant 5, and Participant 9 did not feel prepared enough for mental health encounters after CIT training.

Table 3 describes LEOs “takeaways” from CIT training, i.e., what was considered after post-training and officers were out in the field. These examples reveal that LEOs felt the training could be made better while recognizing that they had derived benefits.

Cram Session Learning

When 911 call centers dispatch LEOs to incidents involving a mental crisis, CIT training incorporates all the outlined elements like policies mentioned in PJ. Several officers revealed too much CIT material to remember in 40hrs. Additionally, other officers feared CIT could compromise officer and public safety. The participants were mainly encouraged to learn about mental illness and different tactics instead of force. Many did not realize mental illness characteristics resemble a non-compliant individual. In retrospect, the officer noted the importance of looking for symptoms and signs of mental illness and maintaining safety and security.

While the training is limited, the material is pack-filled and may offer exaggerated and unrealistic exercises. The training does provide LEOs with alternative ways of approaching mental crisis calls. Participant 4 responded, “LEO actions dictated by uncertain, tense, rapidly evolving circumstances may cause the use of force or deadly force to happen, which then negatively acerbates public perception.” The consensus is that more mental health training is needed and should continue to educate officers to respond with the most proficient tools to de-escalate instead of using force or, worse, deadly

force. Despite obviously concerned feelings of LEOs, many factors intercede ongoing hiring or training. These include shift shortages, higher inmate populations, and a lack of interest in becoming an LEO certified due to heightened social discord. Of all the respondents, Participant 4s answer was most surprising:

CIT training did not effectively train me or teach me mental health information to know when to employ CIT or my defensive tactics. I do not know when I am supposed to respond as a cop versus a trained CIT specialist. The wrong decisions can prove deadly. A gone wrong incident ends on TMZ, and police get vilified because the training does not diagnose mental illness. Adrenaline and reactions are individually based, and CIT does not automatically modify those factors.

Summary

The findings from LEOs perceptions add to the field of science where a previous gap existed. The LEO interviews showed that the CIT experience, exposure, and meaning after completing training changed how they understood mental illness and mental crisis differently. While some left feeling confident about how they later applied knowledge involving mental health incidents while in the field- other LEOs did not have the same takeaway (Thorne, 2016). Some officers responded they were able to recognize symptoms and signs.

The research questions (RQs) focused on police officer perceptions and feelings after completing specialized training.

1. How do officers who completed CIT training describe their experience of the program?

The respondents indicated that the CIT exercises provided the officer with mental awareness skills and different ways to approach a mental health encounter with a good outcome. They shared value, having formed a new perspective on viewing mental illness with a different lens. Some of the descriptive words used to explain the program were noted as “valuable training, in-depth discussion on how to observe and recognize symptoms and signs.” Another component LEOs liked was CIT training addressed officer safety and used CIT tools when possible while keeping safety and security at first sight.

Although the participants shared the same course content in CIT training, different perspectives concerning mental illness, officer encounters, and de-escalation outcomes were dissimilar. A few LEOs expressed some of the exercises may later help officers engage with mental health calls.

2. How do officers who complete the CIT program describe their experience in the field interacting with consumers with mental health issues?

Overall, the participants agreed that CIT training gave them a different perspective on handling a person in a mental crisis. When dispatched to individuals in crisis, they found the ability to observe symptoms and signs of MI and options available they had not known before taking the class. Depending on the incident, the LEOs stated they might stand in and render enough assistance when responding to a mental health call until a service provider with more experience arrived and took over custody of the

person. Half of LEOs indicated that the practical's provided information insight involving mental awareness. The participants also positively embraced learning different ways to approach a mental health encounter with a good outcome.

Additionally, because of the cram session learning, the LEOs determined CIT did not effectively train or teach mental health information enough to know when to employ CIT or resort to defensive tactics. Similar comments and concerns from the participants voiced more time needed to learn how to de-escalate a mental illness crisis. Additionally, not all situations allow for the time required and taught in CIT for de-escalation or referral. They stressed assessing all encounters quickly, and if they took too long, it could be life or death.

Moreover, other LEOs expressed concerns that a person experiencing a tragic incident can lose concepts of reality and appear mentally ill. OR individuals under the influence of alcohol or drugs could also show signs of mental illness (like hopelessness, sadness, aggression, violence, or verbalized suicidal thoughts or homicide) yet have nothing to do with mental illness. Although LEOs leave the class with new mental awareness, approaches, and skills, it does not necessarily mean each mental health encounter mimics classroom examples or exercises. Unfortunately, the participants said that society expects first responders to safely de-escalate and control unstable individuals facing a mental crisis, which is impossible.

The officers concurred peaceful de-escalation might not occur depending on the person in crisis actions; officers have only moments to react and have no alternative but

to use force or deadly force. Participant 3 stated, “Not all situations allow for the time required and taught in CIT; life or death could be.” This study found many officers shared feelings that society does not understand that not all situations allow time to approach a crisis using CIT tactics. Participant 1 shared, “Society believes that because officers have received training, they can recognize all mental health problems.”

Officers in this study wished the public understood they were responding with respect, used effective communication, and demonstrated legitimacy. Still, if the person fails to comply and displays signs of aggression or violence at the end of the day, they must protect other individuals involved to include themselves. Participant 2 stated:

Mainly, my concern is the public’s understanding of these incidents in general.

There are realities about these situations that many in public cannot swallow. Any mental health episode can require force and even deadly force. We make the best effort possible, but the public tends to blame the officers when a situation occurs.

While there is always “something” you could, have done differently, these decisions are made in split seconds without the benefit of 20-20 hindsight.

Training is helpful and should continue, but the public needs more awareness about the realities and necessity of force in some circumstances.

The participants affirmed and felt the training was limited and agreed with an overabundance of information given at one time in a short period. They also felt the CIT training offered instruction up to only a particular advantage. At times, the LEOs said they were uncertain when CIT applies due to different incidents related to alcohol and

drugs that could resemble MI. And lastly, they shared that long-term training retention is not likely to stay because too much content was given all at once during training. The participants in this study shared that CIT instruction was valuable up to only a particular point, causing them to revert to confronting the incident with force. Participant 4 noted, “Goes back to that muscle memory I mentioned. Not enough opportunity to practice in a meaningful way due to my instincts and values, in a “protected setting.”

Many ethical, upstanding LEOs try to respond responsibly to de-escalate an incident involving applying PJ and CIT techniques. Regardless, skepticism in society has an area of criticism irrespective of whether the officer reacted correctly. The response and actions of a trained CIT officer continue to affect the public negatively when mental health calls go wrong (Compton, Bakeman et al., 2014; Mathenson-Monnett & Jennings, 2017; Watson et al., 2017).

Chapter 4 described the demographics of the target group, outlined the data collection process, described the In Vivo coding process used in the data analysis, described trustworthiness, and presented the results. The results revealed that LEOs valued CIT training, wished more agencies offered more CIT training classes, and implemented mandatory annual training. The specialized training enhanced participant's mental health skills. Post-training LEOs recognized their ability to observe symptoms and signs of persons demonstrating a mental crisis. Overall CIT trained LEOs found the course offered valuable information.

Chapter 5 compares my study findings to the previous literature and the frameworks used to develop the data collection tools and analysis plan. I described the limitations of conducting this study. For recommendation, I urge further research areas on this topic, provide suggestions for LEO administrators/agencies, encourage improvement on CIT training, and input for social change.

Chapter 5: Discussion and Recommendations

This qualitative research aimed to explore the experience of LEOs after attending CIT training and to describe how their experience occurs once deployed in the field to handle mental health encounters. This exploratory research study revealed how LEOs felt and experienced the CIT instruction and their takeaways post-training. I detailed the qualitative findings from the analyses in Chapter 4. Chapter 5 summarizes the results, compares the current study's findings to the existing literature, identifies limitations, and suggests future research and social change.

Interpretation of the Findings

Findings Related to the Literature

The officers shared no issue with willingly exhibiting or acting with legitimacy, understanding, and transparency. The participants understood the value of effective communication and validating a person with mental illness (MI) when responding to mental health calls. For the most part, the LEOs tried to employ CIT tactics to the point of their recollection. Davidson (2016), Dempsey (2017), Rogers et al. (2019), and Weitzer (2015) stated that despite the course-filled content, officers only exercised what they remembered. The officers agreed that recognizing symptoms and signs of persons in mental crisis is valuable. Although the officers determined a different approach was necessary, the LEOs felt limited in controlling the problem, so the overall officer responses implored more mental health training desired and needed (Davidson, 2016; Dempsey, 2017; Rogers et al., 2019; Weitzer, 2015).

Davidson (2016), Dempsey (2017), Ellis (2014), Weitzer (2015), and Rogers et al. (2019) reported that many law enforcement agencies could not routinely offer CIT training due to limited staffing and minimal resources. Once again, CIT is not a mandated course that all agencies add to their curriculums as necessary training offered to LEOs (Dempsey, 2017). Officers receiving CIT training asserted they did the best of their recollection while handling a mental health call. Unfortunately, the officers revealed that once they reach their limit of CIT skill awareness, the incident often results in using force (Davidson, 2016; Dempsey, 2017; Rogers et al., 2019; Weitzer, 2015).

Furness et al. (2016), Hample (2016), Nix (2017), and Wood and Watson (2016) declared that law enforcement is a dangerous job. Many good officers risk losing their lives serving the public with dignity and respect for humanity. Many LEOs report to work knowing about the conflict they face but overlook the struggle because they love what they do. Stronger et al. (2020) addressed several factors that negatively have impacted new hires staying in law enforcement. Social unrest has influenced the number of applicants interested in law enforcement occupations. The media quickly inform the public on police-related incidents. However, there are more good stories untold and many great officers unnoticed (Furness et al., 2016; Hample, 2016; Nix, 2017; Wood & Watson, 2016).

LEOs from this study shared their attempts to demonstrate CIT knowledge when meeting with an unstable person but shared their skills at times failed despite avid efforts. The LEOs expressed discontentment when situations went out of control and beyond

their training. The literature has repeatedly reported how society is unforgiving and burdens social discord and demand for police reform (Davidson, 2016; Dempsey, 2017; Rogers et al., 2019; Weitzer, 2015).

Perritt (2021) stated that many officers feel handling a mental health call is problematic, even with CIT training. Further, officers routinely transport individuals demonstrating symptoms to mental health facilities, only to learn that the facility either refuses to admit the person or releases the person back onto the streets. As a result, the person either goes to jail or is called on again to 911 when released on their own recognizance (Perritt, 2021).

The outcome of mental health incidents gone wrong negatively affects LEOs and community members. The task of LEOs is to execute CIT as designed effectively, but this is a challenging task that always does not result in a happy ending (Davidson, 2016; Dempsey, 2017; Rogers et al., 2019; Weitzer, 2015). However, LEOs expressed the experience as more valuable than they realized. Participant 2 said, “The training was eye-opening and allowed this officer to view the world around him through another lens.” The LEOs found the training extremely valuable, but also shared the CIT course offered too much to remember for later use. Moreover, the LEOs uniformly felt more training should be offered to enhance their ability to engage people with MI.

Davidson (2016), Dempsey (2017), Ellis (2014), and Weitzer (2015) demonstrated that officers expressed improved self-efficacy and preparedness from CIT training. The participants agreed if confronted with an unstable individual, they were

aware of recognizing symptoms and signs. The officers completing CIT found many benefits from the course of instruction and the applications, as described in the literature. The researchers noted that officers applied less force because of CIT training and used referral services instead of arresting an individual demonstrating mental illness (Ellis, 2014). In this study, Participant 1 shared, “I recognize, I am not a trained expert and cannot give a diagnosis,” Participant 3 said they become “cognizant that mental illness may require medical attention.”. The LEOs shared CIT gave them a level of awareness they previously had not considered when responding to a person with MI or in crisis. The LEOs also valued knowing mental health centers would take individuals appearing to have symptoms and signs related to MI opposed to jail (Davidson, 2016; Dempsey, 2017; Ellis, 2014; Weitser, 2015).

In Chapter 2, I reported on research on the level of discomfort regarding when or not to engage in applying force. For example, Peter and Densley (2018), Puntie et al. (2018), Rogers et al. (2019), and Scantlebury et al. (2017) reported inconsistent findings that led researchers and policymakers to re-evaluate the effectiveness of CIT training impacting LEOs who completed the course and later applied the skills when necessary. Participant 1 noted, “De-escalation training is limited in this study.” Participant 6 said, “Some officers may place themselves into unnecessary jeopardy due to their misunderstandings of officer safety and the use of CIT.” The respondent answers concluded that the course did not simulate many scenarios involving de-escalation (other than a scenario that a subject was going to jump off a roof). Based on scenarios that

seemed farfetched from their normal calls (most often domestic calls) the officers did not feel prepared to de-escalate an unstable individual (Peter & Densley, 2018; Puntie et al., 2018; Rogers et al., 2019; Scantlebury et al. (2017).

Overall, the officers' input correlated with the literature review findings, which similarly noted their experience as mixed and unclear on the value of the specialized training. In some literature, some LEOs were unable to assess the needs of persons in crisis properly (Peter & Densley, 2018; Puntie et al., 2018; Rogers et al., 2019). In other cases, the authors' determined no decrease in the use of force (Scantlebury et al, 2017). The researchers also concluded no significant difference between CIT-trained LEOs and non-CIT-trained officers (Peter & Densley, 2018; Puntie et al., 2018; Rogers et al., 2019; Scantlebury et al., 2017). The mixed results of prior studies have led researchers and policymakers to consider how the CIT experience translates meaningfully into the LEOs daily experience The studies advocated for more specialized training Puntis et al. (2018) Rodgers et al. (2019).

Bonfine et al. (2014) and Scantlebury (2017) determined that not all officers identified individuals having mental illness symptoms or signs. The researchers' outcome was consistent with the participants' reflections in this study. Participant 5 replied:

CIT Training gives a different insight to abnormal behavior. But abnormal behavior does not always equate to mental illness. The behavior of a person “appearing to have a mental illness, alternately might be associated with drugs, alcohol, or deviancy. An officer only as moments to assess a situation.

Participant 2 added, “The public may believe that CIT and de-escalation training is the “be-all-end-all” for avoiding force incidents. CIT is a tool to be used when the situation, circumstances, and resources allow.” Participant 1 said, “Too much time trying to determine if mental illness is a factor could cause people to get harmed.” LEOs indicated some individuals that demonstrated signs of MI and transported to mental health hospitals were later released and transported to the jail, because the subject was under the influence of alcohol or an illegal substance. Social perception worries the LEOs because the officer feel that society expects them to make the correct analysis based on the officer having specialized training (Bonfine et al. 2014; Scantelbury, 2017).

I then asked Participant 1 to share their CIT training experience in the field and how they responded: “In some cases, CIT training did not work because none of the examples were like the incident I responded to. I was not sure how to handle the behavior. I had to go with the flow.” The same question was asked to participant 5:

I responded to an incident where an individual initially demonstrated mental illness symptoms and signs. It turns out he was high. I confused the paranoia, anxiousness, sweating, and pacing back and forth with mental illness. I

transported the person to the hospital. After the individual was admitted to the hospital, I only learned that he had taken a drug that caused him to hallucinate.

The CIT curriculum simulated an array of MI situations. Unfortunately, several of the LEOs felt the simulated exercises did not fit the real life scenarios they were dispatch to handle (Bonfine et al. 2014; Scantelbury, 2017).

Lastly, I reported that the reviewed literature focused on CIT-trained officers could associate CIT content with real live scenarios they responded and appropriately handled (Ellis, 2014). The researchers found that the officers recognized meaningful changes in officer-related mental health calls comparing before and after training outcomes (Bonfine et al., 2014; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury, 2017). These studies summarized that while the education was informational, it was still unclear of how much content LEOs recalled or applied in the field post-CIT training with persons showing signs of MI. In my study, Participant 5 responded regarding concerns with CIT training and said:

Ethical officers will do everything possible to de-escalate a situation. But they can only perform to the level of training or experience. They do the best if it goes beyond what LEO training or expertise can handle. If it goes wrong, the social perception crucifies their earnest attempts.

Overall, the LEOs agreed having a new understanding of MI but wanted their agency to have more training to enhance their knowledge. The LEOs also indicated they wanted to help people in crisis, but at times did not know what to do when they reached the level of their experience. Lastly, the LEOs want the public to know every attempt to help a person in crisis is their every intention (Bonfine et al., 2014; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury, 2017),

Peter and Densley (2018), Scantlebury (2017), and Wolfe and Nix (2015) discussed limitations and the current gap in the literature associated with officer

perceptions. Understanding the effectiveness means understanding how CIT-trained officers believed in the concept or supported the training and then applied the skills when dispatched to a crisis. Participant 3 shared:

This has taught me how to look for ways to de-escalate the situation from the start. The first decisions you make on the scene (i.e., where you park your patrol car, the space you create between yourself and the individual, which rooms you have the conversation) can make a situation easier to de-escalate without force. Looking for those opportunities early on is key.

The LEOs responses unveiled a want to learn and help the MI or a person in crisis. They shared before the class they did not know how to recognize symptoms and signs; nor did they realize the number of resources available opposed to taking the MI to jail. Additionally, the LEOs recognized that they may have perceived the actions of a MI person to be non-compliant but realize after the training the actions from a MI person may action be acting in fear (Bonfine et al., 2014; Puntis et al., 2018; Rodgers et al., 2019; Scantlebury, 2017).

The CIT training studies of Ellis (2014), Martin and Thomas (2015), Weitzer (2015), and Dempsey (2017) observed consistent findings that many police agencies agreed there was a marked improvement in interpersonal skills and effective communication when dealing with the mentally ill after completing the training. In this study, the question was “What do you remember most about CIT training?” Participant 6 articulated “Symptoms and signs of behavior and apparent emotions. The characteristics

may include sadness, anger, anxiety, fear, apprehension, paranoia, belief in a conspiracy theory, pacing, sweating, yelling, screaming, uncalmable, suicidal, overexcited, manic, or hyperactive.” The LEOs recognized EC, validation, and transparency can easily de-escalate an individual in crisis or showing signs of MI. The LEOs shared picking up on these cues made it easier to calmly talk with people and listen to the person in crisis needs (Ellis, 2014; Martin & Thomas, 2015; Weitzer, 2015; Dempsey, 2017).

From the summation of literature reviews and responses from the LEOs, I found that CIT teaches strategic, innovative approach styles, focuses on effective communication, and develops a good rapport when responding to a mental health call. My results are like that of Bain et al. (2014), Broussard et al. (2014), Hess (2012), and Sereni-Massinger and Wood (2016).

Findings Related to the Framework

The conceptual framework guided how PJ (Tyler, 2003) and CIT training work cohesively. The LEOs shared their takeaway and concepts of understanding, transparency, and empathy when responding to unstable mental health calls (Furness et al., 2016; Hample, 2016; Nix, 2017; Wood & Watson, 2016). Incorporating PJ with CIT training is a positive, progressive movement toward social change as the LEO learns enhancement skills that improve communication between LEOs and MH encounters (Davidson, 2016; Dempsey, 2017; Ellis, 2014; Weitzer, 2015). My results showed that LEOs learned of more referral services available to them and identified symptoms and signs related to mental illness. Participant 5 replied, ” I did not realize many resources are

available instead of taking the person to jail.” The components making PJ successful align similarly with CIT training. CIT training involve EC, transparency, validation, unbiased, empathy, and listening (Davidson, 2016; Dempsey, 2017; Ellis, 2014; Henry, 2017; Weitzer, 2015).

Henry (2017) stated formal police instruction is indifferent to PJ, involving openness, transparency, trust, communication, respect, and trust. Henry (2017) conveyed that getting the point across successfully happens when effective communication is clear and straightforward. CIT training and PJ both incorporate and teach the value of effective communication. The results of my research aligned with the conceptual framework of the PJ method. Although the LEOs shared leanness with the CIT training, each officer expressed specific beneficial curriculum components. The LEOs spoke about the value of learning about available crisis support referrals instead of taking a person demonstrating mental illness to jail (Thorne, 2016, 2018).

Moreover, the conceptual framework was applicable for this research. While the LEOs expressed problems retaining the fundamental components of CIT training, each understood EC as an important takeaway. The officers shared transparency emerging when they showed understanding, clarity, and empathy with a person in crisis. Participant 5 shared, “The practical exercises use effective communication to understand a person in a mental crisis. Effective communication means using critical thinking, applying listening skills, and responding using strategic words.” Officers stated that EC was an easy process to exchange when meeting with respondents. After completing CIT class, the LEOs

understood just listening and responding in a manner that validates the subject was easy to embrace and execute in almost any incident (Davidson, 2016; Dempsey, 2017; Ellis, 2014; Weitzer, 2015).

Although the LEOs shared uncertainty about demonstrating CIT and PJ skills, many told the new meaning and learning concerning MH. Despite some inefficiencies in the field of responding to a mental crisis call, the LEOs appreciated additional external resources available to aid them when they became unsure. For the most part, the LEOs shared similar experiences and takeaways when responding in the field to a mental health crisis call.

Limitations of the Study

The research study's limitations to trustworthiness that arose from this study faced many hurdles. First, I could not schedule face-to-face interviews with the participants due to the COVID-19 pandemic—the government-mandated social distancing to prevent the spread of illness. Therefore, I implement Zoom via the internet to conduct the interviews for the study. A second limitation involved the scope of limitation in meeting saturation. Initially, I proposed soliciting a minimum of 15-17 LEOs to participate in the study. The COVID pandemic interfered with participant recruitment due to LEO illness, shift shortages, and mandatory overtime that caused low LEO morale, affecting LEOs from committing to other voluntary activities. Also, I did not consider alternative law enforcement agencies in Georgia or across the nation. I only focused my research and recruitment from one local agency. A different outcome might have generated other

findings if a larger participant pool answered or a more diverse group with different ethnicities had volunteered.

The danger of personal bias was minimized by focusing on recruitment and contact with an agency unfamiliar with my professional circumstances. Seeking participation from another agency and applying the set criteria accomplished meeting saturation to form during coding- patterns, categories, and themes. Limited participation during the COVID-19 pandemic minimalized the data collected to code first-hand experience of LEOs experience of CIT training and the experience post-training responding to mental health calls.

Chapter 2 outlined how data collection would unfold, although the world faced a virus that changed society dramatically. The pandemic changed how society interacted. To stay safe and avoid exposure to the deadly contagious virus involved changing how I pursued data collection. Fortunately, through the advancement of electronic technology, I successfully gathered data using online interviews and email. Once I collected, recorded, and reviewed the participants' data, Saldana's (2016) coding process was applied, determining patterns, finding categories, and creating themes within the LEO.

Recommendations

The first recommendation for future study encourages other researchers to replicate a comparable study involving LEOs across the nation composed of different races, ethnicities, and backgrounds. This study focused only on a limited composition of gender, race, and ethnicity variance. If further research included more LEOs with various

experiences, the results could apply to law enforcement agencies to improve the effectiveness of CIT training.

The subsequent recommendation suggests researchers use the same questionnaire guide for LEOs once the profession begins to retain employees in their department. Officers who have not had to work mandatory overtime may offer different insights due to more workforce in the field allowing for more rest, more attentiveness when in class, or creating improved internal motivation.

Lastly, while Zoom was a valuable tool to complete this study, I recommend that another researcher apply the questionnaire guide using the traditional face-to-face (one-on-one) interview style. A personal interview creates an environment where the researchers can observe interpersonal cues or hear more missed from the interviewee by utilizing a Zoom session. The examples a participant might show could be tapping the foot, shaking a leg, finger tapping, body movements that show discomfort, witnessing or hearing sighs, umfs, or noises. During Zoom interviews, the participant has access to mute their microphone while others speak, and they wait their turn to talk.

Presently, limited research or literature exists that discusses introducing mandatory introductory psychology to the police academy curriculum. Adding a few more weeks of critical content involving human behavior could begin the reform society expects in policing. Once again, future research should focus on strengthening the effectiveness of CIT training and the officers' takeaway of how they later affect proficiency when responding to mental crisis calls.

Implications

This study suggests that law enforcement administrators consider moving from traditional policing and instituting PJ as the framework to rebuild community relationships. From the respondents, CIT training cram sessions were informative but not practical. Therefore, implementing CIT training during police academy (instead of post academy) could give more time for the students to learn.

LEOs should feel skilled as first responders, having completed a prepared practical course that helps them appropriately understand and retain the content learned. The effectiveness then is demonstrated post-training how LEOs engage with mental health calls properly. While many LEOs from this study agreed the training was good, just as many said they were not sure they would appropriately distinguish mental illness from people under alcohol or drugs. Participants in this study stated there was too much content to retain. Therefore, they felt lost when they reached a point of their takeaway from CIT training. This study affirms that the participants liked the class and believed the instruction was highly beneficial for all officers to learn.

The results add insight for identifying potential problem areas in the curriculum, and I offer recommendations to enhance and improve CIT training. I recommend a core class related to an introductory course on psychology added to the police academy. I also recommend that LEO agencies consider as an alternative to the police academy, The Peace Officer's Standard Training council could mandate virtual courses added to an officer's annual training.

The more training an officer has potentially can save lives. LEOs learn the law, are taught defensive tactics, and are trained to respond to safety, security, and control incidents at the forefront. At the same time, all these skills and knowledge are pivotal to protecting all concerned. Ironically, officers know little about human behavior, yet society expects first responders to handle all behaviors.

Participant 2 shared: In this officer's opinion, communication and educating the public are key ingredients to its success under most circumstances. The public's understanding of CIT training is the premise that, too often, that experience (encountering an individual experiencing a mental crisis) is met with delay, detainment, and even denial of services, creating an excessive and unwarranted onus on the person.

The outcome of the study uncovered many implications for social improvement. Introducing PJ and CIT training guidelines involving understanding, transparency, communication, and training is a start. Also, if The Peace Officer Standard Training (POST) council mandated, adding CIT instruction and a psychology module to the police academy could positively impact the relationship between LEOs and social perception. On the other hand, if policymakers choose not to include CIT in the police academy, then LEO administrators mandate all officers complete CIT training before giving the LEO a gun and badge. I acknowledge the recommendation is almost impossible to implement, but ironically LEOs are considered first responders, yet post-police academies have not attained experience or education related to human behavior.

I further suggest that all POST councils mandate that all agencies implement CIT as a core course during a new hires orientation or lessons learned before going on patrol alone. Currently, LEO agencies do not direct officers to take CIT training; the instruction is optional. However, if LEO agencies require this, all new hires could improve how officers interact with mental health calls. The outcome of this study could aid law enforcement agencies across the nation with the valuable tools that benefit trained officers when responding to an unstable incident involving mental illness or crisis.

Further implications for social improvement come from this study, and more attention on how LEOs can retain the content remains an imperative consideration. At best, it will determine the effectiveness if officers complete the training proficiently and later respond to mental health crisis (not doubting how to demonstrate the learned skills without adverse outcomes).

Conclusion

This present study examined LEOs experience in CIT training and the course of instructions meaning following in the field. The study's impetus came out of the realization that the literature does not often present or discuss how officers feel about the training and the after-effects of having completed training. The results revealed that many of the officers appreciated the concept of understanding symptoms and signs related to mental illness. But the officers still left class uncertain about how to appropriately determine whether the symptoms and signs they observed were related to mental illness or substance abuse of some kind. Therefore, a lingering gap remains about how practical

CIT training is. Overall, many officers agreed that CIT offered too much content to retain in a week. The course's content-filled curriculum is informational, presenting new awareness about mental health for LEOs.

In all fairness, various barriers hinder officers from attending more needed training they expressed they feel is required. The data analyzed determined EC, transparency, understanding, and empathy are enhanced skills that could de-escalate unstable individuals. Still, the when and how to know mental health or an intoxicant incident were problematic for LEOs to ascertain.

Therefore, I dismissed bias as a factor in why CIT skills taught are not performed according to societal expectations for “gone-wrong” incidents between LEOs and mental health individuals. Through deep query and insight, a deficiency in retaining CIT training contributes to the ineffectiveness of CIT officers' encounters with the mentally ill and how these encounters can go awry. The responses gathered from this study could aid PJ administrators and CIT trainers to work together to improve how LEOs can effectively assist a mentally ill individual and build community relationships. The LEOs shared their experiences to explain deficiencies in CIT training but, in retrospect, acknowledged the significance of having advanced skills involving mental health insight.

This study similarly found mixed feelings shared by the participants. The responses did not differ from the many analyzed literature reviews in Chapter 2. These participants also demonstrated determination and dedication while proudly serving their community despite obstacles and public disapproval. I found the participants' sentiments

invaluable. The data adds to the field of science that LEOs want better training recognizing CIT, EC, and PJ advantages that will enhance CP.

The LEOs from the study demonstrated a willingness to enhance their knowledge involving MH scenarios during domestic calls and despite social unrest. Perhaps PJ administrators and CIT instructors could brainstorm together and create the potential for better instruction and support to enhance officer skills. The collaboration could contribute to positively changing societal perceptions of CP.

In summary, the results from the LEOs who also support the effectiveness of CIT training but uncovered that the officers appreciated understanding more about mental health as noted from previous findings. More studies to come should continue (more specifically) to identify quantitatively and measure the flaws in CIT training. Overall, this study trumped officer schema as an indicator of why CIT goes wrong and adds to the limitations in the literature concerning the real-life experience and perception officers have about CIT training.

Despite their unpopularity, the LEOs from this study will continue to respond and aid those in need. Stronger et al. (2020) stated regardless of the barriers, LEOs continue showing resiliency. The LEOs in this study likewise proved to be resilient and proud guardians as they put their lives before others. Despite the COVID-19 pandemic, shortages in staffing, heightened overtime to fill vacant positions in the field, and officer illnesses due to COVID exposure, they still showed up to work and took time to participate in this study.

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Appendix A: Crisis Intervention Team (CIT) Training Invitation

Good day to all,

Hello, my name is Jessica Goings, and I am attending Walden University.

Currently, I am a Doctoral Candidate pursuing my degree in Forensic Psychology. I appreciate you making time out of your busy schedule today to hear my short discussion. My research aims to meet individually with you, and have you share your experience, take away from CIT training, and the knowledge ascertained. The assumption is the information learned from the specialized training will enhance your ability to recognize symptoms and signs of persons demonstrating a mental crisis. As first responders, your ability to de-escalate unstable individuals allows you to safely control individuals facing a mental crisis. I am interested in learning how specialized training provides you the tools to demonstrate EC and the objectives to achieve procedural justice. Your experience and knowledge will provide a new lens to look through to understand the problematic behaviors you face yet expect to maintain a professional disposition at the same time. Your feedback provides insight regarding the disadvantages and advantages of having completed the specialized training to confront persons demonstrating mental illness while working in the field. The answers you provide to my inquiries will remain confidential.

If you are interested, have questions, and would like to participate in my study, contact me at or by cell or text.

I value your consideration.

Appendix B: Invitation to Participate in the Crisis Intervention Team (CIT) Training

Good day,

Hello, my name is Jessica Goings, and I am attending Walden University.

Currently, I am a Doctoral Candidate pursuing my degree in Forensic Psychology. I am organizing a qualitative research study that explores the experience and takeaway of LEOs after they have completed and passed CIT training. Previous studies have focused on the success of CIT training. Still, little is known regarding the feelings of officers who are expected to incorporate the specialized training in the field when meeting a person in crisis. After completing mental health training, I am looking for volunteers willing to share and describe their thoughts, views, and ideas.

LEOs interested partaking in the study are invited to speak of their experience up to 90-minutes in a one-on-one, semi-structured interview. The data obtained will be recorded but will not be shared. The meeting is confidential, and the information collected will offer valuable content where a gap exists about the perceptions of CIT-trained LEOs. During the study, if the LEO wishes no longer to participate, they have no obligation. Afterward, should the participant review my transcript and my summary of their interpretation, they can do so at any time.

If you have further inquiries, you can reach me at or by cell or text. I appreciate your consideration and time.

Respectfully,

Jessica Y. Goings

Appendix C: Interview Guide

1. Tell me about your CIT training experience. What do you remember most?
 - a. Was there anything else that you remember?
2. What was the most valuable part of the training?
 - a. What examples stick out most?
3. Was there anything else that was valuable?
 - a. Expound on your example.
4. What part of the training did not work for you?
 - a. Why does it not work for you?
5. What part of CIT training concerned you?
 - a. Can you expound on these concerns?
 - b. What part of the CIT training concerned you about safety and security?
 - c. In what ways does training compromise safety and security?
6. How was the concept of “understanding” covered in training?
 - a. What did you think about that?
 - b. Was it relevant?
7. How was the concept of “transparency” covered?
8. Respect
9. Legitimacy
10. Position, reflexivity, and bias

11. How much did your knowledge about MI and treatments change before the training?

12. How much more competent do you feel due to what you learned?

13. How much did you learn about de-escalation?

14. How much did you learn about referral decision skills?

a. Is there anything else you wanted to say about the training?

15. Now, I'll ask you questions about your experience in the field since the training?

16. Have you had an incident where you had to engage with someone (or their relation or friend) who showed evidence of mental illness?

17. How did what happened in that incident differ from what you usually do?

18. What were the concepts that were most relevant to that incident?

a. What takeaway is relevant about transparency?

19. What did you learn in CIT training that was not relevant to the incident?

20. What happens when responding to a mental illness crisis incident goes wrong?

21. How has what you've learned changed how you make decisions about using force?

a. What concerns do you have about the public's understanding of CIT training?

b. What concerns do you have with CIT training that could compromise safety and security?

22. Last question: what is your biggest takeaway from the CIT experience about how LEOs should respond to mental illness incidents?