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Lived Experiences of South Texas Police Officers After Completing Crisis Intervention Training

Lyna Yvette Campos
Walden University

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Lyna Yvette Campos

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Walden University

2024

Abstract

Lived Experiences of South Texas Police Officers After Completing Crisis Intervention

Training

by

Lyna Yvette Campos

MS, Walden University, 2021

BS, University of Texas Rio Grande Valley, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

December 2024

Abstract

This qualitative phenomenological study addressed the paucity of research on the experiences of police officers who have both completed crisis intervention team (CIT) training and interacted with people with mental illnesses (PwMI). To address the problem, I investigated police officers' perceptions of PwMI and the pertinent CIT training information they found advantageous when interacting with a PwMI in crisis. Rogers's protection motivation theory was the theoretical foundation for addressing the research questions. The results aligned with protection motivation theory by showing that police officers motivated by perceived threats were more likely to adopt protective behaviors. Interviews were conducted with 13 South Texas police officers who had completed CIT training. Data was collected through transcribed interviews and analyzed with an approach that included theme analysis and inductive coding. Six themes emerged from the data: (a) empathy and understanding, (b) de-escalation techniques, (c) resource engagement and collaboration, (d) holistic communication strategies, (e) individual-centered approaches, and (f) safety and resource utilization. Key findings of the study included positive changed perceptions, increased available resources, improved communication skills, constructive procedures, and positive outcomes. The findings from this research have potential implications for positive social change, including contributing to the literature by providing awareness of altered perceptions, enhanced police officer accountability, decreased injuries, and improved departmental outcomes with CIT training. A key recommendation is integrating mental health professionals into CIT training to provide police officers with enhanced crisis management strategies.

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Dedication

I dedicate this dissertation to my son, Alaric, who has been the light that guided me through this challenging journey. Every step I have taken, every late night, and every moment of perseverance has been for you. Your unwavering patience, love, and support have been my foundation, allowing me to push through the hardest days. Your belief in me has been my strength, and I am forever grateful for your encouragement and understanding. This achievement is as much yours as it is mine, and I am so proud to share it with you. We did it, my love, and I could not have done it without you!

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Chapter 1: Introduction to the Study

Introduction

People with mental illness (PwMI) are more prevalent in the criminal justice system than those in the public and have a higher propensity for encounters with police officers (Willis et al., 2023). According to estimates, 10%–20% of police encounters with the general population involve people who are suffering from mental illness (Willis et al., 2023). Due to decreased funding and the ensuing limitations of local mental health systems, these types of police engagements and confrontations are anticipated to escalate (Hassell, 2020). Exchanges between PwMI and police officers may become confrontational because individuals experiencing a crisis tend not to be entirely rational (Hassell, 2020). In the most extreme cases, these encounters have led to significant critical occurrences that permanently alter the lives of individuals, including those of the participating police officers (Hassell, 2020).

Frontline interactions are complicated, according to police officers, because standard police training is based on a command-and-control methodology and may not be appropriate or helpful in these situations (Peterson & Densley, 2018). When police officers utilize jail bookings for minor offenses, or *mercy bookings*, they can assist those needing treatment to acquire it, which can start a cycle of criminal justice involvement that spans a lifetime (Peterson & Densley, 2018, p. 521). Even though police officers frequently interact with PwMI, they often lack thorough training on identifying and interacting with PwMI (Willis et al., 2023). Mental illness may be associated with

conduct that police officers regard as noncompliant, which elevates the propensity of arrests as well as the likelihood of a police officer utilizing force (Willis et al., 2023).

Crisis intervention team (CIT) training aims to help police officers better engage with PwMI. More specifically, CIT training focuses on educating police officers on mental illnesses and methods for defusing potentially explosive interactions, as well as catastrophic results with PwMI in crises (Hassell, 2020). CIT-style training programs have been adopted by over 2,700 police departments (Taheri, 2016). Research suggests that CIT training may help alter police officers' attitudes, perceptions, and enforcement practices (Hassell, 2020).

This study adds to the existing literature regarding the effects of CIT training on police officers in South Texas. This study is significant because of the focus on the perceptions of South Texas CIT-trained police officers after completing the training. According to a research survey, CIT training has improved police officers' perceptions of PwMI, including fewer hospitalizations, decreased arrests, and increased transportation for voluntary treatment (Hassell, 2020). Additional research has shown that CIT police officers' knowledge and awareness of mental disorders have increased (Allen & Campbell, 2018). These findings are significant to policy and theory. The findings of this study contribute to the growing body of research emphasizing the need to improve the relationship between police officers and PwMI (see Goldberg et al., 2019). This study also provides field experiences associated with CIT to aid in standardizing responses from CIT-trained police officers.

Chapter 1 encompasses this study's overview and background information on PwMI and policing in the United States. The problem statement highlights a need for more understanding of how CIT training affects police officers' perspectives when interacting with PwMI. Subsequently, this study's objectives, research questions, study limitations, and social change implications are enclosed. I concluded Chapter 1 with definitions of terminology, the study's nature and significance, theoretical underpinnings, and a chapter summary.

Background

Approximately 3.9 million Americans with severe mental disorders do not receive the psychological care they require, and those with mental illnesses account for approximately 10% of encounters with the police (Allen & Campbell, 2018). Current police officer training models include CIT training, the research-response-refer model (R Model), and tempo, tact, tactics, and trust (T3) training (Lorey & Fegert, 2021). CIT training has been known as the "gold standard" among policing interventions with interactions with PwMI (Goldberg et al., 2019, p. 661). Current literature is expansive on the efficacy of such programs in various parts of the United States and other countries; however, less is known about the lived experiences of police officers after completing CIT training in South Texas. Four metropolitan statistical areas (MSAs) make up the South Texas region: the Brownsville-Harlingen MSA, which includes Cameron County; the Corpus Christi MSA, which includes Aransas, Nueces, and San Patricio counties; the Laredo MSA, which includes Webb County; and the McAllen-Edinburg MSA, which includes Hidalgo County (Hegar, 2020). Approximately 2.4 million individuals, or 8.4%

of the state's population, lived in the South Texas region in 2019 (Hegar, 2020). Concerning the 2010 Census, this denoted a rise of 7.4%, or approximately 169,000 individuals (Hegar, 2020). Hidalgo County, which contains the city of McAllen, is home to an estimated 35.6% of the region's population as of 2019 (Hegar, 2020). The lived experiences of police officers in South Texas are significant because their perceptions and the relationships they foster with PwMI may improve.

For example, Bratina et al. (2020) studied the consequences and nature of interactions between PwMI and CIT-trained police officers. Bratina et al. (2020) acknowledged the need for more research on police officer contact rates and procedures concerning PwMI. The study demonstrates positive outcomes and the efficacy of CIT programs with trained police officers, showing how effective diversion efforts are and how the safety of police officers can be preserved. Bratina et al. (2020) offered three suggestions for additional investigation. According to the authors, researchers must continue examining the relationship between CIT and successful outcomes regarding diversion and extend their scope to include various law enforcement departments. The next step is for researchers to create a tool to evaluate CIT's efficacy as it transitions from best practice to evidence-based practice (EBP). Lastly, Bratina et al. (2020) suggested increasing constructive collaboration in a global environment, in which CIT training's global significance is examined.

In other research, Nick et al. (2022) aimed to (a) investigate the relationships between the features, knowledge, and self-efficacy of CIT participants and stigmatizing attitudes and (b) evaluate the magnitude of pre- and post-training stigmatizing attitudes

toward mental illness and substance use. Additionally, the authors sought to ascertain if CIT training was linked to a decline in stigmatizing attitudes and perceptions of mental illness and substance use. As with earlier studies, Nick et al.'s (2022) findings demonstrated that CIT training possesses an effect on how individuals feel toward and view mental illness. According to Nick et al.'s (2022) findings, stigmatizing beliefs among police officers regarding mental illness and illicit drugs decreased for some police officers after CIT training. Comparing road patrol police officers to those assigned to dispatch or corrections, Nick et al. (2022) noted a decline in stigma associated with mental illness. This study suggests that police officers who interact with and are exposed to members of the community who have mental illnesses are more familiar with and aware of the challenges they experience and are, therefore, more likely to have fewer stigmatizing beliefs.

Although the limited body of literature exploring the influence of CIT training on police officers' stigmatizing attitudes and beliefs has demonstrated some measurable positive benefits on police officer-level outcomes, more research is needed. Nick et al. (2022) recommended four essential elements to assess the efficacy of law enforcement mental health training: (a) provide police officers with training that is both intellectually and emotionally stimulating; (b) assess training across jurisdictions using consistent results; (c) gauge behavior change in addition to other changes; and (d) conduct repeated training to maximize the effects of both newly acquired skills and memory retention. Nick et al. (2022) suggested that the long-term effects of stigma on police officer practice, especially those linked to mental illness, substance use, and other conditions,

may be improved by expanding similar procedures while evaluating the CIT program overall. This study addresses a gap in the literature on the efficacy of CIT programs in South Texas police departments and how CIT training affects police officers' perceptions and the most beneficial information when encountering a PwMI.

Problem Statement

As mentioned, 3.9 million Americans, or 1.5% of the total U.S. population, are thought to suffer from severe mental disorders and have not obtained the mental health treatment they require (Allen & Campbell, 2018). Interactions between police officers and PwMI may include tickets, street checks, or public complaints (Todd & Chauhan, 2021). PwMI have benefited from interactions with police officers trained to engage with an individual experiencing a mental health crisis (Lorey & Fegert, 2021). PwMIs who are affected include at-risk youth (Jackson et al., 2019), racialized populations (Alvarez, 2020), and military veterans, among others (Weaver et al., 2021). CIT training is designed to inform and identify specific mental health issues and encourages police officers to employ change in their communication techniques and behavior with an emphasis on procedural justice, empathy, and patience to avoid the risk of escalating violence and traumatic experiences (Wittmann et al., 2021).

There is a significant probability that police officers will encounter PwMI while performing their everyday tasks (Wittmann et al., 2021). Wittmann et al. (2021) focused on the effects of CIT training on police officers. This study contributes to investigating how CIT-trained police officers' perceptions may change after receiving CIT training. It also contributes to the literature concerning unique insights acquired by police officers

with CIT training, which are beneficial in de-escalating challenging situations involving individuals with mental illness.

CIT training has improved outcomes for PwMI in crisis, such as decreased arrests, incarcerations, and hospitalizations (Hassell, 2020). CIT training was developed to teach police officers how to recognize the signs of mental illness and has been shown to improve their readiness for interactions with PwMI (Willis et al., 2023). Other research has shown that CIT-trained police officers' understanding of mental illnesses has increased (Veluri & Mansuri, 2021). Additionally, Wittmann et al. (2021) encouraged documenting CIT-related field interactions to aid in the consistency of CIT-trained police responses.

The problem addressed in this study is how police officers' perceptions of PwMI are altered by CIT training and, specifically, which information police officers find most beneficial when de-escalating situations with PwMI. Therefore, my research focused on expanding on Allen and Campbell's (2018) study to investigate the gap of knowledge regarding the surge in police officers' awareness of mental illness following CIT training and further contributes to the literature by recognizing the essential information that assists police officers when encountering an individual in a mental health crisis. Finally, I address the gap in the literature, as indicated by the need for more data, to address the transformation of police officers' perceptions of PwMI and the beneficial information they acquire after completing CIT training in South Texas.

Purpose of the Study

The purpose of this phenomenological qualitative study was to provide insight into the lived experiences of CIT-trained police officers of South Texas. Specifically, I focused on the impact of CIT training on police officers' perceptions of PwMI and the exclusive knowledge they find most valuable when involved in a de-escalation situation with a PwMI. It is necessary to understand CIT training, including the benefits and limitations of the intervention. Accordingly, this study aligns with constructivist epistemology (Creswell & Creswell, 2018). This means individuals want to understand the world in which they work and live. Individuals interpret their experiences in their own subjective ways, giving items or things special meaning (Creswell & Creswell, 2018). Due to the multiplicity and diversity of these meanings, I focused on the complexity of the viewpoints of CIT-trained police officers rather than categorizing or reducing meanings to a few concepts. As such, this study is central to the participants' views regarding CIT training and the information they acquired. Likewise, as expected in the naturalistic setting (Ravitch & Carl, 2021), I was actively involved in the study by observing and recording the experiences and actions of CIT-trained police officers of South Texas.

Research Questions

In this qualitative study, I assessed the perceptions of South Texas police officers who had completed CIT training. Additionally, I examined the information obtained during CIT training that was deemed most useful during the de-escalation process with a PwMI. Nick et al. (2022) emphasized that CIT training has been proven to be efficacious

with police officers who had completed any level of mental health training, demonstrating improved attitudes, reduced stigma, and decreased use of force. My study contributes to the potential change in the perceptions of PwMI among South Texas police officers after completing CIT training. My study was guided by the following research questions:

RQ1: How does CIT training alter police officers' perceptions of PwMI?

RQ2: What information from CIT training do police officers find effective when de-escalating an encounter with a PwMI?

Theoretical Framework

The protection motivation theory (Rogers, 1975) is the theoretical framework that aligns with this study's research questions. Protection motivation theory was first introduced by Ronald W. Rogers in 1975 to include fear appeal and revised by Maddux and Rogers in 1983 to include self-efficacy and its relationship to attitude change. The original protection motivation theory emphasized the primary component of fear appeal, including (a) the severity of an event's noxiousness, (b) the likelihood that the event will occur, and (c) the effectiveness of a protective response (Rogers, 1975). Each communicational factor sets in motion related cognitive assessment processes that mediate attitude change.

Rogers (1975) theorized that an individual is often exposed to persuading communications by demonstrating the adverse impacts of a particular course of action. The research paradigm is intended to investigate the impact of fear appeals upon attitude modification. The danger can be avoided if the individual adopts the appropriate attitudes

and adheres to the recommendations (Rogers, 1975). The purpose of fear-inducing stimuli is to either develop or perpetuate reaction patterns that could stop undesirable circumstances from occurring (Rogers, 1975).

Maddux and Rogers (1983) revised the theory of fear appeal and attitudinal change of protection motivation theory and incorporated the dynamic of self-efficacy. The revised protection motivation theory now encompasses (a) a more thorough description of the informational sources that start the coping process, (b) more cognitive mediating processes, and (c) a detailed description of the coping strategies (Maddux & Rogers, 1983). The modification maintains the components of 1975's original protection motivation theory model (Rogers, 1975). To evaluate a combined model of protection motivation theory and self-efficacy theory, Maddux and Rogers (1983) investigated the effects of fear appeal on persuasion in a factorial experiment. As expected, intentions to follow recommended preventive health behavior are positively impacted by the propensity that a threat will materialize and the effectiveness of a coping response.

The results validate self-efficacy expectancy, the fourth element of protection motivation theory. Maddux and Rogers (1983) found that self-efficacy directly affects attitudes and is related to protection motivation theory variables. Maddux and Rogers (1983) extended the interaction in terms of two different decision-making approaches, which individuals employ in response to a fear appeal: (a) a precautionary approach and (b) a hyper-defensive approach. Furthermore, the findings confirmed earlier research on the relationship between outcome expectancy and self-efficacy expectancy. A model

combining self-efficacy theory and protection motivation theory is presented as an envisaged general model of attitude modification.

Protection motivation theory can be applied to this research by representing how police officers' perspectives evolve and highlighting how experienced police officers with CIT training have altered their reactions and attitudes. Thus, knowledgeable CIT-trained police officers in South Texas from the fear-inducing nature of crisis-specialized training may alter how they encounter situations with PwMI. In Chapter 2, protection motivation theory and a research review of the theory are elaborated upon. In alignment with the protection motivation theory, this study contributes to police officers' altered responses to PwMI, which shifts from a distressed reaction to empathy, which can save lives and underscores the changed perspectives and attitudes of South Texas police officers following CIT training.

Nature of the Study

In qualitative approaches, the following practices are adhered to: (a) position oneself as a critical instrument by interviewing participants, examining documents, and observing behavior; (b) collect participant meanings; (c) focus on a single concept or phenomenon; (d) bring personal values into the study; (e) study the context or setting of participants; (f) validate the accuracy of the findings; (g) make interpretations of the data; (h) create an agenda for change or reform; (i) collaborate with participants; and (j) employ text analysis procedures (Creswell & Creswell, 2018). Based on the objective of my research, a traditional qualitative phenomenological inquiry model (Peoples, 2021) best aligned with the research questions. Creswell and Creswell (2018) elucidated that

fundamental attributes of qualitative research encompass a natural environment, the researcher serves as a pivotal tool in gathering data, employs various data sources, employs either an inductive or deductive approach to data interpretation, centers on the interpretations of participants, adopts an emergent research methodology, the researcher muses on their role in the study and their background, and endeavors to formulate a multifaceted understanding of the investigated problem. A qualitative design aligned with my study because it involved qualitative interview questions with a target population of police officers in South Texas who have completed CIT training. Creswell and Creswell (2018) wrote that when collecting qualitative data, the intent is to explore the topic with selected participants at a specified site. The research unit of analysis was CIT-trained police officers. This study also aligned with a constructivist worldview (Creswell & Creswell, 2018) because I actively engaged through direct interaction with South Texas police officers.

Definitions

Conceptual definitions established the critical terms in this study.

Crisis intervention team (CIT) training: Police officers who participate in CIT training gain the ability to identify the signs of mental illness, which has been shown to improve their capacity for interactions with PwMI (Willis et al., 2023).

De-escalation: When a police officer–public encounter has already escalated, de-escalation refers to a police officer’s attempts (e.g., using verbal or nonverbal methods) to lower the level of tension, disturbance, or adverse consequence (Alvarez, 2020).

Law enforcement or police officer: Police officers must complete a wide range of tasks, both in nature and duration; identifying people, handling domestic situations, and making an arrest are a few of these duties (Myers et al., 2019).

Mental illness or mental disorder: A broad spectrum of mental health conditions that impact mood, thoughts, and behavior, collectively referred to as *mental illness*, also known as *mental health disorders* (National Institute of Mental Health, 2023b).

People with mental illness (PwMI): Individuals who may be experiencing mental health issues or have a diagnosis of a mental disorder (Bratina et al., 2020).

Protection motivation theory: The original protection motivation theory emphasized the primary component of fear appeal (Rogers, 1975) and was later revised to incorporate the dynamic of self-efficacy on attitude change (Maddux & Rogers, 1983).

South Texas: The 27-county South Texas region extends from Del Rio to Brownsville along the Mexican border, continuing up the Gulf Coast past Rockport to Aransas Pass and San Antonio Bay, spanning an area of approximately 37,800 square miles in southern Texas (Hegar, 2020).

Stigma: A robust social process illustrated by labeling, stereotyping, and separation (Flores, 2021).

Assumptions

An assumption made in this study was that protection motivation theory would elicit a plausible explanation of the research topic and would warrant the interview questions utilized for data collection. A second assumption made in this study was that CIT-trained South Texas police officers who participated in the study would understand

the interview questions and provide accurate and precise answers. The final assumption was that the sample would accurately reflect the more significant population of South Texas police officers who have completed CIT training.

Scope and Delimitations

As stated, the problem addressed was the need to know how CIT training impacts South Texas police officers' perceptions and experiences with PwMI. This study comprised qualitative interview questions. The interview questions were administered in person. The study centered on a target population of CIT-trained police officers in South Texas.

One delimitation was that only CIT-trained police were invited to participate in this study. The population of CIT-trained police officers in South Texas was used to align with the scope of the study. Another delimitation was that I excluded other first responders or participants in any collaborative mental health network. First responders and mental health professionals will be excluded from this study to conserve relevancy to the research. The findings of this study are relevant across various CIT populations and encounters.

Limitations

I recognize that this study has limitations. The first limitation of this study was employing a phenomenological design. In phenomenological research, personal assumptions and biases are not suspended when the bracketing method is not followed (Ravitch & Carl, 2021). I, therefore, maintained my focus on reflexivity and set aside my own biases, which are discussed in greater detail in Chapter 3. Creswell and Creswell

(2018) wrote that qualitative research is interpretive research in which the researcher typically engages in prolonged and intensive interaction with participants. This introduces various strategic, ethical, and personal concerns to the qualitative research process (Locke et al., 2013). With these considerations in mind, researchers openly acknowledge their biases, values, and personal backgrounds, such as gender, history, culture, and socioeconomic status, which influence their interpretation of a study (Creswell & Creswell, 2018). Reflexivity necessitates reflecting on two key points: (a) prior experiences and (b) how those experiences shape interpretations (Creswell & Creswell, 2018).

A further limitation of this study was the qualitative interview questions, which raised the possibility that participants would not provide truthful and correct answers to every question. Since the interviews were voluntary, participants were entitled to choose which questions to answer and could assist in answering truthfully to help reduce this limitation. However, a challenge of this study was the validity of the police officers' responses to the qualitative interview questions due to the stigma associated with police officers. For example, Flores (2021) revealed that the long-standing culture concerning the law enforcement profession causes this stigma. Law enforcement has a tradition of suppressing emotions and carrying on with their work despite their demands or sentiments (Flores, 2021). These views may have affected participants' responses to questions during the qualitative interviews.

The third limitation of this study was that I may not have been able to combine open-ended questions with semi-structured questions to delve deeper into police officers'

perspectives in a structured qualitative interview. Consequently, I employed semi-structured qualitative interviews with the participants who had received CIT training. A fourth limitation of this study concerns transferability. Transferability is the insight gained from participants' lived experiences that may be comparable to those gained from other populations experiencing similar challenges (Peoples, 2021). Before making broad conclusions, a researcher should evaluate the setting, participants, and their experiences (Peoples, 2021). This phenomenon's themes and broad summary were informative for South Texas police officers who have received CIT training. Therefore, the transferability of this study includes the participants' lived experiences, which provide insights similar to those of other populations experiencing similar circumstances. Therefore, before extrapolating any conclusions, I considered the context, the individuals, and their experiences. For police officers with CIT training, the themes and broad overview of this phenomenon provide new perspectives.

A final limitation of this study concerns generalizability. *Generalization* is a word used sparingly in qualitative research, as this type of inquiry aims not to generalize findings to individuals, sites, or locations other than those under study (Creswell & Creswell, 2018). The significance of qualitative research is found in the distinctive descriptions and themes created in the context of a specific site (Creswell & Creswell, 2018). Therefore, I concentrated on the unique descriptions and themes of South Texas police officers who had completed CIT training.

Significance

This study's results contribute to positive social change by raising awareness of the benefits of CIT training and CIT-trained police officers. One social change implication is informing policymakers about the necessity of CIT training for all law enforcement agencies to improve mental health crisis identification abilities. The research findings contribute to positive social change by impacting how PwMI are addressed and reducing the number of individuals harmed during a mental health crisis. Finally, South Texas police officer perspectives on mental health-related incidents may assist in revealing additional resources required to inform mental health policing programs, advocacy, and law enforcement-mental health collaborations.

Summary

South Texas police officers' awareness of specific mental disorders improved following CIT training, which altered police officer perceptions of PwMI. A challenge with CIT training included the police officer stigma of PwMI (Veluri & Mansuri, 2021). Another challenge was the absence of collaboration from mental health networks (White et al., 2019). I aimed to fill the gap in the literature specific to how CIT training altered South Texas police officers' perceptions of PwMI. Additionally, I sought to obtain the pertinent information South Texas CIT-trained police officers deem valuable when encountering a PwMI during a mental crisis. The purpose of this phenomenological qualitative study was to explore the lived experiences of CIT-trained police officers in South Texas. Rogers's (1975) and Maddux and Rogers's (1983) protection motivation theory aligns with the foundation of CIT training. To explore the lived experiences of

CIT-trained police officers in South Texas, a qualitative phenomenological study design was employed. A summary of current research pertinent to the problem statement and research questions is included in the literature review in Chapter 2.

Chapter 2: Literature Review

Introduction

CIT training is increasingly common among law enforcement and mental health network agents who respond to PwMI in crisis in the 21st century (Allen & Campbell, 2018). CIT training aims to improve police officers' ability to interact with PwMI. According to Hassell (2020), police officers received CIT training, which is primarily focused on educating them about mental illness and how to diffuse potentially explosive situations or fatal outcomes involving PwMI. Hassell (2020) showed that CIT training could help change the attitudes, perceptions, and enforcement strategies of police officers. Effective communication between multiple agencies is crucial to the CIT program's success (Nick et al., 2022). Not until the late 1980s did law enforcement and mental health agencies gain collaborative popularity (Allen & Campbell, 2018). As a result of the collaboration between these alliances, it is necessary to investigate the recent phenomena of CIT training and its effect on police officers' perceptions of PwMI. This study addressed a literature gap specific to how CIT training alters police officers' perceptions of PwMI and the most effective information when encountering PwMI. This qualitative study assessed the perceptions of South Texas police officers who have received and completed CIT training.

In Chapter 2, the literature search strategy and research on the protection motivation theory are discussed. Next, the empirical evidence related to the efficacy of CIT training is analyzed and synthesized to better understand the concepts of altered perceptions of CIT-trained police officers. The essential information deemed critical

during an encounter with a PwMI is also explored. An in-depth examination of the development of police response and a synthesized overview of the literature on police officers' previous handling of PwMI in crisis are discussed in Chapter 2. The origin, models, and advancement of CIT training, as well as a literature analysis on relationships between CIT-trained police officers, helping profession networks, and their efficacy, is addressed. A discussion of the theoretical underpinnings of police officers' perspectives of PwMI, including how they have advanced from having minimum to no knowledge of how to approach PwMI to have informed responses, is included. The development of South Texas police officers' awareness and the collaboration with PwMI is elaborated in Chapter 2. Lastly, the relationship between this phenomenological qualitative study and earlier empirical studies is addressed in this chapter.

Literature Search Strategy

Peer-reviewed books, scholarly articles, and other works were included in the literature review. ProQuest Central, Psychology Databases Combined Search, PsycINFO, PubMed, SAGE Journals, ERIC, and Google Scholar databases were used as sources for the articles dating from 1975 to 2024. The following keywords and phrases were used in extensive database searches: *police officer, law enforcement, officers, mental health, mental health crisis, training, crisis intervention training, CIT, people with mental illness, PwMI, and interventions*. Variations in terms were also included in the searches.

Theoretical Foundation

Protection motivation theory suggests that if an individual adopts the applicable attitudes and adheres to recommendations, harm can be avoided for others (Rogers,

1975). According to the protection motivation theory developed by Rogers (1983), self-efficacy is a critical factor in influencing attitudes and health-protective behavior. Milne et al. (2000) explained that Rogers (1975, 1983) established the protection motivation theory, which researchers primarily use as the framework for interventions in health-related practices that gauge the relationship between fear and coping assessment elements. Fear appeal communication uses the threat of danger to influence or persuade others (Maddux & Rogers, 1983). Despite significant variations in experimental results, fear appeals have been shown to elicit attitude change (Rogers, 1983) usually successfully. Researchers and theorists have recognized the significance of cognitive mediational processes in persuasion as fear appeal theories have evolved. The drive-reduction paradigm (Janis, 1967) assumes that arousing an emotional state of dread is necessary for effective fear appeal communication. Leventhal (1970) suggested a parallel response paradigm emphasizing the distinction between emotional and cognitive reactions (e.g., fear control versus danger control). Rogers's (1975) protection motivation theory attempts to advance by outlining critical cognitive mediating processes and relating them to antecedent communication stimuli.

Protection motivation theory suggests that fear appeal communication triggers cognitive appraisals of a threat's severity, likelihood of occurrence, and effectiveness of recommended coping responses (Rogers, 1975). These cognitive processes mediate the persuasive effects of a fear appeal by activating protection motivation, an intervening variable arouses, sustains, and directs activity to protect oneself from danger (Maddux & Rogers, 1983). A recent review of protection motivation theory research found that

noxiousness or consequence severity, probability of occurrence, and coping response efficacy all impact attitudes and behavioral intentions (Rogers, 1983). Rogers's (1983) protection motivation theory has been revised to incorporate a more comprehensive explanation of the sources of information that initiate the coping process and additional cognitive mediating mechanisms. Maddux and Rogers (1983) explained that the novel theory adds self-efficacy expectancy (Bandura, 1977) as a fourth cognitive mediating mechanism, creating a more comprehensive model.

Allen and Campbell (2018) extended the protection motivation theory by suggesting a support system of referrals for PwMI in crisis and evolving police perceptions, which would improve police officer performance. For instance, police officers who encounter PwMI are significantly more likely to adopt a strategic protective stance that is advantageous to everyone in a collaborative mental health network (Allen & Campbell, 2018). The following sections include the alignment of protection motivation theory to this study, followed by the literature review related to critical variables and concepts, including topics of the background of the CIT model, impact of CIT, history of CIT evidence-based policing, CIT evidence-based policing, police officer mental health literacy (MHL), police officer perceptions and stigma, crisis center utilization, CIT and specific populations, cultural perspectives of CIT, future of CIT, and a conclusion.

Protection Motivation Theory

According to Rogers (1975), reducing fear appeals in police officers requires a calculated strategy that starts with a threat assessment, in which the person's perceptions

of a threat and perceived vulnerability show how exposed they are to the threat that has been communicated. Maddux and Rogers (1983) modified the protection motivation theory model, which includes a reward component for committing to a behavior or habit change. The greater the reward, the less likely the individual is to revert to their previous behaviors (Maddux & Rogers, 1983). Therefore, effective intervention serves as a reward for CIT-trained officers who assist PwMI in achieving sustainable improvement to the point where CIT interventions are no longer necessary since the PwMI has reached mental stability.

Protection motivation theory continues to demonstrate that improved police officer perceptions have grown over time and incorporate novel tactics that support network behaviors related to mental health (Allen & Campbell, 2018). Hence, rather than being afraid of PwMI in a crisis, officers may use the protection motivation theory to refer to such individuals with care and provide empathetic evaluations of PwMI in CIT engagements. The problem addressed in Allen and Campbell's (2018) phenomenological study was a lack of documentation to support CIT-trained police officers' lived experiences with people suffering from mental illnesses in the field. The study focused on investigating the experiences of CIT-trained police officers responding to PwMI in the field. The protection motivation theory was most closely related to the teachings of CIT training, as expressed by the study participants' actual experiences (Allen & Campbell, 2018). Participants provided the study's data, consisting of completed answers and transcribed interviews.

Allen and Campbell (2018) emphasized that CIT training should diminish fear appeals, which should replace it with a response based on expanded knowledge and rationale. Protection motivation theory aligns with the qualitative nature of the research questions concerning police officers' perceptions of PwMI and whether the information they obtain from CIT training aids in de-escalating an engagement with a PwMI. Key study findings revealed significant displeasure in the lived experiences of CIT-trained police officers (Allen & Campbell, 2018). Police officers who used the protection motivation theory to secure the well-being of those facing a mental crisis became frustrated. There was significant opposition from public mental health facilities, which added to the frustration of CIT-trained police officers who attempted to negotiate treatment with the limited resources available to assist those in mental crises (Allen & Campbell, 2018). Allen and Campbell (2018) recommended that police leadership and mental health advocates encourage specific CIT-training-related practices directly influencing CIT field experiences with PwMI. Therefore, the protection motivation theory aligns with the phenomenon in this study because specialized training may improve departmental outcomes, such as the long-term sustainability of benefits for PwMI and police officer accountability and reliability.

Protection Motivation Theory and Intervention in Health-Related Behavior

Milne et al. (2000) offered an overview of protection motivation theory, its use in health-related behavior, and a quantitative analysis of its impact on intentions and behavior. Milne et al. (2000) aimed to determine the overall performance of protection motivation theory as a predictor of health-related intentions and behavior. Meta-analysis

and vote-count procedures were used to assess the effectiveness of the model's components in predicting intention (i.e., threat- and coping-appraisal variables) and behavior (i.e., all model components) to identify the most effective targets for health-education interventions. Milne et al. (2000) posited that these techniques complement each other. Specifically, meta-analysis determines the overall strength of an association between two variables, while vote counts indicate the frequency of significant associations. Milne et al.'s (2000) meta-analysis assessed the average correlation between protection motivation theory variables and intention and behavior, followed by a vote count, which estimates the frequency of significant relationships across studies.

Protection motivation theory's threat and coping appraisals accurately predicted health-related objectives (Milne et al., 2000). The model proved effective for predicting concurrent behavior but less helpful when forecasting future behavior. Intention and concurrent behavior had the most robust and consistent correlation in the meta-analysis (Milne et al., 2000). The coping-appraisal component of the model was discovered to have higher predictive validity than the threat-appraisal component (Milne et al., 2000). The vote count confirmed these findings, with coping-appraisal variables having significantly larger significance ratios than threat-appraisal cognitions (Milne et al., 2000). Milne et al. (2000) found an association between cognitive change and real-world health education programs regarding mental and physical health issues. As a result, cognitive change is related to attitude, behavior, knowledge, and improved perception. CIT training encourages police officers to take a strategic protective approach when

encountering PwMI in the field, which supports everyone participating in the mental health collaborative network.

The most significant adjustment in the paradigm of care for PwMI in crisis has been in the approach of a policy for protection (Allen & Campbell, 2018). Milne et al. (2000) wrote that Rogers's protection motivation theory was founded on fear appeal, with countermeasures to be taken to lessen the impact of fear through favorable interventions. Regarding mental and physical health issues, Milne et al. (2000) observed a correlation between cognitive change and mental health education programs. Thus, attitude, behavior, understanding, knowledge, and improved perceptions intimately relate to cognitive change. Watson and Compton (2019) emphasized that emotion mediates cognition and behavior. Research remains essential on these formats as they are still in their early phases, even if recent literature has shown that attitude and knowledge are of greater significance than police officers' perceptions (Compton et al., 2022).

Literature Review Related to Key Concepts

In 1987, in Memphis, Tennessee, police officers repeatedly shot at 27-year-old Joseph Dewayne Robinson, who was known to have a mental illness (Rogers et al., 2019; Weaver et al., 2013; Willis et al., 2023). On September 24, 1987, upon responding to a 9-1-1 emergency call by Robinson's mother, police officers saw Robinson in the street outside his mother's home. Robinson's mother made a call to the police dispatch center to report that her son, who had a history of mental illness and substance misuse, had been using cocaine and threatening others (Rogers et al., 2019; Weaver et al., 2013). Robinson was acting bizarrely, threatening to commit suicide and brandishing a knife (Willis et al.,

2023). Robinson had a history of mental health issues. When police officers arrived, the conflict rapidly grew out of control, and they used fatal force (Willis et al., 2023). The police claimed that Robinson refused their verbal commands and rushed at them before being shot several times (Rogers et al., 2019).

CIT training was created because of this tragedy and has a theoretical foundation dating back over 30 years (Hassell, 2020; Rogers et al., 2019). Community activists, government representatives, academics from the Universities of Memphis and Tennessee, and members of the Memphis Police Department came together to form CIT training (Willis et al., 2023). Recommendations led to the development of the Memphis Model of CIT, which aimed to lessen the severity of police officer confrontations with PwMI and, where necessary, divert such individuals into treatment programs rather than the criminal court system. Rogers et al. (2019) expanded that according to press accounts from 1999, there had been two such police-involved deaths of PwMI as opposed to the seven individuals with a history of mental illness who were shot to death by police officers in Memphis on average each year before 1987.

In 1988, the National Alliance on Mental Illness (NAMI) chapter in Memphis, Tennessee, supported community outreach, education, and conversation between law enforcement and the public (Rogers et al., 2019). NAMI now promotes CIT training programs and offers volunteer opportunities and educational materials to help these programs begin and continue to flourish throughout the country (Stevens, 2023). CIT-training strategies gained popularity after a modest start nationally and worldwide. CIT

deployment has been modeled after the Memphis Model, developed in 1988 and progressively updated since then (Stevens, 2023).

CIT training courses are the most popular in the United States (Rogers et al., 2019). Approximately 2,700 CIT programs have been made available in the United States alone after three decades of training tens of thousands of police officers domestically and abroad, such as in Canada, the United Kingdom, and Australia (Rogers et al., 2019). Since its founding and current, CIT's primary objective has been to improve the quality of cooperation between law enforcement, mental health professionals, and PwMI (Stevens, 2023).

New research has widened the scientific perspective on mental health issues over the past few years (DeAngelis, 2022). For instance, current research into the association between violence and mental illness from a more nuanced viewpoint emphasizes the significance of contextual elements to explain a putative relationship (DeAngelis, 2022). Such a unique technique can be quite crucial for police officers. Conflicts with potentially fatal results can be avoided when PwMI are not routinely anticipated to be violent and aggressive.

Crisis Intervention Team Model

A fundamental component of the CIT model contends that police officer encounters with PwMI, such as schizophrenia, may be enhanced if police officers had more knowledge of these conditions (Nick et al., 2022). As a result, the individual in need of mental health support may be diverted from the criminal justice system and given priority access to mental health care. Law enforcement often interacts with PwMI. In the

community, 10%–25% of individuals with mental health issues have a history of being detained by police; 12%–15% of those who enter the mental health system are due to police involvement; and 1%–5% of police call for service involve PwMI (Crisanti et al., 2019). Nick et al. (2022) elaborated that the 40-hour training program is the most well-known part of the model because it gives police officers the knowledge and abilities to approach individuals in a crisis safely and connect them to mental health care.

The 40-hour didactic and interactive training's components typically cover material on de-escalation and communication techniques, legal considerations, mental illness signs and symptoms, recovery and treatment philosophies, suicide risk assessment and intervention, drug and alcohol issues, and a group activity involving clients of mental health services or their families (Nick et al., 2022). The national curriculum consists of 13.5 hours of didactics on mental health, 9.5 hours of training and roleplay on de-escalation techniques, 6 hours of site visits to mental health facilities, 5 hours of instruction on community support, 2 hours of instruction on law enforcement-related topics, and three administrative hours (Peterson & Densley, 2018).

In the criminal-legal system, those with severe mental illnesses are overrepresented, and this imbalance is most pronounced in jails (Willis et al., 2023). Although statistics vary, research has shown that between 11% and 44% of inmates in jail satisfy the PwMI criteria, compared to 6% of the public. Evidence also points to a high frequency of police contact with people who have SMI. An individual with a possible severe mental illness may be involved in as many as 10.8% of all calls for service (Koziarski et al., 2022), and police officers frequently spend more time responding to

these calls than they do to calls for assaults, burglary, or traffic accidents (Willis et al., 2023). Notably, despite evidence of the beneficial effects of anti-stigma training on police officers' attitudes and conduct, the program format generally does not expressly include a module on implicit prejudice or stigma (Willis et al., 2023). This is true even if there are variations in how CIT training is implemented across the United States.

Nick et al. (2022) found that a 40-hour CIT program immediately influenced beliefs, stigmatizing attitudes, and self-efficacy. The findings showed that better knowledge of community resources and improved self-efficacy were related to less stigma, implying participation in CIT training may further reduce stigma (Nick et al., 2022). This study highlighted the need to enhance training initiatives to address mental illness and stigma associated with substance use disorders (Nick et al., 2022). However, Nick et al. (2022) extended whether this impact extends to field practice is still being determined. To address disparities in police response to community crises involving mental illness and substance use, Nick et al. (2022) wrote that it is recommended to provide ongoing CIT training. Additional financing for instructional programs addressing stigma and racism among law enforcement is necessary to support these initiatives. Nick et al. (2022) emphasized that the widespread adoption of CIT deployment, including municipal investments in the 40-hour core curriculum, demonstrated a commitment to improved police training and community collaboration.

Willis et al.'s (2023) study suggested that the CIT training model significantly reduced the use of force by police officers in this Sheriff's Office. Trained police officers were also much less likely to resort to less lethal or empty-hand control techniques and

were more likely to initially use the most minor force (Willis et al., 2023). Most frequently, police officers without CIT training employed escalating degrees of force (Willis et al., 2023). However, Willis et al. (2023) underscored that there are drawbacks to using administrative data, including the potential for some interactions with PwMI to go uncoded and unrecorded in the study. Second, Willis et al. (2023) concluded that they failed to evaluate the degree of opposition from the public or the gravity of their infraction compared to the police officer's use of force. Third, a police officer's written recollection of an incident may contain inherent bias, as with any research utilizing self-report (Willis et al., 2023). Lastly, Willis et al. (2023) extended that they could not account for any self-selection factors, as the CIT model typically requires police officers to self-select into the program.

Peterson and Densley (2018) examined the impact of CIT training for the past ten years, which included 25 empirical research studies. Overall, because of the inconsistent results, dependence on self-report data, absence of comparison or control groups, and insufficient follow-up data, relatively little can be confirmed about the efficacy of CIT training (Peterson & Densley, 2018). Peterson and Densley contributed to the literature by offering a combination of favorable and adverse findings, emphasizing urban areas in the systematic review. Peterson and Densley (2018) argued that more research is required to determine whether completing CIT training is merely an accurate gauge of fundamental prosocial attributes that were always present or whether it improves skills, habits, and social and personality traits conducive to policing mental illness. Additionally, Peterson and Densley (2018) emphasized that perhaps the purpose of CIT

training is only to foster the distinction between those naturally stronger at verbal de-escalation and empathy than others.

To ascertain the actual percentage of police service calls involving PwMI and forecast the degree to which PwMI are involved within and across various call classifications, Koziarski et al. (2022) conducted a manual review and text search of the qualitative data appended to all calls for service made to Canadian police service in 2019. Although the percentage of calls classified as mental health calls in earlier studies suggested approximately a 1% rate, Koziarski et al.'s (2022) findings showed that PwMI was present in 10.8% of all calls in 2019. Therefore, the number of calls for service, including PwMI in Koziarski et al.'s (2022) research jurisdiction, is nearly ten times higher than those classified as mental health calls alone. This work must be repeated in other jurisdictions to provide a more precise estimate of the percentage of PwMI in police service calls. This is particularly important to shape future conversations on police officer reform about PwMI responses. Suppose adjustments are made to how emergency calls are handled with a restricted focus on the 1% of service calls that fall under the mental health category. In that case, Koziarski et al.'s (2022) research indicated that a significant part of emergency calls involving PwMI will be overlooked in the first place.

Impact of Crisis Intervention Team

Police officers frequently interact with people who are suffering from mental illness or who have emotional or behavioral problems. Researchers have hypothesized that these interactions occur increasingly frequently due to shrinking funds and flaws in local mental health systems (Hassell, 2020). These discussions can occasionally become

tense since people experiencing a crisis are frequently not rational. In the worst-case scenario, these contacts could lead to significant catastrophic occurrences that irrevocably alter individual lives, including those of the engaged police officers. Hassell (2020) extended that many police departments have turned to CIT training to help fulfill the increased demand and train officers for interactions and confrontations with PwMI and emotional or behavioral disorders.

The aim of CIT training was to improve and prepare police officers for interacting with PwMI going through a crisis or individuals with emotional or behavioral disorders (Willis et al., 2023). More specifically, CIT training for police officers focuses on educating police officers on mental illness and methods for defusing potentially dangerous interactions, as well as catastrophic outcomes with PwMI in crises (Hassell, 2020). Over 2,700 police departments have applied for CIT training. The literature suggested that CIT training may be advantageous in transforming police officers' attitudes, perceptions, and enforcement techniques.

Todd et al. (2022) sought to evaluate the effectiveness of CIT training in a mid-sized Midwestern County. CIT training was intended to increase participants' understanding of mental disorders and related concepts, decrease situational anxiety during crisis response, and improve their perception of comfort with individuals who live with mental illness (Todd et al., 2022). Between 2017 and 2019, there were four CIT training courses. Participants from three nearby rural counties with fewer than 50,000 individuals joined the training sessions, which were held in a midsized urban center with a population of over 60,000 (Todd et al., 2022). Moreover, participants included training

members from a nearby state police department divided between urban and rural counties (Todd et al., 2022).

The local CIT subcommittee, comprised of police officers, mental health advocates, university professors, and mental health care providers, led the four CIT trainings (Todd et al., 2022). The Memphis CIT Training Model designed the course, which featured de-escalation instruction, role-playing, lived experience, and community speakers (Todd et al., 2022). The training comprised 5 days of in-person instruction, totaling 40 hours. An outpatient community mental health center hosted the training (Todd et al., 2022). The week culminated in a 4-hour on-site observation session at one of the six nearby mental health providers. The participants had interactions with children and adults who were struggling with mental health issues throughout this training.

The CIT paradigm presents an opportunity to use less force and de-escalate confrontations considerably (Willis et al., 2023). Police officers who elected themselves to the program participate in training, which is frequently voluntary. Police officers undergo in-depth training on recognizing mental disorders, using de-escalation tactics, and learning about the community-based programs in their area that are available to those with PwMI. Emergency dispatchers can receive training that will assist them in appropriately assessing calls and assigning CIT-trained police when needed.

Willis et al. (2023) wrote that self-reported police officer attitudes toward people with mental illness, awareness of mental illness, and readiness to react to mental health emergencies have all been proven to improve because of CIT. According to Kubiak et al. (2017), police officers who had completed CIT training were more likely to feel prepared

to respond to scenarios involving mental health emergencies, were better equipped to recognize and screen for mental illness, and had more awareness of triggers, common illicit substances, and mental disorders.

CIT training impacts police officers' mental illness attitudes and perceptions.

Nick et al. (2022) emphasized that before CIT training, police officers had stigmatizing beliefs about mental illness and drug use and that these beliefs decreased for confident police officers afterward. Police officers assigned to road patrol have less stigma associated with mental illness than those working in dispatch or corrections. Nick et al. (2022) suggested that police officers who interact with PwMI in the community may be more familiar with and aware of the difficulties this demographic faces and, as a result, may hold fewer stigmatizing beliefs.

The availability of local resources has also become known as a significant contributor to the decline in stigma associated with mental illness. Community resources must be known to deliver individualized treatment and avoid arrest and the criminal justice system. The ability to recognize the signs and symptoms of mental illness may also be possessed by police officers who are aware of the resources available in their community, such as mental health providers, emergency services, or mental health advocates (Nick et al., 2022). Additionally, being aware of available community options can help police officers better understand the behavioral health services system and increase their sense of self-efficacy, which has been shown to reduce the stigma associated with mental illness.

According to Nick et al. (2022), there is a correlation between rising levels of self-efficacy and declining stigma associated with mental illness. Self-efficacy, the confidence in an individual's capacity to effectively conduct the actions required to produce accomplishments (Bandura, 1977), has been studied in several service delivery professions and has been found to predict behavior and motivation to persevere in a demanding situation (Love et al., 2021).

Hassell's (2020) research offered police officers' opinions of CIT training's usefulness and effectiveness. Among the 323 police officers, 87% (281 of 323) found CIT training beneficial and informative (Hassell, 2020). Following CIT training, many police officers reported gaining novel knowledge (Hassell, 2020). Police officers' views of the dangers of emotionally disturbed individuals and their perceived readiness to engage with them increased with CIT training, according to a quantitative review of the CIT training's immediate implications (Hassell, 2020). The evidence suggested that police officers' opinions of the risk that emotionally disturbed individuals are and how prepared they are to interact with them were directly impacted by the CIT training (Hassell, 2020). The data revealed transitions at the street level in how participating police officers communicated and engaged with PwMI with emotional and behavioral difficulties.

Todd et al. (2022) conveyed that police officer interaction with PwMI may decrease stigma because bias can be significantly impacted by connection and compassion. According to Todd et al.'s (2022) research, many participants ($n = 55$) had been involved with or were in contact with a PwMI. To be more precise, 83% of law

enforcement ($n = 44$) and all prison officers ($n = 9$) reported having an encounter with someone who had mental health concerns (Todd et al., 2022). The need for CIT training in communities is demonstrated by this research, which supports studies that claim police officers regularly interact with PwMI within the community. Todd et al. (2022) included participants who also claimed to have regular communication (63.6%) with a friend or relative who was struggling with mental health problems. The results assisted researchers in understanding that police officers face mental health issues in their personal lives in addition to the various forms of interactions at work.

History of Crisis Intervention Team Evidence-Based Policing

EBP is extensively acknowledged across disciplines as a method for utilizing the best available research to guide practice. CIT training has empirical-based support in the literature (Compton et al., 2014; Veluri & Mansuri, 2021; Watson et al., 2017). In the capacity to definitively state if the CIT model constitutes EBP, Watson et al.'s (2017) response stated it would be contingent on the interpretation of EBP and the outcomes one seeks. CIT was created about 30 years ago when policing was different (Peterson & Densley, 2018). The precise development of CIT and the initial research that led to the widespread adoption of CIT by law enforcement agencies across the country are not well known to the public. Twenty-five published empirical studies of CIT programs in the United States between 2005 and 2015 were included in Peterson and Densley's (2018) final analysis comprising 21 distinct research samples.

Numerous studies (Allen & Campbell, 2018; Compton et al., 2022; Hassell, 2020; Nick et al., 2022) have shown varied improvements in police officer knowledge,

pertinent attitude shift, and confidence when interacting with PwMI. Additional research supports CIT adaptations; some are qualitative or anecdotal, and some are empirical (Weaver et al., 2013). There has been evidence in support of distal in-field outcomes, such as CIT-trained police officers increased awareness of mental health issues and transportation to mental health facilities rather than incarceration, as well as their making fewer arrests of PwMI (Compton et al., 2014). These amendments assisted in directly decriminalizing mental health conditions.

Baker and Pillinger (2020) warned that as forces tailored the Memphis Model to meet the needs and resources in their region, the quality and intensity of training significantly vary between jurisdictions. Thus, emphasizing the universal nature of the acronym CIT should be interpreted with caution (Baker & Pillinger, 2020). Many local mental health services have minor or no influence on creating training content and implementation, and training on PwMI often co-occurs with training on other vulnerable populations in many departments (Baker & Pillinger, 2020). Finally, Baker and Pillinger (2020) wrote that less than one-third of CIT programs have official partnerships with neighborhood-specialized crisis response centers. Despite successful informal arrangements, some jurisdictions cannot work cooperatively with neighborhood community psychiatric services (Baker & Pillinger, 2020). Considering the organizational limitations of United States law enforcement, CIT should be regarded as a panacea applicable to certain situations (Baker & Pillinger, 2020).

Baker and Pillinger (2020) investigated the perspectives of families regarding PwMI deaths following police-officer interaction in the United States. The causes that

contributed to their death are examined, as well as how families believe police officer activities caused their loved one's death (Baker & Pillinger, 2020). The study focused on how police officer encounters with PwMI can result in death by using three fundamental concepts of policing: (a) an assessment of background circumstances, (b) existing tactics, and (c) potential role models (Baker & Pillinger, 2020). To better understand PwMIs' needs and anxieties during police officer interactions, more in-depth qualitative studies on their perspectives of these interactions are warranted. Families actively involved in their loved one's healthcare and frequently possess a wealth of knowledge about their health could also benefit from this type of research (Baker & Pillinger, 2020). To have a more comprehensive understanding of police officer contacts with PwMIs, there has been a recent institutional movement in Wales and England to consider the perspectives of PwMIs and their families (Baker & Pillinger, 2020). The increase in understanding the circumstances leading to PwMI deaths following police officer involvement, the more probable it is that we will be able to develop enhanced regulations, instruction, and accountability frameworks that could lessen the risk of harm or death during these encounters (Baker & Pillinger, 2020).

According to Compton et al. (2014), police officers with and without CIT training were compared on six essential CIT model constructs: (a) destigmatizing attitudes, (b) de-escalation skills, (c) stigmatizing attitudes, (d) knowledge about mental illnesses, (e) attitudes about serious mental illnesses and treatments, and (f) self-efficacy for de-escalating crises and making mental health service referrals. Due to the reliance on a standardized CIT curriculum, one research constraint is that all police officers who

completed CIT training were employed in a single state (Compton et al., 2014).

Nonetheless, the CIT program in Georgia is directed by the fundamental components of the CIT model, indicating that the findings may have broad applicability. Secondly, it is unclear if improved understanding and more accepting perspectives of individuals with severe mental illnesses have an impact on encounter resolutions (Compton et al., 2014). Self-reported de-escalation techniques and referral alternatives substitute for actual behaviors during an interaction.

Veluri and Mansuri (2021) sought to ascertain whether police officers' knowledge, attitudes, and stigma regarding mental health concerns are improved by CIT training. Veluri and Mansuri (2021) found that police officers receiving CIT training demonstrated significant developments in their understanding, disposition, and lack of stigma towards PwMI. While Veluri and Mansuri's (2021) research demonstrated the benefits of CIT training, other studies found CIT had no significance for the number of arrests or instances of police officers using force against individuals who had a mental illness. Future studies must investigate this discrepancy, concentrating on racial and gender bias.

Watson et al. (2017) examined the validity of the CIT model as either evidence-based policing or EBP. Watson et al. (2017) found that CIT training qualifies as EBP for enhancing cognitive and attitudinal results at the police officer level. However, future research is required if CIT may be classified as an EBP for other outcomes. Watson et al. (2017) shared that many countries would be appropriate in implementing the model based on the most current research when looking at CIT in the context of an EBP procedure.

Notably, most of the research that has been completed on the CIT model comes from a small number of research groups that operate in a restricted number of jurisdictions (Watson et al., 2017). To address the many unsolved or only partially answered problems regarding the CIT model, future researchers must investigate similar attempts across communities.

Allen and Campbell (2018) addressed the issue of inadequate documentation supporting CIT-trained police officers' lived experiences of interacting with PwMI in the field. Allen and Campbell (2018) found that there had been progress regarding empathy and compassion. CIT training or growing up in a warm and accepting home improved the officers' perceptions (Allen & Campbell, 2018). Additionally, police officers' perceptions of PwMI were previously lacking in compassion and were enhanced by CIT training. One implication of this study included tracking CIT-related field interactions, which aided in police officer procedures and better reactions. An additional implication is that CIT training can offer trustworthy mental health services. In addition, Allen and Campbell's (2018) research contributed to standardizing CIT training for police officers throughout all counties, where joint efforts between mental health networks and law enforcement provided a unified front of care for PwMI. Future research is warranted to suggest novel interventions for police officers when interacting with PwMI during a crisis.

Crisis Intervention Team Evidence-Based Policing

Watson et al.'s (2017) research utilizing pre- and post-training surveys showed improvements in knowledge, attitudes, and stigma regarding schizophrenia, as well as

increased self-efficacy and decreased social stigma regarding these conditions, as well as beliefs that are consistent with psychiatry-congruent beliefs regarding the causes of schizophrenia. In one study, Compton et al. (2014) compared 251 CIT-trained officers with 335 non-CIT officers regarding knowledge, diverse attitudes, and skills. Many measures were linked to two written and video vignettes, which showed typical police encounters with individuals who have psychosis or are suicidal. Police officers receiving CIT training consistently scored higher on knowledge tests, attitudes tests regarding various mental diseases and treatments, self-efficacy tests for engaging with an individual experiencing psychosis or suicidality, and social stigma tests. Police officers with CIT training demonstrated a considerable improvement in their understanding, disposition, and reduction in stigma regarding PwMI (Veluri & Mansuri, 2021).

Behavioral Implications on Police Officers

When comparing CIT-trained and non-CIT police officers, a vignette-based study showed reductions in the use of force preferences and the perceived effectiveness of physical force. Compton et al.'s (2014) large study compared 251 CIT-trained officers with 335 non-CIT officers also discovered significant and substantial differences between the two groups in terms of behavioral intentions (e.g., what they would do), their affirmation of the success of de-escalation skills, and referral recommendations based on vignettes showing frequent police encounters regarding psychosis and suicidality. In another study, researchers found CIT-trained police officers were more likely to direct individuals to psychiatric treatment centers (i.e., transport to a hospital or other referral) and less inclined to offer no intervention than their non-CIT peers, based on data from

researcher-administered surveys of Chicago police officers about mental-health-related calls they had responded to in the preceding month (Watson et al., 2017). Arrests revealed no distinctions. Additionally, compared to their non-CIT counterparts, CIT-trained police officers used less force to subdue aggressive individuals (Watson et al., 2017).

Several other studies have used dispatch or police department emergency call data to analyze police officer-level behavioral implications (Bratina et al., 2020; Watson et al., 2017). Police officer dispatch data for the two years preceding and four years following CIT adoption in Akron, Ohio, were analyzed (Watson et al., 2017). In the period after CIT adoption, Watson et al. (2017) discovered substantial increases in calls for diagnosed mental health issues, transport for emergency care, and the percentage of voluntary transports. The authors discovered no variation in arrest rates. Watson et al.'s (2017) study showed that a jurisdiction in Memphis, Tennessee, utilized the CIT model and had the lowest arrest rates when comparing the rates of PwMI in three jurisdictions with various mental health crisis response models.

Bratina et al. (2020) used a descriptive case study design to explore the outcomes and characteristics of interactions between people going through a mental health crisis and trained CIT police officers. Bratina et al. (2020) aimed to update the current literature by reporting aspects of interactions between CIT-trained police officers and people experiencing mental health crises in a Florida jurisdiction. Bratina et al. (2020) expanded on Franz and Borum's (2010) research by examining the characteristics of cases/consumers, outcomes/dispositions, and diversion cases in South Florida in which

police officers reported they would have taken the individual to jail (i.e., prevented arrest) if they had not received CIT (p. 284). Furthermore, this study filled a gap by collecting and analyzing data unique to law enforcement experiences with PwMI. Bratina et al. (2020) hypothesized substantial diversion from the system. Cohorts comprised 30–35 participants who attended CIT training thrice annually in a jurisdiction covering a four-county region in South Florida. Data from the four law enforcement agencies in the jurisdiction, including CIT calls, were gathered between 2007 and 2011. Bratina et al. (2020) discovered that contacts with CIT-trained police led to diversion rather than arrest.

Bratina et al. (2020) found that most interactions documented by CIT-trained police officers resulted in diversion rather than arrest. It is still being determined whether this is a direct result of CIT. However, it reflects what one may expect after training. At the very least, Bratina et al. (2020) extended CIT police officers appear to be aware of diversion possibilities and frequently issue referrals rather than arrests. Bratina et al. (2020) emphasized other study findings; however, they contributed to the body of literature on CIT and stimulated future research. First, like Franz and Borum (2010), Bratina et al.'s (2020) study discovered a considerable proportion of prevented arrests when police officers received instruction in CIT training (p. 284). Interestingly, while this is an improvement, it is worth noting that in 88% of situations, police officers stated they would have taken the same measures even if they had not received CIT training (Bratina et al., 2020).

Bratina et al. (2020) contributed to the literature by providing valuable data concerning CIT programs and outcomes for police officers in South Florida. Bratina et al.

(2020) acknowledged the need for more research on police officer contact rates and the procedures involved in contact with PwMI. Current literature extends the CIT model as a successful training program that enhances police response to PwMI. The study demonstrated positive results compared to the effectiveness of CIT programs, showing how effective diversion efforts are and how police safety is preserved (Bratina et al., 2020). According to Bratina et al. (2020), there were three suggestions for additional investigation. Bratina et al. (2020) suggested that to continue examining the association between CIT and positive outcomes regarding diversion, researchers must first broaden their scope to include several law enforcement agencies.

Police Officer Mental Health Literacy

The ability to identify various mental health disorders is critical since it allows police officers to interact and employ appropriate action with those who are affected. To assess police officers' MHL and determine whether their perceived and actual knowledge of mental health symptoms is consistent, Wittmann et al. (2021) examined police officer knowledge of mental health symptoms as a subset of MHL. The prevalence of mental health disorders, such as schizophrenia, bipolar disorder, depression, post-traumatic stress disorder, and personality disorders, was evaluated using a questionnaire to assess MHL (Wittmann et al., 2021).

The questionnaire assessed the frequency of police officer requests, the police officers' self-perceived knowledge of mental disorders, and their perceived preparedness to handle these requests. In the study, 82 police officers participated. Perceived and actual knowledge of mental health issues among police officers did not correlate. Wittmann et

al. (2021) concluded that participants demonstrated an elevated level of general knowledge, which varied when it came to the signs and symptoms of each of the five mental health disorders. Police officers were most accurate at determining the symptoms of paranoid schizophrenia, and most of them assigned the symptoms accurately (Wittmann et al., 2021).

Police Officer Reporting

Crisanti et al. (2019) posited that some law enforcement agencies claimed that handling mental health-related matters requires more time than responding to injury collisions, break-ins, or felony assaults. Additionally, confrontations between police officers and PwMI were underreported. Underreporting occurs for a variety of reasons, including (a) the challenge of diagnosing mental illness in crisis calls, mainly when substance use is present; (b) the propensity of law enforcement to concentrate data collection on crime and prevention rather than mental illness; and (c) the requirement to code the primary charge, which ignores the potential influence of a behavioral health problem (Crisanti et al., 2019). For instance, many circumstances of domestic violence resulting from an assault contain an underlying problem with mental illness or substance abuse but are not labeled appropriately.

Police Chiefs' Acceptance of Crisis Intervention Team

Seo and Kruis (2022) investigated aspects of CIT model implementation from the perspective of police chiefs. The study examined factors connected to departmental adoption of the CIT model using information gathered from 204 police chiefs in the Commonwealth of Pennsylvania. According to Seo and Kruis's (2022) findings, the

adoption of the CIT model by police departments was favorably correlated with the police chief's training experience with police officer response models. Accordingly, police chiefs with training in police officer response models were more likely to be employed by departments that had adopted the CIT model than by those that had not. Seo and Kruis (2022) could not determine if there was a causal association between police chiefs' training and future departmental adoption of the CIT model because the data was cross-sectional. Indeed, it is just as probable that departmental adoption of the CIT model prompted police chiefs to receive training rather than the CIT model being adopted first.

Seo and Kruis (2022) extended that future research endeavors should delve deeper into this discovery and investigate the temporal correlation between the variables. The CIT programs handbook, published by the NAMI, is helpful for police chiefs seeking further information about CIT. Seo and Kruis (2022) hypothesized that improving police chiefs' knowledge and training in CIT may result in police chief acceptance, leading to more police departments implementing the CIT model (Bratina et al., 2020). Considering this, Seo and Kruis (2022) encouraged police departments and local governments to fund their police chiefs to participate in these courses. Additionally, Seo and Kruis (2022) recommended that instructors and mental health professionals communicate the results of this study to their local law enforcement agencies, legislators, and county commissioners to aid in effectively adopting CIT training.

Wittmann et al. (2021) aimed to assess police officers' MHL by measuring their knowledge of mental health symptoms and determining whether their perceived and actual understanding of these symptoms aligned. Wittmann et al. (2021) found that the

perceived and actual knowledge of police officers regarding mental health disorders did not correlate. The study presented several limitations. First, Wittmann et al. (2021) utilized the clinical nomenclature provided by the ICD-10 to describe symptoms. It is plausible that participants' unfamiliarity with this terminology led to guessing or unanswered questions (Wittmann et al., 2021). Further research must delineate the vernacular that police officers use to characterize mental health problems in their daily duties. Second, Wittmann et al.'s (2021) questionnaire's validity may have been hampered by the fact that they only selected three or four symptoms from the ICD-10 to represent each mental disorder. Larger and more representative sample sizes should be used in future studies when implementing demonstrated MHL scales in the realm of police work (Wittmann et al., 2021). Wittmann et al.'s (2021) findings are restricted to tested knowledge; therefore, additional research is required to determine whether police officers can identify if an individual is exhibiting active signs of a mental health crisis.

Police Officer Perceptions and Stigma

Stigmatizing attitudes have been proven to affect encounters between law enforcement and PwMI. It has been demonstrated that prejudices and preconceptions contribute to negative attitudes and behaviors against PwMI (Laniyou & Goff, 2021; Nick et al., 2022). The interactions police officers have with PwMI are influenced by their lens and beliefs, which impacts how the calls are managed (Watson et al., 2017). Avoidance, withholding assistance, or support for forceful treatment have all been associated with beliefs that the beginning of a mental disorder is under the individual's control or that a PwMI is unsafe (Kubiak et al., 2017). As opposed to arrest or even a no-

action disposition, transport to a psychiatric emergency room or referral to a mental health facility may be the appropriate course of action.

Given the recent emphasis on the excessive use of force by some police officers when interacting with PwMI in a crisis, it is critical that federal, state, and local government agencies support and participate in policies, practices, and programs that address bias and stigma, particularly towards PwMI (Nick et al., 2022). De-escalation techniques and training assist front-line police officers in recognizing symptoms of psychological distress, can lessen tense interactions, and, perchance, minimize the use of deadly force by officers. CIT training can also afford police officers the tools to change attitudes and increase their MHL.

The police officers' discretion level has influenced the interactions between police officers and PwMI, the options within the criminal justice system that are open to the police officers, and the police officers' knowledge about these resources (Ritter et al., 2010). The choices accessible to police officers outside the criminal justice system additionally impact how engagement is transmitted. Interactions with police officers may have a less negative effect on PwMI if police officers are trained to recognize the signs, causes, and treatments of mental illness and to comprehend the relative risk of violence while also providing them with de-escalation tactics (Watson et al., 2017). To affect police officers' decisions on the scene, CIT training specifically attempts to increase police officers' understanding and awareness of the mental health treatment system, available resources and services, and the accessibility of emergency psychiatric treatments.

Police officers' assessment of how prepared they are to assist PwMI in need may also be impacted by CIT. According to research, police officers were aware of the amount of their interactions with people seeking mental health treatment, indicating that these exchanges added to their workload and made them less confident (Ritter et al., 2010). Additional training on how to approach PwMI, as well as increased awareness of the available programs, were also emphasized by the police officers. Police officers can acquire skills, learn about the available services, and improve their ability to identify mental disorders through CIT training.

The stigma of mental illness is composed of seven distinct components (Haigh et al., 2020). *Interpersonal anxiety* reflects sentiments of unease, apprehension, unease, fear of bodily harm, and general danger when around PwMI (Haigh et al., 2020). *Relationship disruption* evaluates whether a person thinks they can have a typical and healthy relationship with a PwMI and includes feelings about how mental illness affects deep relationships. This may reflect the concept that PwMI cannot sustain meaningful relationships. Still, it may also reflect that the individual cannot sustain a personal relationship with a PwMI. *Poor hygiene* reflects misconceptions about the physical characteristics of PwMI, especially the perception that they cannot care for themselves. *Visibility* refers to an individual's conviction that they can recognize signs of mental illness in others by observing their appearance (Haigh et al., 2020). An individual's view of the *treatability* of mental illness reflects their perspective on whether mental illness can be treated. *Professional efficacy* refers to the concept that mental health professionals

are proficient in treating mental disorders. In contrast, recovery refers to the idea that PwMI can recover from their mental disorder (Haigh et al., 2020).

When interacting with an individual who is experiencing psychosis or suicidality, CIT-trained police officers reported increased self-efficacy, greater knowledge of mental disorders and their treatments, less stigma associated with mental illness, improved de-escalation decisions, and better referral decisions (Watson & Compton, 2019). Similarly, Hanafi et al. (2008) examined police officers' attitudes after completing CIT training. The authors discovered that police officers believed they were more knowledgeable about mental disorders and more confident in handling situations involving PwMI.

Improved tactics assist police officers in handling and de-escalating situations more skillfully (Ritter et al., 2010). Training enhances police officers' use of body language, active listening, and communication skills, which may increase their efficacy in responding to mental health crisis calls, mainly when employed in creating a crisis response team (Ritter et al., 2010). Compared to other mental health response teams, CIT received higher ratings and was thought to be more effective in promoting community safety and keeping PwMI away from incarceration (Ritter et al., 2010). Analysis of police officers' perceptions of their preparedness and effectiveness and how much their training and experiences influence their attitudes have theoretical and applied significance.

Improvements in knowledge, attitudes, self-efficacy, and stigma have been shown in previous studies on CIT training for police officers. However, Compton et al. (2022) examined how these elements affect behavioral outcomes like de-escalation techniques and referral decisions. Between April and October 2010, 586 police officers, 251 with

CIT training and 335 without, were chosen from six police departments in Georgia to participate in 34 proctored, group-based, in-depth survey administrations (Compton et al., 2022).

Compton et al. (2022) found that CIT training promotes knowledge and positively impacts stigma. However, reduced stigma appeared to have little bearing on de-escalation techniques or referral choices. As a result, while decreased stigma may be an element of CIT training, it is not the cause of improved de-escalation techniques or referral decisions. Compton et al. (2022) emphasized that although additional research is required to understand fully how stigma reduction affects police officers' behaviors, the psychoeducation that comes with CIT training has been associated with less stigma.

Kubiak et al.'s (2017) case study detailed the countywide use of CIT. It expanded upon earlier research on the frequency of interactions between law enforcement and individuals with mental health disorders, as well as the results of CIT training, such as altered attitudes toward these individuals by police officers. Kubiak et al. (2017) discovered that based solely on official reports, the number of interactions between police officers and PwMI may be underestimated. Cooperation between systems is a crucial element of the CIT paradigm (Kubiak et al., 2017). The effects of advisory boards, boundary spanners, and diversion coordinators on the outcomes of those diverted by CIT-trained police officers should be examined in future studies (Kubiak et al., 2017). Communities that integrate any or all these system elements will manage a CIT program that is more successful and efficient. Kubiak et al. (2017) added that research studies

should utilize statistical analyses wherever feasible to forecast the influence that the system and its constituent parts have on the outcomes of police officers and individuals.

Laniyou and Goff (2021) assessed the differences in the experiences of individuals with severe mental disorders regarding police officer use of force and injuries. Compared to the general population, those with serious mental illnesses are much more likely to be the victim of police officer violence and sustained injuries during interactions with law enforcement. Compared to racial and ethnic differences in using force and injury, Laniyou and Goff (2021) found that inequalities were more significant. Considerable differences in the use of force by police officers against individuals who have a severe mental illness should be addressed in future research as part of efforts to rethink public safety and improve police officer procedures in the United States.

Ritter et al. (2010) contributed to the body of literature by analyzing how police officers' perceptions of mental illness and their ability to assist someone experiencing a mental health crisis were affected by CIT training. Ritter et al.'s (2010) study was limited by its small sample size and was limited to a population of CIT police officers and non-CIT police officers in one community. Nonetheless, it was encouraging to discover that after training and one to three years of experience, CIT-trained police officers believed they were professionally qualified to interact with a PwMI in crisis (Ritter et al., 2010). Even more encouraging is their perception of their fellow police officers, and the department has improved their performance. With this data, Ritter et al. (2010) could not establish police officers' perceived efficacy transfers into actual effectiveness in the field.

Haigh et al. (2020) examined survey data from 185 police officers to assess if stigma around mental illness influenced police officers' perceptions of their readiness to engage with individuals with mental illness outside of the frame of reference of CIT training. The data indicated that while there are few disparities in the perceptions of readiness between police officers who have completed CIT training and those who have not, the perceptions of readiness can be explained by the degree to which mental illness is stigmatized (Haigh et al., 2020). Significant limitations exist for this research. It is difficult to establish that CIT prevents police officers from stigmatizing mental illness because the opinions of the police officers were not evaluated before the training (Haigh et al., 2020). Secondly, Haigh et al.'s (2020) research focused more on perception data than outcome data. The research on police officer perceptions of preparation offered a first look at the difficulties posed by stigma around mental health, given it has been shown that stigma around mental illness is associated with lower outcomes for individuals with mental illness in interactions with others (Haigh et al., 2020). These difficulties should be further investigated in future research. Although mental health training aimed at reducing stigma in specific categories of attitudes may affect police officers' perceptions, examining whether and how changes in attitude are associated with changes in behavior is critical to developing and implementing effective trainings that improve interactions between individuals with mental illness and law enforcement.

Watson and Compton (2019) contended that CIT can be considered evidence-based for police officer-level outcomes and call-level dispositions. The challenges have rendered it problematic to conclude outcomes related to arrests, use of force, and injuries

(Watson & Compton, 2019). Undoubtedly, additional research is required, including randomized controlled trials. The question of what should be randomized naturally arises. Though the limited focus on CIT hampers this strategy as a training program, Watson and Compton (2019) suggested randomly assigning police officers to CIT training may be possible. Given the data Watson and Compton (2019) provided on the advantages of CIT, randomizing calls to a CIT response or not would be exceedingly challenging to implement and unethical.

Compton et al. (2022) investigated the relationship between CIT training for police officers and improvements in knowledge, attitudes, self-efficacy, and stigma factors and behavioral outcomes, such as de-escalation abilities and referral decisions. Compton et al. (2022) found that CIT training increases knowledge and attitudes, positively impacting stigma. Lower stigma, while an important outcome, has a negligible effect on de-escalation skills or referral decisions, whereas self-efficacy does. One limitation of Compton et al. (2022) was that police officers' reliance on self-reported attitudes, stigma, and self-efficacy is susceptible to social desirability bias. More significantly, Compton et al. (2022) evaluated only police officers' opinions of the efficacy of specific actions, which might translate to something other than actual behaviors. As a result, Compton et al.'s (2022) behavioral outcomes of interest, precisely de-escalation skills, and referral decisions can only partially simulate real-world interactions. Demand traits and social desirability bias may have influenced police officers' responses to behavioral outcome measurements. Furthermore, considering the convenience sampling approach and the requirement for voluntary participation in data

collection, the authors did not completely rule out the possibility of selection bias bearing an undetected influence on the study's results (Compton et al., 2022).

Crisis Center Utilization

Research studies on CIT-trained police officers included transporting more individuals with severe mental illnesses to emergency departments (ED), which, while preferable to incarceration, can be costly and lacking in connections to long-term mental health treatments (White et al., 2019). While mental health crisis centers present a viable option, their effectiveness might be constrained by their proximity and lack of police understanding. White et al. (2019) ascertained whether CIT training affected police officers' judgments when transporting incidents to a local hospital ED or a mental health crisis center, mainly if they were at a distance. Prior CIT research has rarely considered the type of police officer-initiated decisions connected to the choice of service type (White et al., 2019). Still, they are nonetheless crucial to our understanding of the underlying mechanisms of this intervention.

White et al. (2019) suggested that CIT training significantly influenced law enforcement's transportation choices. Police officers boosted the number of referrals to the crisis center by 21.9% after CIT training was activated, and the crisis center also received ten additional police officer-initiated referrals each month. CIT-trained police officers were more likely to make the additional route to transfer the individual to the appropriate location when they were distant from the crisis center. The reality may have driven increases in a considerable number of police officers (20%, or 61 out of 312) who received CIT training and detailed information on community mental health options.

Although CIT-trained police officers had 2.8 times higher odds of taking an individual to the crisis center than non-CIT-trained police officers, there were spillover effects of the training on police officers who did not participate in the program (White et al., 2019). CIT training likely improved police officers' knowledge of the crisis center's offerings, how it could assist a PwMI, and how the center's no-refusal policy allowed police officers to resume street patrol rapidly. Positive outcomes were predicted for PwMI and community systems of care because of increased significant usage of the crisis center and decreased utilization of an ED (White et al., 2019). The difference between the community-based crisis center and ED is that the former connects patients to a network of services and doctors specializing in outpatient care. In other research, police officer transport to a crisis center in the Netherlands was more likely to lead to service connections than informal resolutions or non-referrals, and going to the first post-ED appointment has been linked to lower readmission rates to an ED (White et al., 2019). Therefore, a key result would be confirmed transitions to mental health care in a networked healthcare system.

White et al. (2019) examined if CIT training affected the police officers' judgments when transporting individuals to a nearby hospital ED or mental health crisis center, especially in cases where the incidents occurred at a distance. Police officer-initiated referrals to the crisis center increased by 21.9% following the integration of CIT training, and the crisis center received ten more monthly referrals from police officers (White et al., 2019). CIT-trained police officers were more likely to arrange an extended trek to get the individual to the appropriate service when the crisis location was farther

away from the crisis center (White et al., 2019). Although these factors were not included in the law enforcement agency's call records, future research should include how specific police officer attributes such as gender, color, training experience, and years on the force affected judgments about transport. Merely 0.26% of all instances were classified by police officers as either "suicide" or "mental health" calls (White et al., 2019, p. 245). It is plausible that police officers without CIT training failed to identify mental health emergencies and underreported occurrences of this nature. White et al. (2019) offered that police officer time constraints may also make it unlikely that informal contacts, especially in a busy and densely populated jurisdiction, were not documented in a police report. It is possible that the emergency calls were recorded and reported by police officers who needed significant assistance.

Crisis Intervention Team and Specific Populations

Youth Populations

Approximately two million youths under the age of 18 were taken into custody in the United States in 2008 (Kubiak et al., 2019). Twenty percent of youths involved in the legal system are thought to have mental health issues, which is about twice as common amongst the general youth population. Adolescence is one of the most intensive developmental phases in the life cycle for young individuals due to the numerous changes in behavioral, cognitive, social, emotional, and physical processes that occur during this time. Kubiak et al. (2019) suggested that most mental illnesses are first identified in adolescence, which may interfere with their developmental processes. Additionally, decision-making can also be complicated by brain immaturity. Adolescents with mental

health issues are consequently more inclined to engage in disruptive and high-risk behaviors, which increases their contact with law enforcement and the legal system (Kubiak et al., 2019).

Crisis Solution Teams for Youth (CIT-Y) was one solution that attempted to address these issues. With the support of an advanced training program called CIT-Y, adolescents with mental health issues could be removed from the criminal justice system. Kubiak et al. (2019) wrote that the CIT-Y program, which is based on the adult-oriented CIT police training program, is beneficial in enhancing police officers' attitudes toward people with mental illness, boosting referrals to mental health resources, and decreasing the possibility of both incarceration and use of force. Results indicated that the CIT-Y program had produced noticeably positive findings (Kubiak et al., 2019). Police officers increased knowledge of youths with mental health issues and improved their ability to identify those in danger. Before these trainings, according to police officers, they thought adolescents with mental health issues were simply being mischievous and arresting them was the proper course of action (Kubiak et al., 2019). Following CIT-Y training, police officers improved their de-escalation techniques, such as using personal space, speaking calmly, and providing the youth with options. Additionally, police officers were informed about nearby mental health care providers in their region. Notably, Kubiak et al. (2019) included that police officers received information on various mental disorders and adolescent brain development. These results suggested that police officers, mainly those who completed CIT-Y training early in their careers, successfully retained the most significant elements (Kubiak et al., 2019).

Racialized Populations

Alvarez (2020) illustrated that use of force interactions between police officers and PwMI were frequently documented on television, which disseminates eyewitness reports to millions of individuals who watch an infinite loop of these tragedies on social media. When these instances are replayed, observers watch the poor approaches and potential courses of action in disbelief. Alvarez (2020) emphasized that everything that could have been done differently is visible. As more attention has been paid to the disproportionate use of force by police in their attempts to pacify PwMI, the word de-escalation has become ubiquitous in our public discourse. De-escalation refers to the efforts taken by a police officer. For example, using verbal or nonverbal methods, police officers attempted to lessen a police-public encounter's already-escalating tension, conflict, or harm. However, Alvarez (2020) reminded what has been omitted from this definition is the element in which just the presence of a police officer triggers tensions, particularly for Black, Indigenous, and racialized populations who are particularly susceptible and subject to higher levels of brute force by police and, especially for PwMI, who face the risk of being erroneously accused because of racial bias.

Veteran Populations

Military veterans had a higher prevalence of mental health issues (i.e., PTSD, substance abuse, and traumatic brain injury) than the general population, and these issues are associated with aggressive or other criminal activities (Weaver et al., 2021). Issues were especially severe in the recently deployed military as acquired behaviors shifted

from life-preserving to maladaptive. Furthermore, data demonstrated that a few distinctive veteran subsamples had significant rates of prior offenses.

In one large sample study of veterans receiving VA substance abuse treatment from 1998 to 2001, 85% reported having been arrested or charged with a crime, 46% reported having at least one-lifetime conviction, and 23.8% reported having been detained for a violent crime at least once (Weaver et al., 2013). Of those who participated in the study, 8.5% also reported spending time in jail or prison 30 days before enrolling. From a clinical perspective, it is typical for a 20-person substance abuse treatment group to comprise 17 veterans who have been detained and charged with a crime, at least three of whom were charged with a violent criminal offense (Weaver et al., 2013). Ten of them finally received convictions. These legal issues have risen for one or two individuals within the previous month. Weaver et al. (2021) found that police officers who were required to attend training throughout geographic and culturally diverse departments had increased mental health recognition and crisis management knowledge while maintaining a minimal but reliable modification to the most crucial aspects of the training.

Kubiak et al. (2019) investigated the viability, acceptability, consistency, and results of a youth-specific version of the Crisis Intervention Team (CIT-Y) program. By informing police officers with knowledge and skills that are developmentally appropriate, this intervention kept youths with mental health problems out of the criminal justice system (Kubiak et al., 2019). Pretest and posttest results demonstrated that 86% of police officers had a positive change in their understanding of and attitudes toward youths with mental health issues (Kubiak et al., 2019). Interviews identified a positive influence on

police officers' reported behaviors. This initial evaluation of the CIT-Y course is positive overall. While police officers described behavioral changes and the training applied to their daily duties, certain elements still require improvement (Kubiak et al., 2019). Future research investigations into CIT-Y programs should assess the factors influencing the choices made by police officers and the consequences for the youths involved. Prevention initiatives such as CIT-Y have the potential to help law enforcement agencies lower juvenile mental health problem-related recidivism and system engagement.

Alvarez (2020) focused on implementing the recommendations that have come out of numerous investigations and inquiries concerning the response to mental health crises and police violence. Alvarez (2020) created a scenario-type training, which enabled police officers to observe an interaction involving fatal force with a PwMI and then press the rewind button, entering the situation with actors to attempt different crisis-resolution techniques. A diverse team of spectator instructors provided feedback to police officers. At the same time, they practiced making ethical decisions under pressure in high-affect scenarios, which replicated the fluidity, uncertainty, and urgency of the encounter (Alvarez, 2020). Most of the recruits who participated in Alvarez's (2020) study were diverse and were recent graduates from the police academy. Future research should include experienced police officers.

Weaver et al. (2013) created an affordable and practical introduction to the mental health and typical readjustment difficulties military veterans face. This can result in engaging in or escalating crises, complementing the more intense CIT approach. Weaver et al.'s (2013) training appeared to have successfully equipped police officers with the

necessary tools to detect, de-escalate, and refer veterans to treatment when deemed appropriate. Weaver et al. (2013) received a lower response rate to an email survey than with the comparatively anonymous in-class evaluation when they asked each police officer for additional specific information via an email follow-up. The positive follow-up results Weaver et al. (2013) found in police officer self-reports may have been overlooked by the data collected throughout their procedures. Future research with more robust research designs is required despite the challenges in conducting such studies, such as police officer participation.

Cultural Perspectives on Crisis Intervention Team

Daggenvoorde et al. (2021) investigated the interaction between police officers and members of the Mobile Crisis Team (MCT), who were the first to respond to calls from Dutch society regarding people exhibiting confused behavior and significant violent situations. In their hermeneutic phenomenological investigation, the authors conducted unstructured interviews with eight MCT members and eight police officers. According to Daggenvoorde et al. (2021), these two diverse groups had difficulty working together. Daggenvoorde et al. (2021) emphasized that conflict in a collaboration arises from varying expectations and ideas. Police officers felt MCT had to explain why a crisis assessment resulted in a particular way. The conflict between police officers and MCT was resolved through a creative idea named Street Triage.

Police Resistance

Contrarily, Lane (2019) wrote that the United Kingdom police were undertrained and faced criticism for their handling of cases involving mental health. Lane (2019) noted

that jobs in the mental health field are often portrayed as incompatible with law enforcement jobs. According to Lane (2019), mental health issues are (a) delegitimized, making people less deserving of police attention, and (b) associated with violence and extreme behavior, which justifies the use of force by law enforcement and places the blame on mental health services. Lane (2019) implied that the importance of mental health work to police work is not well acknowledged. The author concluded that future research is necessary to examine police officer discourses regarding mental health circumstances and how to confirm occupational status.

Martin-Iñigo et al. (2022) aimed to (a) characterize the patient population served by the CIT and the level of care provided; (b) evaluate the effect of the CIT on clinical symptoms; and (c) evaluate the shifts in the service use pattern before and after the CIT intervention, with a particular emphasis on ER visits and acute unit admissions. Crisis resolution teams (CRT) are a community-based alternative implemented in several countries throughout the past 20 years to treat acute mental patients. These groups termed CIT in Spain, were first taken into consideration in the case of Catalonia in response to the Comprehensive Care Plan Strategy 2017–2019 for people with mental disorders and addictions (Martin-Iñigo et al., 2022). Promoting community options for those with acute decompensation in their underlying psychiatric pathology was a crucial component of the program. To prevent hospital admissions, CIT offered this type of patient rapid, comprehensive, community-centered interventions. CIT teams were highlighted for their multidisciplinary interventions, swift response times, and accessibility to access.

The assessment of the CIT by Martin-Iñigo et al. (2022) produced results comparable to those of other countries' experiences. The most significant finding included data that emphasized that most of the patients were experiencing acute decompensation from their mental illness, hospital admissions were typically avoided, and local interventions were provided (Martin-Iñigo et al., 2022). The patient's clinical course was favorable even though there were no statistically significant improvements in the reductions of service application.

Notably, Martin-Iñigo et al. (2022) wrote that the impact of the intervention on patients' levels of stigma and self-stigma, as well as their satisfaction with it, should be evaluated in future research. Considering the psychological strain many patients adopted on their psychiatric hospital admission experiences, Martin-Iñigo et al. (2022) hypothesized that these community-type interventions, as evidenced by studies conducted in other countries, lessened stigma while also cultivating a perception of the care teams as more approachable, adaptable, and available when required.

Koziarski et al. (2021) wrote that according to the latest estimates, over 6.7 million people in Canada, or 19.8% of the country's total population, have mental illness. By 2041, this number will rise to almost 8.9 million (Koziarski et al., 2021). While not everyone who lives with a mental illness interacts with police officers, in Canada, PwMI encounters have risen. Estimates place PwMI at up to 15% of annual calls for assistance (Koziarski et al., 2021). Standards and curricula for frontline mental health training have been developed in response, aiming to better prepare police officers for contact with PwMI. Furthermore, police officer forces across Canada have shifted their focus to

executing specialized PwMI responses, such as CITs and CRTs, to enhance police officer-PwMI interactions even further. A specially trained police officer paired with a mental health practitioner or on-call practitioners who respond to PwMI calls at the request of frontline police officers typically makes up the former, which is made up of frontline police officers who have received specialized training on mental health and related issues (Koziarski et al., 2021).

Koziarski et al. (2021) aimed to collect further research about CITs and CRTs in Canada, specifically to record which Canadian police officer agencies use these responses, how they are integrated, and the challenges these responses are believed to encounter. The results indicated that although a substantial fraction of the sample used a CIT or CRT, the makeup of these positions may vary significantly depending on the jurisdiction. In addition, participants particularly mentioned several perceived challenges faced by CRTs, including a lack of social support and services, operating hours, personnel and finances, and hospital wait times (Koziarski et al., 2021). The compositional structure of these responses and any difficulties they encounter can significantly affect how well they are implemented in the Canadian setting. Koziarski et al. (2021) emphasized that further studies are required in several areas surrounding CITs and CRTs, particularly concerning the most effective and efficient composition and comprehending the ramifications of persistent difficulties and solutions.

Although Daggenvoorde et al. (2021) contributed to research with interventions such as the MCT and police officers in Dutch society, there was one major limitation. The researchers admitted that the study was qualitative and included few participants

(Daggenvoorde et al., 2021). Therefore, there is a potential for selection bias. To expand on the data gathered, only 16 interviews from the eight police officers and eight MCT members were utilized (Daggenvoorde et al., 2021). Future research is warranted with a larger population of police officers and MCT members. Daggenvoorde et al.'s (2021) study was valuable to understanding collaboration efforts between networks that assist individuals with mental health crises. The study provided a cultural perspective with two teams in Dutch society (Daggenvoorde et al., 2021).

Lane (2019) suggested that further research is required to explore police officer discourses involving mental health situations and how occupational status can be verified. Lane (2019) significantly contributed to police officers' input on their role as mental health crisis responders; however, the study had a critical limitation. The findings were based on content expressed within an online discussion forum (Lane, 2019). Lane (2019) underscored that online form participation is frequently unevenly distributed, with prevalent participants actively contributing, running the forum, and managing discussions. Therefore, future research is warranted outside of an online platform with verification of law enforcement status and feedback on the respondents' role involving mental health-related situations.

Koziarski et al. (2021) aimed to compile more data on CITs and CRTs in Canada, primarily focusing on which Canadian police agencies use these responses, how they connect, and the difficulties these responses are thought to face. Creating more robust evidence supporting CRTs could help law enforcement agencies obtain the funding required to expand or deploy CRTs. Additional research on CRTs in the Canadian setting

is necessary for three reasons (Koziarski et al., 2021). First, additional literature is needed concerning the application and efficacy of CRT. An array of areas would offer evidence of effectiveness, improvements, and solutions to problems, including optimal response structure training, objective achievement, interaction outcomes, cost-savings, and the aftermath of met challenges (Koziarski et al., 2021). Second, these answers can be isolated from any reservations about police officer economics by deriving CRT decisions from accurate information. There should be fewer concerns about police officer funds being allocated to them if they are found to be an evidence-based approach. Finally, Koziarski et al. (2021) posited that if the data supported the effectiveness of CRTs and even demonstrated cost savings, there may be demand for additional funding to support CRTs, which would allow for further development and alleviate some of the challenges that have been identified.

Martin-Iñigo et al.'s (2022) study ascertained the following: (a) characterized the spectrum of patients the CIT treats and the level of care they receive; (b) evaluated the effect of the CIT on clinical symptoms; and (c) evaluated the shifts in the spectrum of service utilization before and after the CIT intervention, with an emphasis on acute unit admissions and emergency room visits. This study represented the first application of the assessment of psychopathological severity by using the Health of the Nation Outcome Scales (HoNOS) scales in the South of Europe (Martin-Iñigo et al., 2022). However, the study presented several limitations. First, there was no consideration of the causes of therapy discontinuation. Secondly, neither individual psychosocial components nor a battery of clinical instruments was used to evaluate symptoms (Martin-Iñigo et al., 2022).

A sub-analysis of the various HoNOS parts may be considered to gather more specific data on each item (Martin-Iñigo et al., 2022). Lastly, additional factors, such as the innate propensity for clinical improvement, were connected to improving certain disorders and were ignored (Martin-Iñigo et al., 2022).

Future of Crisis Intervention Team

When there is a crisis involving mental health, police officers and ambulance services are frequently called to the scene (Uddin et al., 2020). These emergency services direct the course of patient care given the rising demand for ambulance responses to individuals with mental health needs and the 20% of police officer incidents thought to be related to mental illness (Uddin et al., 2020). Despite these expanding patterns, mental health education resources are deficient for emergency personnel. Notably, there has been a lack of training in risk management, de-escalation, and suicide prevention.

Uddin et al. (2020) emphasized that the advantages of inter-professional education (IPE), including enhanced multidisciplinary teamwork and collaborative care, have been recognized in providing mental health training. Improved knowledge, confidence, and attitudes about mental illness are some professional results following IPE (Uddin et al., 2020). The quality of mental health outcomes at both secondary treatment and community-based facilities has been improved by IPE. IPE has been made available to provide high-quality care that addresses the community's complex mental health requirements, given the symbiotic collaboration between police and ambulance personnel (Uddin et al., 2020).

Simulation as a field has acknowledged the value of IPE in mental health training (Uddin et al., 2020). Using skilled actors and audio-visual technology, simulation is a potent tool that safely replicates real-life emergencies and enables professionals to hone their clinical competencies (Uddin et al., 2020). Simulation training also urges reflection through controlled debriefing to foster professional development. Simulation training has been shown to enhance educational outcomes because it is immersive, authentic to clinical practice, and can include various professions.

It has been demonstrated that mental health simulation training improves the quality of care across a variety of professions by lowering the stigma associated with mental illness (Uddin et al., 2020). Improvements in reflective practice, the capacity to function under pressure, and resilience are all advantages of mental health simulation training, which are crucial when working with vulnerable populations in complex clinical settings (Fisher et al., 2020).

As evidenced by literature and amended policies, there is a growing demand for police officers to respond to mental health emergencies, so it is critical to properly educate emergency professionals to ensure higher quality care is provided at the point of emergency assistance (Uddin et al., 2020). Positive educational findings, such as increased self-efficacy, attitudes toward clinical practice, and inter-professional cooperation, were used to highlight the value of mental health simulation training. Improvements in the conduct, actions, and responsiveness of services, and subsequently, the experience of PwMI, rely heavily on these personal and psychological learning outcomes and perceived changes to practice. Fisher et al. (2020) highlighted that mental

health simulation training and other forms of experiential learning informed by pedagogy can meet essential training demands for emergency personnel.

Videoconferencing

A significant drawback of the CIT approach is that it is a one-time course, and the possibility of continuing education in CIT concepts and best practices needs to be more consistent and abundant (Crisanti et al., 2019). In response, Extension for Community Healthcare Outcomes (CIT ECHO), a videoconferencing network that employs case debriefings and further training to promote CIT best practices, was created in 2015 to overcome this shortcoming. Through videoconferencing, CIT ECHO links law enforcement throughout the state and country to a central core of specialists in Albuquerque, New Mexico (Crisanti et al., 2019). This hub team comprises two psychiatrists, a CIT detective, a crisis specialist, and a project coordinator. Every CIT ECHO session includes a member of the hub staff. They select presenters, plan the didactic presentation, and direct the sessions themselves. The 90-minute CIT ECHO sessions have two primary components: (1) a brief didactic lecture about behavioral health or CIT policing and (2) case debriefings delivered by police on incidents involving mental illness or substance use (Crisanti et al., 2019).

CIT ECHO had various advantages. First, participants receive the training at no cost, which is an enormous convenience for law enforcement organizations dealing with financial constraints and budget cuts (Crisanti et al., 2019). Second, using the ECHO model negates the need for travel and the accompanying expenses for most training. Thirdly, by having access to CIT ECHO via smartphones, laptops, and computers in

police officer vehicles, police officers are kept from service requests as long as necessary (Crisanti et al., 2019). For police officers who may find it challenging to leave the field for longer than a few hours at a time, and for rural police departments, using the ECHO model may be essential (Crisanti et al., 2019). Fourth, CIT ECHO gives access to specialized behavioral health and CIT policing knowledge, which is absent in many police departments. Lastly, police officers who have completed CIT training and attend a CIT ECHO session when not scheduled to work were eligible for overtime compensation (Crisanti et al., 2019).

CIT ECHO was established to create a long-lasting network where law enforcement and safety professionals could receive continuous CIT training and immediate feedback on their interactions with PwMI or substance use disorders (Crisanti et al., 2019). CIT ECHO has enhanced interactions between law enforcement and PwMI and improved community policing while strengthening and improving the use of best practices in law enforcement and public safety. CIT ECHO allowed police officers to accomplish this by offering feedback on real-world cases and current training on best practices (Crisanti et al., 2019).

Implementing Psychiatrist Roles in CIT

CIT programs, or partnerships between police officers and mental health community members, were formed with minimal or no input from psychiatrists (Munetz & Bonfine, 2022). Munetz and Bonfine (2022) argued that psychiatrists should be among the leaders of the CIT program to effectively assist individuals in crisis in moving from law enforcement to mental health care, facilitate decisions regarding admission and civil

commitment, provide officers and other field responders with real-time telemedical support, and work with first responders to integrate responses to 911 and 988 calls.

The general scarcity of psychiatrists in the United States healthcare system has contributed to the absence of psychiatric leadership in CIT programs (Munetz & Bonfine, 2022). However, as community psychiatry fellowships grow nationwide, more psychiatrists are exposed to and trained in CIT. Psychiatrists should support the establishment and implementation of CIT programs and can assist in teaching CIT courses that teach first responders how to identify a PwMI. Implementing this support is particularly pertinent in communities with few psychiatrists (Munetz & Bonfine, 2022). As it pertains to developing the curriculum for CIT programs, organizing role plays, and visiting sites, police officers may benefit from establishing direct interaction with psychiatrists. Munetz and Bonfine (2022) posited that effective and efficient execution of casework, fieldwork, and quality assurance may be facilitated by confidence among police officers, psychiatrists, and other healthcare professionals.

Munetz and Bonfine (2022) wrote psychiatrists could be of assistance in the following ways: (a) in circumstances involving individuals with first-episode psychosis, implement early intervention programs to coordinate necessary specialty care instead of using the criminal court system; (b) adopt evidence-based strategies for those who should be treated as patients rather than suspects or offenders, such as assertive community therapy or aided outpatient treatment; (c) direct the assessment, therapy, patient referrals, and care coordination following a crisis; (d) in instances where involuntary commitment or compassionate force measures in healthcare settings are required to keep a patient or

others safe, facilitate information sharing as appropriate and educate stakeholders about the postcrisis care needs of patients; (e) provide guidance on the state and federal regulations governing the movement of patients from correctional facilities to settings for clinical care; and (f) assist CIT first responder professionals who are experiencing secondary trauma or in the field.

Having clinician partners in the field enhances interagency coordination and communication, improves de-escalation success, and improves the likelihood of more significant results for a PwMI than police-only interventions (Munetz & Bonfine, 2022). While many crises can be resolved in the field, others have required the transfer of patients to a hospital ED or crisis assessment center. In these cases, emergency medical system (EMS) staff, including nurses and paramedics or emergency medical technicians, were involved (Munetz & Bonfine, 2022). Psychiatrists have assisted in supervising field-based decision-making to maximize the contributions of CIT programs to successful crisis responses, comparable to how emergency physicians collaborate with EMS personnel (Munetz & Bonfine, 2022). These elements have been accomplished by utilizing innovative video technology in real time or by setting up a network for continuing education, such as CIT ECHO, to assist PwMI (Crisanti et al., 2019; Munetz & Bonfine, 2022).

Although Uddin et al. (2020) reported exciting findings valuable to the literature base, the study had several limitations. First, self-report measures interfered with the quality of findings as they may adhere to social desirability bias (Uddin et al., 2020). Second, self-report measures were constrained in objectively measuring practice and

behavioral changes (Uddin et al., 2020). Next, the questionnaires were used in substitution for validated tools in the existing literature (Uddin et al., 2020). Uddin et al. (2020) suggested the development of objective and validated measures to competency post-simulation training (Uddin et al., 2020). Lastly, the participants engaged in a one-day simulation course; therefore, the long-term effectiveness of the training needs to be investigated (Uddin et al., 2020). Further research must be conducted to investigate programs with extended simulation mental health courses and the effectiveness of the training.

To expedite the transfer of individuals in crisis from law enforcement to mental health care, make admission and civil commitment decisions, provide real-time telemedical support to officers or co-responders in the line of duty, and collaborate with emergency personnel in integrating responses to emergency calls, (Munetz & Bonfine, 2022) maintained psychiatrists should be among the CIT program leaders. Munetz and Bonfine (2022) contributed to the literature by emphasizing the inevitable growth of 988 call centers and the merging of 911 and 988 services, which continue to be implemented in the United States. Munetz and Bonfine (2022) posited that psychiatrists may also contribute to developing community trust and collaborative responses to 911 and 988 calls.

Crisanti et al. (2019) extended the objective of CIT ECHO to establish a long-lasting network in which law enforcement and public safety personnel can obtain continual CIT training as well as immediate insight regarding their interactions with PwMI and problems with substance abuse (Crisanti et al., 2019). CIT ECHO has

enhanced interactions between law enforcement and individuals with behavioral health issues and raised the standard of community policing while bolstering and improving the application of best practices in public safety and law enforcement (Crisanti et al., 2019).

The future of CIT should emphasize augmenting responses to mental health emergencies through enhanced training and collaboration between law enforcement and emergency medical services. Given that 20% of police incidents have been associated with mental illness, comprehensive training for first responders is necessary (Uddin et al., 2020). IPE promoted collaboration and favorable perceptions of mental health care, enhancing patient outcomes (Uddin et al., 2020). Programs such as CIT ECHO have offered continuous training through videoconferencing, enabling police to remain linked to resources (Crisanti et al., 2019). Moreover, psychiatrists in CIT programs promoted seamless transitions to mental health services, augmenting decision-making and fostering community trust, which is essential for increasing treatment for individuals in crisis (Munetz & Bonfine, 2022).

Summary

Police officers and mental health agents who respond to PwMI in distress have been shown to employ CIT training (Hassell, 2020). The literature review included summaries and analyses of empirical research on police officer views and attitudes, which helped comprehend the challenge that CIT-trained officers face. A literature review showed that CIT training influences police officers' perceptions, which is an emotive subject. The research review discussed the evolution of police reactions to field interactions with PwMI, which started as a prompt response and became patient CIT-

trained responses. CIT training favorably impacted police officer attitudes, knowledge, and perceptions. By exploring the effects of CIT training, this study's findings have addressed gaps in the research.

Chapter 3: Research Method

Introduction

Media, criminologists, criminal justice, and mental health professionals, among others, have taken notice of recent police interactions with PwMI experiencing a crisis, as well as policing in general (Bratina et al., 2020). Local jurisdictions in the United States and globally have developed specialized training programs to de-escalate crises and connect PwMI to treatment services in response to interactions between PwMI and the criminal justice system (Bratina et al., 2020). The most prevalent training program to enhance police responsiveness in this situation is the CIT model (Hassell, 2020; Nick et al., 2022; Veluri & Mansuri, 2021). CIT training is the latest and most creative method for bridging the gaps between criminal justice and mental health systems (Ellis, 2014). CIT training was created to provide a more empathetic, understanding, and secure response to mental health crises (Ellis, 2014). CIT training was developed to protect those in mental health crises and improve police interactions with PwMI (Compton et al., 2022). This study focused on the lived experiences of CIT-trained law enforcement officers in South Texas—exclusively, CIT training and the impact on police officers’ perceptions of PwMI, along with the pertinent information they utilize when encountering a PwMI during a crisis.

Chapter 3 is organized into the following sections: research design and rationale, role of the researcher, qualitative methodology, issues of trustworthiness, and a chapter summary. The methodology section of this chapter includes the population, sampling strategy, criteria on which the population will be based, number of participants, and

explanation of specific procedures for identifying how the participants will be contacted, recruited, and identified. I discuss the selection of participants and instrumentation along with research procedures. This study specifically investigated how police officers' perceptions of PwMI are affected by CIT training and what unique knowledge they find most helpful when de-escalating PwMI circumstances.

Research Design and Rationale

Two qualitative research questions were bound to this study. The qualitative research questions were central to two elements concerning CIT training.

RQ1: How does CIT training alter police officers' perceptions of PwMI?

RQ2: What information from CIT training do police officers find effective when de-escalating an encounter with a PwMI?

Phenomenological methods were adopted to address the research topics in this study. Phenomenological research is an approach to inquiry that originated in philosophy and psychology (Creswell & Creswell, 2018). In this approach, participants reveal their lived experiences with a phenomenon, and the researcher describes these experiences (Creswell & Creswell, 2018; Ravitch & Carl, 2021). The essence of the experiences shared by multiple individuals who have all witnessed the event is captured in this description. Creswell and Creswell (2018) elaborated that this design entails interviewing individuals and has robust philosophical foundations. Fieldwork and naturalistic engagement are vital components of qualitative research, which entails the researcher being physically present with participants in a community, organization, or other context to interact, watch, and document behavior and experience in a natural setting (Ravitch &

Carl, 2021). Researchers must remember that they interact with individuals in realistic settings, such as homes, businesses, and schools, instead of constructed ones (Ravitch & Carl, 2018).

This phenomenological qualitative study presents insight into the lived experiences of South Texas police officers who have completed CIT training. This study specifically addressed how police officers' perceptions of PwMI are affected by CIT training and what unique understandings they find most advantageous when de-escalating PwMI situations. This study aligned with constructivist worldview epistemology (Creswell & Creswell, 2018) because it is necessary to fully understand CIT training, including the advantages and disadvantages of the intervention. Creswell and Creswell (2018) elaborated that the researcher strives to determine the significance of a phenomenon based on participant perspectives. Observing participant behavior during activities is one of the most significant elements of this data collection form (Creswell & Creswell, 2018).

I employed phenomenological methodology for this study because it enabled me to illuminate detailed accounts and subjective interpretations of lived experiences about perceptions, as well as information that will be helpful to police officers in South Texas upon completion of CIT training. Even though ethnography is a method used to find common patterns within a cultural group (Creswell & Creswell, 2018), it was inappropriate for this study because the objective of the research was not culture. Although a case study approach, which enables the production of a thorough description and case analysis of one case or multiple cases (Creswell & Creswell, 2018), was

considered, it did not fully satisfy the criteria of concentrating solely on lived experiences.

Role of the Researcher

Creswell and Creswell (2018) wrote that because the researcher is the primary source of data collection in qualitative research, it is vital to identify personal values, presumptions, and biases early in the study. Rather than being harmful, the researcher's contribution to the research setting can be beneficial (Locke et al., 2013). An extended and intense interaction between the researcher and participants is usually characteristic of qualitative research, which is interpretive in nature (Creswell & Creswell, 2018). As Locke et al. (2013) elaborated, qualitative research methods become more intricate when various ethical, personal, and strategic considerations are included. Furthermore, my responsibility included acquiring access to research sites and addressing ethical dilemmas.

As such, I had no professional or personal affiliations that gave me control over the participants. Ravitch and Carl (2021) stated that an interviewer must maintain objectivity. When the interviewer's opinions and belief systems diverge from the individual being interviewed, it may be challenging to accomplish this. It is also imperative to remember that bias can still exist even when an interviewer's ideas align with those of participants, and it can occasionally be more difficult to identify (Ravitch & Carl, 2021). For example, an interviewer may believe that all police officers have their best interest in the study and would answer to the best of their ability. The researcher must remain attentive to the signals they provide throughout each interview, both with

their words and body language. Ravitch and Carl (2021) extended these calls for awareness of nonverbal cues and body language and adaptability in asking style, which includes rephrasing, probing, and pulling back when warranted. The research participants' experiences must be a priority, and the researcher must be an attentive listener (Ravitch & Carl, 2021). I utilized bracketing to remove bias, such as, "All police officers are good." Ravitch and Carl (2018) wrote that researchers must bracket or leave aside their presumptions from everyday life.

Reflexivity necessitated commenting on two essential points: (a) past experiences and (b) how past experiences shape interpretations (Creswell & Creswell, 2018). Keeping these elements in mind, researchers reflexively and openly declare their own prejudices, beliefs, and subjective experiences, such as gender, past, cultural background, and socioeconomic position, that influence the interpretations they obtain during research (Creswell & Creswell, 2018). Creswell and Creswell (2018) suggested that journaling about individual study experiences can assist in incorporating reflexive thinking into qualitative research. I employed journaling or notetaking, recording observations regarding the data collection procedure, conjectures regarding the knowledge I obtained, and potential concerns regarding participants' responses during the study. Memos or notes made during the research process that offer insights into the process or provide guidance in creating codes and themes are a suitable format for these thoughts (Creswell & Creswell, 2018).

Methodology

I utilized a qualitative phenomenological methodology to explore the lived experiences of South Texas police officers who have completed CIT training. Police officers with CIT training in South Texas composed the research unit of analysis. The research design was based on the perspectives of CIT-trained officers who interact with PwMI and have completed CIT training. The following sections provide elements about this study: participant selection, instrumentation, recruitment procedures, participation and data collection methods, and the plan for data analysis.

Participation Selection Logic

The setting and populations under inquiry must be clearly understood before choosing the participant group (Ravitch & Carl, 2021). This phenomenological qualitative study required a limited number of participants. Participants met the criteria for this study with confirmation by their police chiefs and self-reports that they were active police officers employed in South Texas, interacted with PwMI, and completed CIT training.

Target Population

I contacted six police departments in South Texas to request a minimum of 10 CIT-trained police officers' participation. A baseline of 10 research participants allowed for occurrences in which there could be an error in the interview process (e.g., transcribing, participation) and to meet qualitative methods criteria (see Ravitch & Carl, 2021). I exclusively included research participants who were active CIT-trained police officers; non-CIT-trained police officers were excluded. With consent to interview South

Texas police officers who have completed CIT training, I requested informed consent from the participating police officers before administering the semi-structured interview questions.

Sampling Technique

Creswell and Creswell (2018) posited that qualitative researchers select research participants who will best assist them in understanding the research problem and the research questions. Purposeful sampling is frequently employed in qualitative research when the goal is to learn in-depth information on a particular phenomenon rather than draw general conclusions from statistics or when the population is small and confined (Obilor, 2023). Ravitch and Carl (2021) wrote, “Purposeful sampling means that individuals are purposefully chosen to participate in the research for specific reasons, including that they have had a certain experience, have knowledge of a specific phenomenon, reside in a specific location, or some other reason” (p. 83). Ravitch and Carl (2021) elaborated that purposive sampling yields thorough and richly contextualized narratives of specific individuals and localities.

Sampling Criteria

Inclusion criteria determined each research participant’s eligibility for this study. The requirements for inclusion were as follows: (a) hold an active police officer position in South Texas, (b) have completed CIT training, and (c) have interactions with PwMI. The first criterion is consistent with this study’s intended target population. The second criterion indemnifies that the police officer has completed CIT training. The third criterion guarantees that the chosen participants have sufficient experience interacting

with people who have PwMI during their everyday work. The study will only involve participants who meet all the qualifying requirements in practice. During the recruitment phase of this study, a series of screening questions were developed and executed to ascertain eligibility.

Sample Size

Creswell and Creswell (2018) suggested an approximate estimate for a phenomenological research design involving a range of 3-10 participants. Public email addresses were utilized to recruit participants, and screening questions were used to determine whether individuals met the criteria for this study. This study included 13 CIT-trained police officers in South Texas departments who regularly interact with PwMI. Creswell and Creswell (2018) delineated that in qualitative data collection, saturation occurs when a researcher ceases to gather new research data because the data no longer yields novel insights or uncovers previously undiscovered characteristics. Similarly, Guest et al. (2020) elaborated that “saturation is often described as the point in data collection and analysis when new incoming data produces little or no new information to address the research question” (p. 2).

To reach saturation, three distinct elements were evaluated: (a) base size, (b) run length, and (c) new information threshold (Guest et al., 2020). Base size refers to how many data collection events, such as interviews, must be evaluated and analyzed to determine how much information has already been obtained (Guest et al., 2020). Run length signifies how many interviews are conducted to find and compute fresh data (Guest et al., 2020). Lastly, Guest et al. (2020) stated that a new information threshold

can be deemed to have been reached when new information is absent. I reached saturation when collecting data, as evidenced by no additional themes, insights, or concepts emerging from the data, signifying that sufficient information had been gathered to understand the phenomena. Key indicators included recurring interview themes and no novel information in participants' responses.

Instrumentation

To investigate CIT-trained South Texas police officers' perceptions of PwMI and valuable information obtained from CIT training, this study's primary data collection instrument was a semi-structured interview. In qualitative interviews, participants are asked a limited number of open-ended, unstructured questions to elicit their perspectives (Creswell & Creswell, 2018). I conducted semi-structured- interviews with police officers from South Texas, using the interview questions and sub-questions in Table 1. I sought to answer the research questions, which addressed how police officers' perceptions of PwMI are altered because of CIT training and which instruction they felt was most helpful when interacting with a PwMI. I employed in-person interviews as opposed to phone or online interviews. Holstein and Gubrium (1995) stated, "An interview is a social interaction with the interviewer and interviewee sharing in constructing a story and its meanings; both are participants in the meaning-making process" (p. 8).

Creswell and Creswell (2018) elucidated that open-ended questions ensure the researcher focuses on what participants say and do in their natural environments. Semi-structured interviewers should use a list of general interview questions connected to the study's research questions (Creswell & Creswell, 2018). Accordingly, the interview

questions were the primary data collection instrument. The existing literature was considered to formulate research interview questions for this study.

Table 1

Research Questions and Interview Questions

Research questions	Interview questions
How does CIT training alter police officers' perceptions of PwMI?	<p>How have your perceptions changed regarding people with mental illness after completing CIT training?</p> <p>How has your approach to a person with mental illness changed after completing CIT training?</p> <p>How has your resolution to handling a person with mental illness changed after completing CIT training?</p> <p>What is your current process when interacting with a person with mental illness?</p> <p>How do you think that your change in perception has improved outcomes when interacting with a person with mental illness?</p> <p>What is the most challenging aspect when interacting with a person with mental illness?</p>
What information from CIT training do police officers find compelling when de-escalating an encounter with a PwMI?	<p>What information obtained from CIT training do you feel has increased success when interacting with people with mental illness?</p> <p>What do you think are the most important considerations when approaching a person with mental illness when in crisis?</p> <p>What benefits that you have learned from CIT training do you think have come to fruition when interacting with a person with mental illness?</p> <p>What is the most beneficial information you learned from completing CIT training?</p> <p>What do you think are the most important considerations when a person with mental illness appears to be a harm to themselves or others?</p> <p>What is your success story when interacting with a person with mental illness in the past?</p>

According to Ravitch and Carl (2021), the researcher should incorporate customized follow-up sub-questions within and between interviews while using the interview questions to organize and direct the interview. This method involved creating

an interview tool containing predetermined questions for each respondent (Ravitch & Carl, 2021). However, the sequence and phrases of the main questions and sub-questions were designed to create a personalized, co-constructed conversational path (Ravitch & Carl, 2021). When necessary, during the interview, probing and follow-up questions were employed from the list of suggested questions on the interview instrument (Ravitch & Carl, 2021). Patton (2015) wrote, “The quality of the information obtained during an interview is largely dependent on the interviewer” (p. 427).

When conducted with preparation and sensitivity, an interview can be a process through which you can elicit more information from individuals and groups by examining their points of view (Ravitch & Carl, 2021). The researcher can use the same questions to probe within and between experiences to discern relevance, commonalities, and distinctions (Ravitch & Carl, 2021). Therefore, to comprehend and subsequently communicate the relationships between these complex realities and opinions, qualitative interviews focus on finding diversification and variation in individuals’ meaning-making processes, experiences, and perspectives on a view (Ravitch & Carl, 2021).

When interviews are executed this way, Ravitch and Carl (2021) elaborated that they contribute to the methodological complexity necessary to accomplish both legitimate and rigorous qualitative investigations and what we regard to be critical in qualitative research. Observing changes in research interviewees’ demeanor or mannerisms in person additionally allows for the advantage of reading their micro-expressions and observing discernible shifts in their mood (Allen & Campbell, 2018). Conversely, Allen and Campbell (2018) shared that in-person interviews have drawbacks such as labor-

intensive setup, interviewing, transcription, and analysis. I additionally employed an audio recorder application when obtaining open-ended data from the research participants to ensure the validity of my research. Ravitch and Carl (2018) posited that in in-depth qualitative interviews, bias can be eliminated by not depending on memory.

Instrument Validity and Reliability

In my capacity as the researcher, it was my responsibility to confirm the validity and reliability of the research findings. Creswell and Creswell (2018) suggested the following procedures that researchers may utilize to assure validity in their research: (a) peer debriefing, (b) rich descriptions, and (c) external audits. I employed peer debriefing to improve the accuracy of my research. This method entailed identifying a peer debriefer who evaluated my qualitative study and posed questions, guaranteeing that my research resonates with an audience beyond my perspective (Creswell & Creswell, 2018). I included rich, thick descriptions to convey my findings. This method allowed me to provide detailed descriptions of the setting and offer various perspectives about a theme. Lastly, I employed external audits to review my entire research. The process of external audits improved the overall validity of my study by evaluating numerous aspects of my research, including the level of data analysis from raw data to interpretation, the relationship between the research question and the data, and the accuracy of the transcription.

To foster accountability and honesty, Peoples (2021) elaborated that peer reviews involved meeting with an impartial colleague who poses questions on the study's methodology, findings, and any other emerging conclusions. Research participants who

provided the data typically check transcripts for accuracy. In member checking, research participants were generally expected to evaluate how their experiences have been interpreted and concur that the results are reliable (Peoples, 2021). A thorough account of research participant experiences that contextualized patterns and themes was necessary for rich descriptions (Peoples, 2021). Rich descriptions included context to fully convey the intricacy of the research participants' real-life experiences. To ascertain that conclusions accurately represent the data, external audits require a researcher not involved in the research processes to evaluate the data analysis procedure and the findings (Peoples, 2021).

Procedures for Recruitment, Participation, and Data Collection

This section addresses how participants were contacted, recruitment, data collection, and data preparation procedures.

Contacting Participants

According to the Texas Commission on Law Enforcement (TCOLE, 2024), records showed 48,383 police officers, to date, have completed CIT training; the exact number of CIT-trained South Texas police officers was unavailable. Participation emails were sent via public email addresses to six South Texas police chiefs (see appendix). The six police chiefs internally shared the participation email with CIT-trained police officers who may be interested in participating and asked them to contact me via public email. Ten recruitment emails were also sent to South Texas police officers via public email addresses on the respective police departments' websites. Thirteen South Texas CIT-trained police officers were able to express their interest in participating in this study.

They contacted me via my public email address or my personal phone number for further instructions.

Recruitment Procedure

Establishing contact with research participants included providing evidence of the following in the recruitment email: (a) researcher's background, (b) study purpose, (c) study significance, (d) potential benefits of the study, (e) my intention to recruit the individual receiving the email, and (f) eligibility requirements. The participants interested in participating in this study were asked to reply to either the email forwarded by police chiefs or the one I sent directly. Interested individuals who fulfilled the criteria accepted the invitation to participate. All police officers who accepted the invitation met the criteria for the study. I contacted the police officer via their public email address or cell phone number to arrange a screening call to review the study's details, including its goals and eligibility requirements. For example, I then requested a cell phone number to contact the participant at a convenient time.

The informed consent form was completed in person before beginning the qualitative interview. All participants completed informed consent forms. The informed consent reiterated the following about the study: (a) topic, (b) research methodology, (c) objective, (d) any possible risks or benefits to the participant, and (e) the research participant's right to revoke consent and participation at any time throughout the study. I reviewed the informed consent with each participant (Ravitch & Carl, 2021). Before participating in this study, research participants gave the researcher their signed, paper copy of informed consent. The informed consent form included a box that could be

checked to allow the researcher to audio-record the interview. Ravitch and Carl (2021) explained that offering participants to check a box stating their preference allows research participants to be less swayed, such as when asked verbally, into answering “yes.”

Data Collection Procedure

As the researcher, I addressed confidentiality clauses with each participant, such as who could access the transcriptions and recordings and under what conditions. Each participant was explained the format, structure of questions, the process, the timing, and the researcher’s expectations and role during the informed consent process, as suggested by Ravitch and Carl (2021). I also asked each participant if they felt comfortable physically and emotionally or had any questions before starting the interview (Ravitch & Carl, 2021). Each participant was only interviewed once. To reduce possible distractions and preserve the confidentiality of the participant responses, the interviews were done in person in a quiet, private conference room (Ravitch & Carl, 2021). The interviews were all completed in one hour or less, ranging from 16 to 60 minutes. They covered the following elements: (a) an introduction, (b) a question-and-answer section, (c) a conclusion, and (d) any necessary questions addressed.

I prepared semi-structured interview questions during the question-and-answer section. I also provided follow-up queries considering the participants’ answers and the research questions (Ravitch & Carl, 2021). For example, I asked each participant to elaborate on a point or provide examples of the material they described (Ravitch & Carl, 2021). Ravitch and Carl (2021) reminded the researcher to attempt to obtain contextualized answers, keeping in mind that context is critical. Follow-up questions for

each primary interview were restricted to elaboration or clarification of the participants' responses. For example, for the interview question, "How has your resolution to handling a person with mental illness changed after completing CIT training?" Participant 13 stated, "Okay, so if the person does not meet the criteria for hospitalization, meaning they're not suicidal, homicidal, or mentally deteriorated, then we place them under a safety plan." My follow-up question to Participant 13's response was, "You mentioned suicidal, homicidal, and deteriorating. What is deteriorating?" Participant 13 elaborated that if the PwMI is not eating because they believe their food was poisoned, they are not sleeping, hallucinating, or may have dementia, their well-being is deteriorating. Participant 13 stated, "They may not be suicidal or homicidal, but they are in the middle of the road. So, in a way, it is a risk factor for them." The follow-up question allowed the participant to provide greater insight into their experience with a PwMI in crisis and how they determined their plan of action. Participants were given a time check at least once during the interview to gauge how much time had passed and how much was still available. Offering time checks during qualitative interviews fosters trust by demonstrating transparency and respect for their time. This approach adheres to ethical research principles (APA, 2017) by ensuring participants are fully informed of their time commitment throughout the interview.

Once every question of the prepared interview questions was successfully asked and answered, the interview concluded. It was communicated to the participants that there were no further queries. The option to contribute further information, express opinions, offer open comments, and ask questions about the interview was extended to

the participants. Before the participant left the interview, any questions they had were answered. Throughout this study, the participants received a thank-you for their time and a reminder of their ability to withdraw the information they provided (Ravitch & Carl, 2021).

Data Preparation

After each interview session, all interviews were transcribed verbatim (Ravitch & Carl, 2021). Verbatim transcripts do not necessarily indicate or guarantee rigor (Ravitch and Carl (2021) contended that researchers must maintain fidelity to participants' words, experiences, and genuine expressions of those experiences. For a precise transcription, an audio recording was utilized. I composed a summary that included my preliminary interpretation of my findings. Before the end of the day, the summary and interpretation were completed for each interview. Each participant was sent a copy of their interview transcript for review via their public email address. Participants were advised to contact me to discuss any inconsistencies. Additionally, member checking was used to guarantee the accuracy of the data (Ravitch & Carl, 2021).

Data Analysis Plan

Creswell and Creswell (2018) encouraged researchers to see qualitative data analysis as a procedure that involves several levels of analysis and sequential procedures that must be performed, going from the specific to the general. It includes the following steps: (a) organize and prepare the data for analysis, (b) review and read all the data, (c) begin coding all the data, (d) generate a description and themes, and (e) represent the description and themes. Peoples (2021) further suggested the following steps for

phenomenological data analysis: (a) read the transcript in its entirety to discern the participants' whole story, (b) compose preliminary meaning units, (c) compose final meaning units for each interview question, (d) synthesize final meaning units (or themes) into situated narratives for every interview question, (e) synthesize situated narratives into general narratives, including all significant themes of participants, and (f) compose a general description. "A meaning unit is the allocation piece of data that reveals a feature or trait of the phenomenon being investigated" (Peoples, 2021, p. 60). Discerning the themes present in all or most participant accounts of their experiences is the goal of a general description. The objective is to create a unified general description of the main phenomenological concepts revealed by the meanings of each participant's experience thematically through direct quotes from the interviews (People, 2021).

I employed a qualitative data analysis computer software program to analyze the data, specifically Dedoose (Dedoose, n.d.). Research students commonly utilize Dedoose because it is cost-effective and easy to use with an internet connection (Ravitch & Carl, 2021). Researchers may sort, categorize, identify trends, and then make meaning out of the data using qualitative data analysis software like Dedoose (Ravitch & Carl, 2021). While Dedoose can aid the researcher in coding and storing the data, the program does not code the data for the researcher; instead, the researcher codes the data manually (Ravitch & Carl, 2021). Journaling and note-taking to document my observations on data collection, my reflections on the acquired knowledge, and any concerns regarding participant responses during the study assisted me during this process. Memos, serving as

notes recorded during research to elucidate the process or aid in the formulation of codes and themes, were an effective method for organizing these concepts.

Creswell and Creswell (2018) wrote that hand coding is tedious and time-consuming, even when collecting data from several individuals. As a result, qualitative software has grown in popularity and is used by researchers to arrange, categorize, and locate data in text or picture databases (Creswell & Creswell, 2018). The fundamental tenet of these systems is that qualitative data may be efficiently stored and located by utilizing a computer. Even though the researcher must still assign codes after reading transcriptions of each line of text, this method may be efficient and more effective than hand coding (Creswell & Creswell, 2018). Consistent with his method of data analysis (Creswell & Creswell, 2018; Ravitch & Carl, 2021), when coding data, I searched for concepts such as (a) recurrence within and between multiple data items, (b) strong or emotive language, (c) individual agreement, (d) concepts that are not discussed or commented upon, (e) disagreement between individuals, and (f) errors and how/if they are solved.

I additionally utilized simultaneous procedures. In qualitative research, data analysis works in tandem with data collecting and documenting findings, two other essential components of this study's development (Creswell & Creswell, 2018). For example, while conducting interviews, I simultaneously planned the final report's format, composed memos that might be used as a narrative in the final report, and evaluated previously collected interviews.

Issues of Trustworthiness

Trustworthiness issues must be addressed to enhance the validity of the reported findings of this study. Creswell and Miller (2000) extended, “Qualitative researchers use a lens not based on scores, instruments, or research designs but a lens established using the views of people who conduct, participate in, or read and review a study” (p. 125). The validity work of qualitative researchers is shaped by several lenses, such as the researcher’s, research participants’, and other external individuals’ lenses (Ravitch & Carl, 2021). Ravitch and Carl (2021) recommended that qualitative researchers comply with specific credibility, transferability, dependability, and confirmability standards to assess validity.

Credibility

Credibility is strongly connected to the researcher’s tools, data, and research methodology (Ravitch & Carl, 2021). By organizing a study to identify and address complexity within a recursive research design process, credibility is aimed at being established. Ravitch and Carl (2021) included qualitative researchers who aim to build credibility by using the validity techniques of triangulation and thick description, as well as extended periods of fieldwork. I utilized triangulation of data by collecting information from several sources, including interviews, observations, and document analysis. I made detailed descriptions of the settings and presented many perspectives on a theme; therefore, the result became more realistic and richer. Providing rich, thick descriptions was the primary method used in my study to ensure that anyone interested in transferability would have a solid framework to compare.

Transferability

The transferability element indicated that qualitative research created descriptive, context-relevant statements rather than factual statements that can be applied to different individuals or situations (Ravitch & Carl, 2021). I addressed transferability by thoroughly explaining the data and the setting to aid the research audience in drawing analogies to various contexts. Considering various contextual elements, rather than trying to reproduce the design and findings, enabled the research audiences to apply certain features of the study design and findings. Insights derived from the lived experiences of these participants may parallel those of other populations with similar experiences. Before generalizing any findings, I evaluated the context, participants, and their experiences. The themes and summaries about this phenomenon may provide valuable insights for police officers contemplating CIT training.

Dependability

Consistent and stable research over time is the definition of dependability (Ravitch & Carl, 2021). I addressed dependability by providing participants with a well-reasoned justification for my data collection strategy and addressing my research questions. I used the proper methodologies to address my study's central ideas and structures. To ensure I developed the proper data collection plan considering my research objectives, I have demonstrated dependability by clearly explaining each methodological decision.

Confirmability

Confirmability includes the researcher's aim for data to be verified, relative objectivity, and a reasonable degree of freedom from acknowledged researcher biases, or, at minimum, the willingness to be open and honest about the biases that will inevitably arise (Ravitch & Carl, 2021). I addressed confirmability by recognizing and investigating how my biases and prejudices translated into my interpretations of the data by applying reflexivity methods. Doing this ensured that the findings originated from participant contributions rather than my subjective views. I remained cognizant of my biases and actively managed them throughout the study. I reflected on my views and experiences that may have influenced my viewpoint on the research topic. I documented my reactions to help me understand how my viewpoint may affect my interpretations. I also consistently assessed my analysis, questioning whether my interpretations were genuinely derived from my participants' data or inadvertently using my own views. This self-examination aided in maintaining attention to the data and, therefore, ensuring a more authentic depiction of participants' perspectives. I also applied external audits by engaging with an independent investigator to examine various aspects of the research, such as transcription accuracy, the relationship between research questions and data, and the depth of data analysis from raw data to interpretation.

Ethical Procedures

I followed Walden University's Institutional Review Board (IRB) and the *APA Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association [APA], 2017), including *Principle A: Beneficence and Nonmaleficence*,

Principle E: Respect for People's Rights and Dignity, Standards 3.10: Informed Consent, Standard 8.02: Informed Consent to Research, Standard 8.07: Deception in Research, and Standard 8.10 Reporting Research Results, for all stages of recruitment, data collection, and analysis. Members of vulnerable populations that could have potentially participated in this study included older adults, participants going through a crisis, and pregnant women. However, pregnant women may only be excluded if there is no known medical advantage to participating and if there is a possibility that participation could harm the fetus. Participants in crisis may only be excluded if their mental health is seriously affecting their capacity to answer questions and is causing psychiatric harm. Older adults may only be excluded from interviews if they are physically harmed by the process (e.g., by sitting for extended periods) or if their vision or hearing impairments make it difficult to comprehend the interview questions completely. However, none of the participants in this study represented any disadvantaged group. As a possible minimal risk, I utilized a secured box to store the recording devices and transcribed notes to ensure participant anonymity and reduce unwanted solicitation or data intrusion.

Institutional Procedures

I complied with Walden University's IRB criteria for review and publication. For example, if any willing participant showed signs of distress at any point during the interview process. In that case, I would have prompted them with the consent form's provision stating that they are not required to answer every question if they feel uncomfortable. Data collection would have then ceased with the distressed participant. I would have immediately terminated the interview and randomly selected a different

participant. Moreover, my committee chairs and the IRB would have shared information regarding potential participant harm.

Ethical Concerns

My approach to this study complemented the perceptions lens that examined the lived experiences of CIT-trained police in their field encounters with PwMI. As a result, the only police officers who qualified as participants were those with CIT training. All other emergency workers and those associated with the mental health network collaboration were excluded. I honored the opportunity to conduct interviews and only maintained willing subjects, as stated in the terms of the consent form. Therefore, individuals had the opportunity and right to decline to participate in the study at any time without any penalty or object to being asked difficult questions. Furthermore, naming participants in results is unethical and did not occur in this study.

Protections for Confidential Data

I respected the confidentiality of the participants. Creswell and Creswell (2018) emphasized that to conceal participant identities, researchers in qualitative research utilize aliases or pseudonyms for individuals and places. I refrained from sharing information that could have potentially endangered the participants. Creswell and Creswell (2018) warned that some individuals may not want their identity to be kept confidential. The researcher allows the participants the freedom to exercise their independence in making judgments and to maintain ownership of their voices by allowing this. However, they must be made fully aware of the potential consequences of failing to maintain confidentiality, including the inclusion of information in the final

study that they may not have anticipated or that violates the rights of others and should have been kept confidential (Creswell & Creswell, 2018). When designing a study, it is critical to consider the potential consequences of performing research on specific populations and to ensure the findings are not abused to benefit one group over another (Creswell & Creswell, 2018).

As noted above, I maintained a private journal detailing my transcription process, whether directly from audio tape, notes, or my memory, as well as how I validated it and how much detail it included (Ravitch & Carl, 2021). I annotated and logged modified transcripts of the audio recordings as excluded content to exume transparency. All data recordings, transcriptions, and surveys were stored in a locked box in a secure place. The research protocols and analysis implemented all feasible strategies and precautions to guarantee that the identity of the study participants was kept confidential. The sequence in which participants were recruited for this study was determined randomly.

Summary

Chapter 3 addressed my research design and rationale, my role as the researcher, qualitative methodology, the issues of trustworthiness, and a chapter summary. To address the research questions of how police officers' perceptions improved based on CIT training when interacting with a PwMI and which information is deemed valid, Chapter 3 justified employing a qualitative phenomenological research design. The research question, research methodology, research design, issues related to trustworthiness, population and sample strategy, instruments, potential data collection and analysis, and participant ethical concerns are all presented in this chapter. The

rationale behind selecting a phenomenological design to satisfy this study's research questions was further explained in Chapter 3. To discover more about participant experiences, a qualitative interview with open-ended questions was deemed appropriate. A comprehensive overview of data analysis, including potential commonalities and discrepancies in the lived experiences of CIT-trained officers, is provided in Chapter 4. Coding and themes emerged when examining the participants' shared lived experiences from CIT training. In addition, the settings, demographics of the participants who participated in the qualitative interviews, data collection process, evidence of trustworthiness, results, and chapter summary are covered.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore perceptions among CIT-trained police officers in South Texas. My goal was to address the gap in the research in ascertaining how CIT training affected police officers' perceptions of PwMI and discerning the information they deemed most beneficial during an encounter with a PwMI. I wanted to understand how participants believed CIT training affected South Texas police officer perspectives before, during, and after encounters with PwMI. Additionally, I wanted to highlight any knowledge police officers found most insightful during their encounters with PwMI. The research questions were central to how police officers' perceptions of PwMI improved in the field after completing CIT training. I developed and conducted this study to address the research questions. To explore this phenomenon, the following research questions were used to guide the data collection process:

RQ1: How did CIT training alter police officers' perceptions of PwMI?

RQ2: What information from CIT training did police officers find effective when de-escalating an encounter with a PwMI?

For the current research, I conducted semi-structured interviews with 13 South Texas police officers using the 12 interview questions described in Chapter 3. Participants were allowed to respond without interruption. Police officers revealed the insights they gained after completing CIT training while interacting with a PwMI; they emphasized the challenges they faced during these interactions, such as PwMI

aggression. Data analysis was conducted to identify emerging themes within the research and how those themes relate to the research questions. The interviews revealed six themes that describe how South Texas police officers perceive the phenomenon of altered perceptions after completing CIT training. For RQ1, the themes that developed include (a) empathy and understanding, (b) de-escalation techniques, and (c) resource engagement and collaboration. For RQ2, themes that developed include (a) holistic communication strategies, (b) individual-centered approaches, and (c) safety and resource utilization. These themes created two overarching themes: (a) person-centered and (b) resource- or technique-based approaches to interactions with PwMI. Chapter 4 provides a complete overview of the findings of the study, including the setting, population demographics, data collection procedures, data analysis process, trustworthiness evidence, study findings, and a chapter summary.

Setting

Recruitment was initiated on June 15, 2024. South Texas police chiefs were contacted via their public email addresses regarding their departments' prospective participation in this study. Six chiefs of police of South Texas police departments shared the participation email internally with CIT-trained police officers. The chiefs of police of each police department specified the location of the interviews, which were held in conference rooms of their respective departments. Dates and times were scheduled for each police department for the qualitative interviews. Thirteen CIT-trained police officers participated in the in-person interviews. Interviews began on June 20, 2024, and concluded on June 26, 2024. All participants met the study's inclusion criteria, which

were (a) being employed as a police officer in South Texas, (b) completing CIT training, and (c) having encounters with PwMI. All participants consented to be audio-recorded. IRB approval was granted for these procedures (06-12-24-1026375) prior to the completion of any interview. At the time of the study, neither individual (e.g., age, job tenure, or personal values) nor organizational factors (e.g., emotional suppression, desire to maintain a certain image) were known to impact participants' experiences or how the study's findings would be interpreted.

Demographics

Table 2 provides information on participants' demographics, including their police department, gender, race, and interview length. My study included 13 participants in total: (a) three participants from Police Department 101, (b) two participants from Police Department 102, (c) two participants from Police Department 103, (d) two participants from Police Department 104, (e) two participants from Police Department 105, and (f) two participants from Police Department 106. Though individual officers were emailed using available public addresses, as described in Chapter 3, all participants were recruited from the police chiefs' forwarded emails.

Most participants in the study identified as Hispanic men. The 13 participants for this study consisted of three female (23.1%) and 10 male (76.9%) CIT-trained police officers. All three female participants identified as Hispanic. Nine male participants identified as Hispanic, and one identified as White. The sample offered various viewpoints and experiences pertinent to the research topic. Years of experience and completion date of CIT training were not collected from participants, a limitation

discussed in Chapter 5. All participants approached the interview process with cooperation and answered all the interview questions. Table 2 includes the length of interview time for each research participant. The length of the interviews ranged from 16 to 60 minutes, not including the time it took to obtain informed consent. The average length of the interviews was 32 minutes. Each participant's approach to being interviewed was serious and forthcoming. All participants were engaged during the interview and elaborated their experiences in greater detail when prompted with a follow-up question.

Table 2

Participant Demographics

Participant	Department	Gender	Race	Length of interview (min)
1	101	Female	Hispanic	38
3	101	Male	Hispanic	60
4	102	Female	Hispanic	27
5	102	Male	Hispanic	24
6	103	Male	Hispanic	47
7	103	Male	Hispanic	44
8	104	Male	Hispanic	16
9	104	Male	White	17
10	105	Male	Hispanic	30
11	105	Male	Hispanic	32
12	106	Male	Hispanic	27
13	106	Female	Hispanic	28

Data Collection

The researcher extended invitations to participate in the study to six police departments via public email addresses. Police chiefs disseminated the participation email to CIT-trained police officers who were interested and asked them to contact me

through my public email address. Participants interested in this study responded to the participation email. I contacted the CIT-trained police officers via email or cell phone number to schedule a screening call and the interview location date and time. Police chiefs of each police department predetermined the interview location, a private conference room in all cases. This study included 13 participants from the six South Texas police departments. Each of the 13 participants was allotted one hour with me and was interviewed only once.

Participants signed confidential informed consent forms before commencing the qualitative interview process. The informed consent process was clear, and participants raised no concerns or inquiries. Consent forms were stored in a locked box for integrity and privacy. Before beginning the interview and recording, I asked participants if they were comfortable or had any inquiries or apprehensions. Two of the 13 participants expressed concern regarding including their personal information, such as age or years of experience, in the research. I assured participants that their personal information, such as age or years of experience, would not be collected or used for research purposes. I recorded interviews using an application, Otter.AI (Otter Pro Version), downloaded on my password-protected personal cell phone. I instructed participants to utilize the support services phone numbers provided on the consent form should they require mental health assistance following the interview.

Walden University's IRB approved the interview guide and data collection procedures, which consisted of 12 open-ended questions (see Table 1). The interview questions aligned to expose answers to the research questions by allowing the CIT-

trained police officers to share their experiences of past encounters with PwMI. I conducted the qualitative interviews alone in a conference room to ensure the privacy of the participants and the confidentiality of their responses. After uninterrupted responses, I employed follow-up questions to capture rich data as needed. For example, participants were asked to elaborate on an encounter with a PwMI, a profound experience, or a description of an effective tactic. Follow-up questions intended for elaboration included “Can you tell me more?” “Can you elaborate?” and “Can you explain?” Participants were prompted at least once throughout the interview process. Offering time checks during qualitative interviews enhances participants’ sense of control over the process, facilitating effective management of their responses and time.

After each interview, I informed the participant that the interview had concluded. Each participant received a de-identified copy of the transcript via email attachment to confirm that the information in the document was accurate. Participants were invited to contact me to discuss any discrepancies within the transcript. None of the participants contacted me regarding discrepancies in their interview transcripts. I attained research saturation for this study when participants provided no novel data. I did not encounter any unusual circumstances during data collection. There were no deviations from the data collection plan detailed in Chapter 3.

Data Analysis

Interviews were transcribed verbatim using the Otter.AI transcription feature for audio files. This study assessed approximately 6.95 hours of recorded audio interviews. To confirm the accuracy of the interviews, I listened to each audio recording multiple

times. I printed the transcripts and systematically divided each interview chronologically from Participant 1 to Participant 13. Organizing transcripts sequentially from Participant 1 to Participant 13 maintained the coherence of the narrative and facilitated an understanding of each conversation within the study. This systematic method assured clarity and structure in the analysis, enabling me to compare perspectives from each participant in a structured manner.

Reviewing every transcript numerous times allowed me to highlight key terms, concepts, and phrases that repeatedly arose. Using the data analysis plan outlined in Chapter 3, I focused on the commonalities between concepts to ascertain the codes and themes for the twelve interview questions (Creswell & Creswell, 2018; Peoples, 2021). The data analysis plan was followed and did not have deviations. I organized and prepared the data for analysis, reviewed and read all the data numerous times, began coding all the data, generated a description and created meaning units or themes, and represented the description and themes.

I coded the interviews to identify themes and validated them using Dedoose software (Version 9.2.12). An essential part of qualitative research, coding was used to increase the depth and rigor of the findings and analysis (Creswell & Creswell, 2018; Peoples, 2021). Coding involves connecting concepts from the data to the framework and contrariwise (Creswell & Creswell, 2018). It also involves connecting the framework to all relevant data that is integral to it. Consistent with the best practices outlined by Creswell and Creswell (2018), coding acted as a method of categorizing recurring themes. Additionally, meticulously captured field notes were entered into a journal and

transcribed for additional examination. Field notes were entered into Otter. AI. to coagulate with the transcription excerpts to create codes and develop themes.

Recurring concepts determine a code's constitution; likewise, a theme emerges with codes with common denominators (Braun & Clarke, 2006). The process in which codes were constituted included the following: (a) thoroughly reading and acquainting myself with the data, (b) compiling an inventory of concepts regarding the contents of the data and aspects that present interest (Braun & Clarke, 2006). Codes highlight a property of the data that the researcher deems notable, referring to the fundamental element of the raw data that may be evaluated meaningfully (Braun & Clarke, 2006). Therefore, coding allows data to be organized into meaningful groups during analysis (Braun & Clarke, 2006).

I proceeded by creating initial codes using the data. The codes that emerged in this study included the following: enhanced empathy, non-confrontational approach, supportive communication, understanding approach, collaborative interaction, behavioral health focus, avoiding criminalization, identification of mental health episodes, medical and mental health assessment, managing intoxication and aggression, improved patient cooperation, trust building, smoother interaction process, managing paranoia, handling physical aggression, increased mindfulness and curiosity, adjusted approach to interaction, utilizing mental health resources, emergency detentions vs. arrests, personalized interventions, improved outcomes through better understanding, patience and understanding challenges, enhanced understanding from CIT training, application of previous knowledge, engagement techniques in crisis situations, personal reflection on

practices and attitudes, utilization of resources and support systems, awareness of mental health issues, empathy and understanding, collaboration with caseworkers, use of systematic approaches, safety first/then empathy, challenges with noncompliance, increase awareness of mental health crisis, empathetic and informed approach, enhanced engagement strategies, role of the crisis response unit, handling of daily mental health calls, increased empathy, personalized communication, building rapport, effective de-escalation, awareness and understanding, and changed approach. The themes were derived from these codes.

In accordance with the expectations for rigor in qualitative research, I carefully considered whether any discrepant cases or non-conforming data emerged during the analysis process. Discrepant cases are instances where data does not fit neatly into the identified themes or contradicts the overall trends found in the data set. Upon reviewing interviews and responses, I did not identify any clear discrepant cases or responses that failed to align with the emerging themes. However, I took steps to ensure a comprehensive analysis by reviewing the data iteratively and looking for any inconsistencies, contradictions, or omissions that might suggest such cases. This included checking for missing responses or patterns where participants might have intentionally omitted answers due to the sensitivity of the subject matter, as noted in the limitations section of Chapter 5. I also remained aware of the potential for social desirability bias or inaccurate responses, especially given the stigma associated with the law enforcement profession, which could have influenced participants to provide incomplete or distorted answers. Despite these considerations, no discrepancies or outliers in the data were

identified that would require exclusion or special treatment. All responses were consistent with the overall themes that emerged from the interviews. I maintained a transparent approach by documenting all steps of the data analysis process, which included regular member-checking and a cross-referencing of responses to ensure that all relevant data was appropriately considered and incorporated into the findings.

Tables 4-9 were created to correspond to the research questions and illustrate the results. Organizing the data into increasingly abstract information units allowed me to work inductively, creating patterns or codes, categories, and themes from the bottom up, as Creswell and Creswell (2018) suggested. This methodical approach requires alternating between the themes and the database until the researcher has developed an exhaustive selection of themes (Creswell & Creswell, 2018). Through this process, the data revealed six distinct themes across the two research questions (see Table 3). For RQ1, emergent themes included (a) empathy and understanding, (b) de-escalation techniques, and (c) resource engagement and collaboration. For RQ2, emergent themes included (a) holistic communication strategies, (b) individual-centered approaches, and (c) safety and resource utilization (see Table 3). These themes created two overarching themes: (a) person-centered and (b) resource- or technique-based approaches to interactions with PwMI.

Table 3*Research Questions and Emergent Themes*

Research questions	Emergent themes
How does CIT training alter police officers' perceptions of PwMI?	Empathy and understanding De-escalation techniques Resource engagement and collaboration
What information from CIT training do police officers find compelling when de-escalating an encounter with a PwMI?	Holistic communication strategies Individual-centered approaches Safety and resource utilization

These codes and themes, derived from participant interviews, were consistent with the protection motivation theory. Protection motivation theory represents the progression of police officer perspectives and the adaptation of mature response levels of CIT-trained police officers. Rogers (1975) introduced protection motivation theory as a response to fear. CIT training includes specialized tactics, both verbal and nonverbal, that have assisted police officers in de-escalating erratic behaviors when a PwMI is in crisis, therefore decreasing the number of volatile outcomes. An enhanced response from fear to empathy often saves lives while highlighting the evolving perceptions and experiences of CIT-trained officers. Protection motivation theory was applied to this study to illustrate how South Texas CIT-trained police officers' perspectives altered. Protection motivation theory aligned with and demonstrated how police officers with CIT training can change their attitudes and dispositions due to the fear-inducing nature of their work. Therefore, the fear-inducing nature of crisis-specialized training produced informed CIT-trained police officers who interact with PwMI. Applying protection motivation theory to this

study affirmed that police officers believed that they responded to PwMI differently after CIT training, transitioning from a disturbed to an empathic mindset.

Evidence of Trustworthiness

As Creswell and Miller (2000) elaborated, qualitative researchers employ a constructed lens utilizing the perspectives of those conducting, participating in, reading, and reviewing studies rather than one based on scores, instruments, or research methodologies. My approach to trustworthiness was to achieve complexity by systematically applying and evaluating my study's rigor (Ravitch & Carl, 2021). Qualitative research exhibits an allegiance to the experiences of participants instead of focusing on specific approaches (Ravitch & Carl, 2021). Creswell and Miller (2000) wrote that "qualitative researchers use a lens not based on scores, instruments, or research designs but a lens established using the views of people who conduct, participate in, or read and review a study" (p. 125). The perspectives of the researcher, research participants, and other individuals external to the study constitute a few of the many lenses that influence the validity of work conducted by qualitative researchers (Ravitch & Carl, 2021). In addition, specific criteria must be observed when evaluating trustworthiness, including credibility, transferability, dependability, and confirmability. Therefore, this study's trustworthiness was assessed.

To ensure trustworthiness, I recorded open-ended participant responses using an audio recording application. I allowed the participants as much time as required to examine their experiences and perspectives thoroughly. The transferability of my study was addressed by a thick description. The study results provided the foundation for

sample generalizations intended to be transferable to additional participants in future research; however, isolated results may not consistently achieve the same degree of reliability in other samples that reflect various populations. I openly presented the data to support the confirmability of the study. No modifications were made to correct for credibility, transferability, dependability, or conformability, as indicated in Chapter 3. These aspects of trustworthiness are described in greater detail below.

Credibility

Establishing credibility is essential in research and academic pursuits to ensure the reliability, validity, and trustworthiness of the data supplied (Saldaña, 2021; Peoples, 2021). I determined the qualitative saturation of my study by giving more weight to the substantive elements obtained from participant responses than the mere number of interviews. The accuracy of the information gathered from the interviews was confirmed by listening to the audio recordings multiple times to ensure credibility. Truthfulness requires internal validity; therefore, I thoroughly confirmed that every interview transcribed corresponded to the police officer's account on the audio recording (Peoples, 2021). Member checking was employed when saturation was attained to reinforce further the validity of the study's findings (Peoples, 2021). This entailed providing all participants with an electronic copy of each interview transcript. Permitting every participant to view the data obtained further ensured that it accurately reflected their experiences and perceptions, enhancing the research's integrity (Peoples, 2021). If any changes were needed, participants were invited to provide input. All participants agreed that no modifications were warranted. Lastly, the findings from the data acquired from

South Texas police officers who had received CIT training were presented accurately in the research findings and are an analysis of the participant interviews.

Transferability

Transferability is the process of verifying research results by giving a thorough explanation of the study's methodological strategy and contextual setting. Considering that the main objective of this study was to obtain an exhaustive understanding of the phenomenon concerning South Texas CIT-trained police officers, it is crucial to underscore that phenomenological investigation requires a thorough explanation of the research methodology used at this stage. This increases the likelihood that the results will be generalizable and broadly applicable. According to Creswell and Creswell (2018), qualitative research aims to provide detailed descriptive explanations of a specific environment or offer a range of perspectives on a specific topic. This method strengthens the validity of the research findings and adds to its relative richness since an array of perspectives was gathered. I addressed the transferability component by carefully presenting descriptions of the participants' experiences. To provide a nuanced understanding of South Texas police officers who completed CIT training, this included presenting themes replete with information.

Dependability

The significance of dependability in qualitative research lies in its ability to yield accurate results through the consistency and stability of research findings under varying contexts and settings. Ravitch and Carl (2021) posited that dependability concerns the stability of the data, and a compelling argument is a prerequisite for dependability.

Furthermore, this concept indicates that the data are dependable in that they address the research questions (Ravitch & Carl, 2021). Therefore, I employed appropriate methods to address my study's core constructs and concepts. I am explicitly achieving dependability by sequencing my methods and creating a well-articulated validation for these choices to confirm that I created an appropriate data collection plan given my research questions (Ravitch & Carl, 2021).

Walden University's IRB approved this study before the data collection process commenced. I thoroughly explained the procedures for gathering and analyzing data for this study. To identify codes and themes in the data, I utilized Dedoose (Version 9.2.12) for analysis. I reviewed the corresponding transcriptions and listened to the audio recordings on various occasions to be certain that all were accurate. Instead of revealing each participant's name, I assigned them a number to protect their privacy. I established audit trails to strengthen the dependability of the results, such as using raw data (interview data), reflexive notes, and methodological decisions and accounting for ethical considerations (Peoples, 2021). This entailed closely monitoring the ebb and flow of data, data documentation, data collection, data analysis, and the creation of theme constructs. Additionally, member checking, audit trails, and manual coding procedures were used in tandem to ensure the accuracy of the results (Peoples, 2021). In combination, these metrics strengthened the study's robustness and trustworthiness.

Confirmability

The comprehensive presentation, including transcripts and direct participant excerpts, enhanced the study results' confirmability. The data gathered came directly

from participants, not from my own perspective. This included emotional reactions on a psychological level that were recorded in the audit trails with careful consideration. For example, I noted the reaction if a participant became visibly emotional when sharing an encounter with a PwMI or detailing a tactic they felt was innovative to their de-escalation process. Further bolstering the confirmability of the data findings was the comprehensive documentation, which included handwritten and transcriptions of interview notes and the cautious preservation of the data. Lastly, I verified the data at every phase of capturing the study's findings.

Results

I conducted this study to determine how CIT training affected South Texas police officers during field encounters with PwMI. The results provided answers to the aligned research questions of how CIT training enhances police officers' perceptions of PwMI. A consensus was reached among the 13 participants, who found CIT training beneficial and enhanced their skills during encounters with PwMI. Participants agreed that CIT training provided relevant mental disorder knowledge and effective verbal de-escalation strategies for interactions with PwMI in crises. CIT training boosted the police officers' awareness of their responsibility to halt and assess CIT interactions, and this was, they believed, associated with increased rapport and composed communication skills. The results are described in greater detail according to the themes that emerged from the data analysis.

RQ1 asked how CIT training altered South Texas police officers' perceptions of PwMI. Three themes emerged: (a) empathy and understanding, (b) de-escalation techniques, and (c) resource engagement and collaborative practices.

Theme 1: Empathy and Understanding

The first theme that emerged was empathy and understanding (see Table 4). Interview questions that prompted responses from participants for RQ1 included questions such as “How have your perceptions changed regarding people with mental illness after completing CIT training?” and “How has your approach to a person with mental illness changed after completing CIT training?” The shift in how police officers perceived and connected to PwMI experiencing mental health crises is portrayed in this theme. Through improved recognition and comprehension of the diverse and intricate nature of mental disorders, participants reported they improved their ability to manage situations with compassion and empathy. For instance, Participant 11 stated,

What I personally do after this class, now, it’s like I talked to him, how can I help you? Have you eaten? Have you drunk anything? How do you feel? What do you need? What do you need me to do so I can help you?

Participant 11 illustrated the change in their perception and how they connected with a PwMI experiencing a mental health crisis.

Participants also indicated that their comprehension and methods for working with PwMI were significantly improved due to CIT training. For example, Participant 5 indicated that they use a calm voice when speaking with a PwMI in crisis instead of an authoritative voice. Participant 5 stated,

My approach is asking questions but in a calm voice, and a voice that they don’t feel is threatening. Maybe a little bit quieter, maybe not assertive, and letting them know that I come from a good place. I want to I want to help you.

Participant 5 recognized their advancement in comprehension and methodology for interacting with a PwMI due to CIT training.

Participants were guided on how to conduct themselves, what questions to ask, and how to avoid appearing too threatening. For instance, Participant 2 shared that they were cognizant of the questions they asked a PwMI in distress, their actions during the interaction, and portrayed a non-threatening approach. Participant 2 stated,

So, I guess it helps me kind of know what to ask, what to say, how to approach it, how to behave around these people, so that way, it doesn't make them feel like we're some kind of a threat to them or they're not to be a friend to them or to help.

Participant 2 conveyed the importance of adopting a non-threatening demeanor when interacting with a PwMI.

It has become pivotal for participants to understand that PwMI's violent behavior frequently stems from their mental state rather than from their physical presence.

Participant 3 reported that their awareness of a PwMI in crisis displaying aggression is not due to their presence but to the distress they are under. Participant 3 stated,

This is just the individual's baseline or behavior, and this is just how we act, and any aggression and stuff like that, it's not really due to my presence; it's due to, you know, what's going on in their head.

Participant 3 recognized that aggressive behavior originated from PwMI's distress.

Participants stated that as a result of CIT training, they had discovered how to listen actively, informed PwMI where to get the assistance they required, and were more

sympathetic. For instance, Participant 4 relayed that they listened to the PwMI in crisis, had understanding and empathy, and provided resources to their needs. Participant 4 stated, “[CIT training] ...made me take my time listening, more understanding and empathy towards them, and then guide them and send them to where they can get the assistance and the help they need.” Participant 4 conveyed an increased understanding of PwMI and demonstrated compassion.

Participants perceived that CIT training encouraged them to act on strategies such as asking PwMI if they needed food or water, talking in a calming, non-threatening tone, and making them feel heard and cared for. Participants perceived that they had gained insight into the value of patience and several techniques for defusing stressful circumstances from CIT training. For example, Participant 10 specified that a softer, compassionate approach had helped them de-escalate stressful situations. Participant 10 stated, “I think it’s changed as far as being a little bit more compassionate, a little bit softer, and the way that I approach and talk to somebody.” Participant 10 conveyed the significance of patience in alleviating tense situations with a PwMI.

Table 4*Theme of Empathy and Understanding*

Participant	Quote	Code
P1	“The training has helped me better understand what they’re actually going through and give them the best help deck.”	Empathetic perspective-taking
P2	“So I guess it helps me kind of know what to ask, what to say, how to approach it, how to behave around these people, so that way, it doesn’t make them feel like we’re some kind of a threat to them or they’re not to be a friend to them or to help.”	Enhanced understanding of PwMI interaction
P3	“This is just the individual’s baseline or behavior, and this is just how we act, and any aggression and stuff like that, it’s not really due to my presence; it’s due to, you know, what’s going on in their head.”	Understanding behavior as a reflection of internal struggle
P4	“...made me take my time listening, more understanding and empathy towards them, and then guide them and send them to where they can get the assistance and the help they need.”	Enhanced compassion and support in crisis intervention
P5	“My approach is asking questions in but in a calm voice, and the voice that they don’t feel that is threatening. Maybe a little bit quieter, maybe not assertive, and letting them know that I come from a good place. I want to I want to help you.”	Compassionate communication in crisis intervention
P6	“Then I need to slow down and take a step back and let’s see if I could approach it in a different method.”	Adaptive engagement
P7	“It changed dramatically because it made me realize that there are so many types of illnesses that I was not aware of and ways to communicate with people that have these illnesses.”	Awareness and adaptability in communication
P8	“And because I connected over there like that, she felt more of a human connection instead of a uniform sitting in front of her.”	Building trust through personal connection
P9	“Just trying to talk to them. Hey, man, are you willing to go to the hospital? I just feel like you need to go to the hospital. It’s my opinion in my expertise. Try to give them that level of care.”	Advocacy and informed decision-making
P10	“I think it’s changed as far as being a little bit more compassionate, a little bit softer, and the way that I approach and talk to somebody.”	Empathetic communication
P11	“What I personally do after this class now, it’s like I talked to him, how can I help you? Have you eaten? Have you drunk anything? How do you feel? What do you need? What do you need me to do so I can help you?”	Proactive and compassionate communication
P12	“It really did open my eyes to make everything doesn’t have to be head-on as soon as you realize that you have somebody with a mental disorder, you get your distance, you put yourself in a safer position for both you and them.”	Awareness and adaptation in crisis intervention
P13	“Just the way that you talk to someone, just the way that you say hi to them or approach them, makes a huge difference in how your call can come up or the outcome of it.”	Importance of initial communication and approach

Theme 2: De-Escalation Techniques

The second theme that emerged was de-escalation techniques. Participants who completed CIT training received specialized communication and de-escalation techniques that were suited to the specific difficulties presented by interactions with PwMI (Table 5). Participant 7 shared that they had a supportive approach when speaking with a PwMI in crisis. Participant 7 stated,

Instead of screaming at the person to stop what they're doing and say, 'Hey, look, I want to help you out, you haven't taken your medication? let's get that going.' My approach changes because it's more like you seek more answers instead of just trying to fix everything by raising your voice.

Participant 7 expressed their understanding of using specialized communication and de-escalation skills tailored to the unique challenges of engaging with PwMI.

To effectively manage potentially volatile situations, this entailed employing non-confrontational tactics, utilizing courteous and supportive communication, and strategically implementing these abilities. For example, Participant 1 emphasized that speaking respectfully to the PwMI can be effective. Participant 1 stated, "The way you speak to them takes you a long way, so if you speak to them nicely, you speak to them with a lot of respect; they take that into account too." Participant 1 illustrated the importance of employing non-confrontational tactics.

When engaged with a PwMI, it is imperative for police officers to use compassionate language and effective communication techniques. Participant 10 added that using compassionate language, such as asking questions clearly and calmly, can help

de-escalate situations with PwMI. Calm, courteous speech facilitated rapport-building and eased the tension. Participants stressed the value of empathetic communication, active listening, and meeting individuals' needs without disparaging them. De-escalation tactics included establishing common interests, adopting a calm, non-threatening manner, and offering assistance instead of shouting. Participant 7 mentioned that screaming did not help with de-escalating situations with PwMI. Instead, seeking answers to help them is more helpful. Participant 7 stated,

Instead of screaming at the person to stop what they're doing and say, 'Hey, look, I want to help you out, you haven't taken your medication? Let's get that going.'
My approach changes because it's more like you seek more answers instead of just trying to fix everything by raising your voice.

De-escalation techniques have improved participants' self-assurance and crisis management skills, allowing them to direct PwMI to the appropriate assistance while maintaining everyone's safety.

Table 5*Theme of De-Escalation Techniques*

Participant	Quote	Code
P1	“The way you speak to them takes you a long way, so if you speak to them nicely, you speak to them with a lot of respect; they take that into account, too.”	Respectful communication
P2	“Trying to and then help them try to come back to like, ‘Hey, this is not real.’ Like I’m going to try to help you out and give them different options, but still, to show them I’m here to help them, not to make them feel like I belittle them.”	Approaching with understanding and support
P3	“My approach has always been a calm and steady demeanor, right? Okay, I can be going off the walls yelling and screaming, but I will talk to him the same way I’m talking to you right now.”	Calm demeanor
P4	“...made me take my time listening, more understanding and empathy to these people, and then guide them and send them to where they can get the assistance and the help they need.”	Value of patience
P5	“My approach is asking questions but in a calm voice, in a voice that they don’t feel is threatening.”	Non-threatening approach
P6	“I said the next time I ever have to come out here let me see if I could change him or at least like change him and change his interaction with me so it could be more of like I’m a friend.”	Friendly connection
P7	“Instead of screaming at the person to stop what they’re doing and say, ‘Hey, look, I want to help you out, you haven’t taken your medication? Let’s get that going.’ My approach changes because it’s more like you seek more answers instead of just trying to fix everything by raising your voice.”	Supportive approach
P8	“We speak to them and try to talk about what they’re going through, and then take them off topic to calm down, and once they calm down, then we go back and try to get them the help they need.”	Conversational techniques to calm and assist
P9	“We have tools. Besides, the last one is obviously less lethal. We have the Bola Wrap, or it’s a wrap that shoots out kind of immobile, depending on it. It just takes training and patience, patience.”	Utilizing non-lethal tools
P10	“My approach has changed as far as being a little bit more compassionate, a little bit softer, I guess you will, as a police officer, and the way that I approach, that I talk to somebody, you know, some of the methods that we are taught are, you know, you got to change your tone of voice, you know, the rate of speed that you’re talking, so you’re giving clear commands, or clear responses, or clear questions, so that way the person that’s in crisis or that has a mental health illness can comprehend what you’re trying to say or want them to do.”	Adapting communication techniques for clarity and compassion
P11	“You kind of have to talk to him in a calm way, you know, like you cannot be raising your tone, you kind of have to like talk to him like, ‘Hey, you know what, I’ll do whatever you want. Just like I want to help you right? Because that’s what that’s what you that’s our goal, right? Because you need help. Right? I’m here to help you. I don’t want to hurt you. You’re not under arrest. What do you want me to do?’”	Offering assistance
P12	“It really did open my eyes to make everything doesn’t have to be head-on as soon as you realize that you have somebody with a mental disorder, you get your distance, you put yourself in a safer position for both you and them.”	Creating a safe distance
P13	“I feel more confident now than I did when I first started nine years ago because of all the training that I have. I’m able to deescalate, I’m able to talk to them, I’m able to find an interest that they have, and maybe bring them down from how upset or angry they are into something calmer.”	Increased confidence and effectiveness

Theme 3: Resource Engagement and Collaborative Practices

The third theme that emerged was resource engagement and collaboration practices. This theme focused on the training participants received to effectively collaborate with mental health experts and other community services and use a wide range of mental health resources (see Table 6). In contrast to punitive measures, it highlighted a transition toward a more integrated and resource-informed approach with the goal of offering comprehensive help. This theme emphasized significant advancements in law enforcement collaboration and community mental health resources. Participants were more aware of how to provide community resources, such as low-income behavioral health facilities, veterans' services, drug rehab centers, and counseling services. For example, Participant 1 identified the shift towards utilizing mental health resources. Participant 1 stated,

I would say probably the biggest benefit is the community resources that we've learned about and partnered with. We can now refer individuals to counseling services, substance abuse programs, veterans' services, and behavioral health centers that offer low-income or free services.

Participant 1 conveyed the importance of collaborating with community resources.

The successful implementation of a specialized mental health unit inside the police force has resulted in collaboration between police officers and mental health professionals through a symbiotic approach. Caseworkers and licensed mental health specialists attend active calls to guarantee proper care and offer prompt assistance. For instance, Participant 2 stated,

I would say probably the biggest benefit is the community resources that we've learned about and partnered with. We can now refer individuals to counseling services, substance abuse programs, veterans' services, and behavioral health centers that offer low-income or free services.

Participant 2 articulated that establishing a dedicated mental health unit within the police force fosters collaboration between South Texas police officers and mental health specialists.

In addition, participants followed up with families, offering support and liaising with EMS when required. Participants' capacity to differentiate between mental disorders and transient crises has improved due to CIT training, enabling the provision of pertinent resources and referrals. For example, Participant 7 stated, "I had to figure out if the person was dealing with a diagnosed condition and was not taking their medication, or if they were simply in a temporary crisis, and then connect them with appropriate help or resources accordingly." Participant 7 expressed their enhanced ability to distinguish between a mental disorder and a temporary crisis.

Participant preparedness and approach were further enhanced by utilizing community partnerships, including local mental health authorities, and by acquiring information concerning PwMI from dispatch. For example, Participant 13 stated,

My mental health unit is in collaboration with [local mental health authority] Tropical, so we are able to also get information from Tropical so if the person has mental issues, then we tell them, 'Hey, anything in your system,' so then they check on their site, and sometimes they have an actual diagnosis.

Participant 13 demonstrated the effectiveness of community mental health partnerships.

Table 6

Theme of Resource Engagement and Collaborative Practices

Participant	Quote	Code
P1	“I would say probably the biggest benefit is the community resources that we’ve learned about and partnered with. We can now refer individuals to counseling services, substance abuse programs, veterans’ services, and behavioral health centers that offer low-income or free services.”	Enhanced access to community resources
P2	“We have a mental health unit, so what I’ve done before, I mean, depending on the situation, we usually will go through a section, but we’re starting to do a lot more now, and it’s actually been effective.”	Enhanced collaboration with mental health units
P3	“We do follow-ups, we continue to talk to them, and sometimes they have family help, and we try to gear the family towards, ‘Hey, we’re on the same team, help us.’”	Collaborative practices in mental health crisis intervention
P4	“We go out, and we make contact with them with a caseworker, and they do either jail diversion, or we figure out what we need to do and get them to where they need to go.”	Collaborative efforts with caseworkers
P5	“So basically, it’s a partnership, one officer and one qualified mental health professional. We’ll go to the active call, as it’s coming in, so there are two officers and two case managers.”	Police officers and mental health professionals
P6	“Well, so we’re able to either contact EMS if they’re willing and able to, then we contact EMS, and you know, they get a ride to the hospital, and then they get screened by Tropical.”	Collaboration and verification for medical assistance
P7	“I had to figure out if the person was dealing with a diagnosed condition and was not taking their medication, or if they were simply in a temporary crisis, and then connect them with appropriate help or resources accordingly.”	Tailoring resources based on individual needs
P8	“He had his own case manager. So he calls right there.”	Coordinating with case managers
P9	“It’s more talking and then determining if they need to go to the next level of care or they’re just asking like, Hey, man, are you willing to go to the hospital?”	Need for advanced care.
P10	“Since the training gives us a lot more resources within the community, we can reach out to local mental health authorities to ensure that individuals who don’t meet the criteria for emergency detention still receive the appropriate services through caseworkers and follow-ups.”	Enhanced capacity for community support and resource allocation
P11	“Dispatch provides information on individuals with mental disabilities, such as bipolar disorder or schizophrenia, so officers are prepared to approach them with appropriate techniques and a calm demeanor.”	Equipping police officers with information
P12	“We have a mental health unit at the PD which is equipped with screeners and extra training; they can be called out on-site to assess individuals in crisis, providing a valuable resource for handling such situations more effectively.”	Dedicated mental health units
P13	“My mental health unit is in collaboration with [local mental health authority] Tropical, so we are able to also get information from Tropical so if the person has mental issues, then we tell them, ‘Hey, anything in your system,’ so then they check on their site, and sometimes they have an actual diagnosis.”	Collaboration and information sharing

RQ2 asked what information from CIT training South Texas police officers found effective when de-escalating an encounter with a PwMI. Three themes emerged, including: (a) holistic communication strategies, (b) individual-centered approaches, and (c) safety and resource utilization.

Theme 4: Holistic Communication Strategies

The first theme that emerged was holistic communication strategies. This theme underlined how crucial various communication strategies are for efficiently handling contacts with PwMI (see Table 7). It combined nonverbal and spoken techniques to promote trust, ease tensions, and promote understanding. This theme highlighted a change in law enforcement toward a human-centered, sympathetic approach, especially when assisting PwMI. Participants were recommended to employ strategies like Verbal Judo, which entailed recognizing the PwMI's emotions and viewpoints and gently assisting them in coming to a more rational understanding of their circumstances. For instance, Participant 1 stated, "Verbal Judo is basically when you speak to them in a way that acknowledges their feelings and perceptions, even if you don't agree with them, and then gently guide them towards understanding their situation in a more realistic way." Participant 1 demonstrated that Verbal Judo facilitated the identification of underlying issues and triggers rather than only addressing symptoms or behaviors.

Participant knowledge and empathy were improved through CIT training, which encouraged enhanced listening and directed PwMI to the proper resources rather than simply moving them through the judicial system. Participant 4 stated,

After completing CIT training, I've become more aware and knowledgeable about mental illness, which has led to a more empathetic approach, better listening, and a focus on guiding individuals to appropriate resources rather than just processing them through the system.

Participant 4 expressed a greater awareness and understanding of mental illness, which allowed them to guide PwMI to appropriate resources.

Participants emphasized that developing rapport required asking questions instead of demanding them and communicating calmly. Participants gathered information, communicated with family, and addressed matters patiently to prevent escalating situations. For example, Participant 7 stated,

Gathering information, understanding the individual's situation, and considering their background before intervening is crucial; rather than rushing in, it's essential to connect with those who know the person, assess their needs, and approach the situation with empathy and patience to avoid escalation and find effective solutions.

Participant 7 underscored that cultivating rapport necessitated inquiring rather than imposing questions when engaging with a PwMI.

Other strategies included participants changing their tone and tempo of speech. Establishing trust and effectively de-escalating situations involved humanizing the participants through an assisting rather than an authoritative approach. For example, Participant 13 stated,

So, then it's more of a humanizing the badge, and it's more of we're not there for the authority, or we're not don't look at me as an officer. I'm just a human. Yes, I have a badge and a gun, but I'm here to help you out.

Participant 13 added that establishing trust and humanizing themselves improved their engagement with a PwMI, as opposed to adopting an authoritative stance.

Table 7

Theme of Holistic Communication Strategies

Participant	Quote	Code
P1	"Verbal Judo is basically when you speak to them in a way that acknowledges their feelings and perceptions, even if you don't agree with them, and then gently guide them towards understanding their situation in a more realistic way."	Empathetic communication and guidance
P2	"We're more mindful about what else might be going on or what underlying things might be triggers for that person, rather than just focusing on symptoms like medication or specific behavior."	Understanding the whole person
P3	"Utilizing a calm and respectful approach, I build rapport by treating individuals with mental illness as whole people, addressing their underlying issues and triggers rather than focusing solely on symptoms or behaviors."	Empathetic engagement through respectful communication
P4	"After completing CIT training, I've become more aware and knowledgeable about mental illness, which has led to a more empathetic approach, better listening, and a focus on guiding individuals to appropriate resources rather than just processing them through the system."	Improved listening skills
P5	"I've learned to ask, not telling them what to do. I think that's a big difference."	Collaborative approach to crisis
P6	"I kept my hand out the whole time, and even though he ignored it for the first two minutes, I finally asked him, 'How are you going to shake my hand or not?'—but in a friendly way."	Building connection through friendly gestures
P7	"Gathering information, understanding the individual's situation, and considering their background before intervening is crucial; rather than rushing in, it's essential to connect with those who know the person, assess their needs, and approach the situation with empathy and patience to avoid escalation and find effective solutions."	Importance of contextual understanding in crisis intervention
P8	"Understanding what they're going through, not forcing them to go with you, and de-escalating through conversation and empathy is crucial for effectively interacting with individuals experiencing a mental health crisis."	Non-coercive approaches
P9	"Just sitting down and trying to get on their level, trying to figure out what's going on."	Engaging with PwMI
P10	"Some of the methods that we that are taught or you know, you got to change your tone of voice, you know, the rate of speed that you're talking so you're giving, clearing, clear commands, or clear responses or clear questions."	Effective communication techniques
P11	"I approach every person with mental illness by first establishing a calm, empathetic connection, understanding that they're going through a crisis and often just need someone who listens and offers support. This approach includes using a soothing tone and body language and asking open-ended questions to understand their needs better and de-escalate the situation."	Empathetic and supportive engagement
P12	"Slow down, think about your next step, and make sure that your solution fits the situation."	Deliberate decision-making
P13	"So then it's more of a humanizing the badge, and it's more of we're not there for the authority, or we're not don't look at me as an officer. I'm just a human. Yes, I have a badge and a gun, but I'm here to help you out."	Humanizing authority

Theme 5: Individual-Centered Approaches

The second theme that emerged was individual-centered approaches. The necessity for empathy and a deeper understanding of the challenges encountered by PwMI was emphasized via CIT training. This entailed acknowledging and addressing the complexity of mental health issues and promoting an individual-centered approach that emphasizes the dignity and safety of an individual first (see Table 8). Interacting with PwMI should repose upon respect and empathy rather than on power or presumption. For instance, Participant 5 stated, “Everybody wants to be treated with respect, everybody wants to be treated as a human person, and everybody wants to be asked and not told.” Participant 5 recognized that approaching a PwMI with empathy and a profound comprehension of their difficulties facilitates interactions.

Instead of approaching the situation with a preconceived notion of right or wrong, listening to PwMIs’ perspectives was crucial to understanding their experiences actively. This approach made support more efficient and helped avoid escalation. For example, Participant 1 stated,

Instead of just coming in with the mindset that they’re wrong and you’re right, it’s important to really listen to what they believe and understand their perspective. This approach helped in not escalating the situation. By showing that participants genuinely cared about PwMI experiences and trying to help them based on what they thought was real, they could offer more effective support and resources, making the interaction smoother and more respectful.

Participant 1 indicated that individual-centered dialogue fostered a relationship and demonstrated authentic concern.

Participants provided personalized assistance and solutions to meet the PwMIs' needs by respecting their thoughts and concerns. For example, Participant 2 stated,

When we approach a person with mental illness, we're not just focusing on their immediate symptoms or medication. We consider what underlying issues might contribute to their condition and tailor our interactions to their specific needs and triggers. This approach helps us connect with them more effectively and provides the appropriate support.

Participant 2 detailed that examining the fundamental factors that may influence a PwMI and customizing their interactions helps them address the PwMIs' personalized needs.

When interacting with PwMI, it was paramount to determine whether their problems were transitory or continuous and modify strategy accordingly. This individual dialogue fostered a connection and demonstrated authentic concern, facilitating a more seamless and respectful collaboration. For instance, Participant 7 stated,

First, I try to figure out if they have any disabilities or mental issues or if it's just a person going through some crisis and tailoring my approach based on whether it's a long-term issue or a situational problem, focusing on understanding their specific needs and not just applying a one-size-fits-all solution.

Participant 7 explained that exhibiting sincere concern promoted a relationship and encouraged a more effective collaboration. Genuine support involved addressing everyone equally, tailoring questions to their situation, and treating everyone respectfully.

Rather than merely controlling symptoms or providing a general intervention, the objective was to relate to the PwMI while ensuring they felt appreciated and understood. An individual-centered approach improved support, fostered trust, and guaranteed improved outcomes.

Table 8

Theme of Individual-Centered Approaches

Participant	Quote	Code
P1	“Instead of just coming in with the mindset that they’re wrong and you’re right, it’s important to really listen to what they believe and understand their perspective. This approach helps in not escalating the situation. By showing that you genuinely care about their experiences and trying to help them based on what they think is real, you can offer more effective support and resources, making the interaction smoother and more respectful.”	Respect in crisis intervention
P2	“When we approach a person with mental illness, we’re not just focusing on their immediate symptoms or medication. We consider what underlying issues might contribute to their condition and tailor our interactions to their specific needs and triggers. This approach helps us connect with them more effectively and provide the appropriate support.”	Individualized and comprehensive care
P3	“The best approach is to introduce yourself, talk to them like a normal person, just the way I’m talking to you now.”	Approach with normalcy
P4	“I’m in charge of getting the families what they need to make their lives easier and better, whether that’s directing them to the right services or just providing support where I can.”	Support and resource facilitation
P5	“Everybody wants to be treated with respect, everybody wants to be treated as a human person, and everybody wants to be asked and not told.”	Respect and autonomy in crisis intervention
P6	“We engage with the person, ask them targeted questions to gauge their needs, and assess whether immediate intervention is necessary, tailoring our response based on their specific situation.”	Personalized assessment and response
P7	“First, I try to figure out if they have any disabilities or mental issues or if it’s just a person going through some kind of crisis, and tailor my approach based on whether it’s a long-term issue or a situational problem, focusing on understanding their specific needs and not just applying a one-size-fits-all solution.”	Addressing individual challenges
P8	“Understanding what they’re going through, not forcing them to go with you; you just got to wait it out and hopefully figure out the route, or they’ll cooperate with you, and then you can give them the help they need.”	Understanding PwMIs’ experience and needs
P9	“Just try to understand what they’re going through. Just try to understand and get to their level.”	Effort in understanding
P10	“I try to make myself more relatable to that person so that I have the best outcome when interacting with them.”	Importance of relatability
P11	“One of the main themes would be that it’s a calm, a calm approach.”	Emotional regulation
P12	“I think it was more of a fine-tuning and adding on some ideas... but that perception, I feel that it’s softened me up a little bit.”	Personal growth
P13	“Instead of simply managing the situation, I focus on establishing a personal connection by discussing their interests and building trust, which helps understand their needs and provide the appropriate support.”	Personalized engagement for adequate support

Theme 6: Safety and Resource Utilization

The third theme that emerged was safety and resource utilization. A critical component of CIT training was maintaining the safety of everyone involved during interactions, which included using non-lethal equipment, assessing environmental conditions, and following safety standards (See Table 9). Effective use of community and health resources, including collaboration with mental health clinicians and organizations, was stressed to provide comprehensive care while avoiding criminal prosecution. For instance, Participant 5 stated,

After completing the CIT training, I've discovered that it is a police matter, but it's also a team matter; it's not just a police officer, it's a case manager, it's a family, it's a psychiatrist, it's medication—it's a team, and we need to make sure that this person gets at least a referral or some sort of resources to lead them in the right direction instead of just walking away.

Participant 5 asserted that involving mental health interagency resources is essential for optimal support for PwMI.

Mental health professionals have played a vital role in managing mental health emergencies by providing resources and follow-up care, hence reducing the need for repeated police officer interventions. To ensure safety, other measures such as hospitalization or family intervention were needed when a PwMI was intoxicated and could not receive timely care from mental health specialists. For example, Participant 10 stated, "CIT training has improved our ability to safely manage individuals in crisis by utilizing a range of community resources to provide appropriate follow-up care and

support.” Participant 10 reinforced the significance of collaborating with mental health specialists and the availability of their services for PwMI.

The necessity of collaboration between law enforcement, case managers, families, and mental health providers has been underlined by CIT training. Through probing inquiries, participants were informed in CIT training to determine the intention and strategy for self-harm, plan for prompt medical attention, and offer assistance in locating resources. For example, Participant 8 stated,

So, we get there, and we try to deescalate them using verbal tactics and strategies to help drop any weapons and calm them down, and then we try to get them the help they need, whether that’s through contacting a case manager, arranging for an ambulance, or using other available resources.

Participant 8 stressed the importance of de-escalating situations with PwMI, gathering information, and collaborating with mental health networks.

Effective crisis management involved using strategies such as verbal de-escalation and non-lethal instruments like the Bola Wrap. The objectives of CIT training are to provide safety, effectively use emergency resources, and offer adequate follow-up treatment and support. For instance, Participant 12 stated, “Ensuring safety involves maintaining a safe distance, while resource utilization includes leveraging specialized mental health units and integrating their expertise to manage crises involving individuals with mental illness effectively.” Participant 12 affirmed that safety and efficient use of emergency resources were paramount when interacting with a PwMI.

By incorporating novel approaches and resources, participants' proficiency and self-assurance in handling mental health emergencies have significantly increased. For example, Participant 11 stated,

I've noticed that I've grown so much professionally since we started using these new techniques. It's amazing to see how the right tools can really enhance your skills and confidence. I feel more capable and prepared for any challenges that come my way now.

Participant 11 demonstrated professional growth in their abilities by having proper resources and tools when engaging with a PwMI.

Table 9*Theme of Safety and Resource Utilization*

Participant	Quote	Code
P1	The good thing about them is that they handle mental health. If you're on a call and they're at a follow-up, you can inform them, and they'll come assist you after their current follow-up, provided the individual meets the criteria. However, if they're intoxicated, they won't come. You must find alternative support, like a hospital or a responsible family member, to ensure the person's safety until they sober up. This prevents situations where the person could harm themselves or others. Mental health professionals also help by following up, connecting individuals to resources, and providing support, which reduces the need for repeated police interventions."	Effective coordination with mental health professionals
P2	"We try to exhaust as many resources as we can for that family member or that person to make sure we're providing the necessary help rather than just moving on to the next call."	Commitment to comprehensive support
P3	"I would always try to take it, you know, hey, it's not personal. I have a job to do. Moreover, my job is to keep these individuals safe regardless of their mental health."	Prioritizing safety and maintaining professionalism
P4	"Ensuring that everyone is out of harm's way, we should also make sure that the emergency resources are being used efficiently to handle the situation."	Resource management and safety prioritization
P5	"After completing the CIT training, I've discovered that it is a police matter, but it's also a team matter; it's not just a police officer, it's a case manager, it's a family, it's a psychiatrist, it's medication—it's a team, and we need to make sure that this person gets at least a referral or some sort of resources to lead them in the right direction instead of just walking away."	Integrated care and resource coordination
P6	"To ensure safety and proper support, I evaluate the individual's intent and plan regarding self-harm through a series of critical questions, then either arrange for immediate medical intervention or provide guidance on accessing available resources and support systems."	Timely intervention
P7	"I think I've had several that I feel were success stories. I remember one situation where we went to a house, and a young female was in a crisis, cussing out her parents and resisting us. Instead of immediately detaining her, we took a moment to gather more information and understand what she was going through. Eventually, we realized she was trying to access knives and sharp objects, which helped us address her safety and manage the situation more effectively."	Effective crisis management through information gathering
P8	"So we get there, and we try to deescalate them using verbal tactics and strategies to help drop any weapons and calm them down, and then we try to get them the help they need, whether that's through contacting a case manager, arranging for an ambulance, or using other resources available."	Employing de-escalation techniques to ensure safety
P9	"Just try to talk to them as best you can and use the tools we have, like the Bola Wrap, which helps to immobilize them without causing harm, depending on the situation."	Communication and non-lethal tools for crisis management
P10	"CIT training has improved our ability to safely manage individuals in crisis by utilizing a range of community resources to provide appropriate follow-up care and support."	Enhanced crisis management skills
P11	"I've noticed that I've grown so much professionally since we started using these new techniques. It's amazing to see how the right tools can really enhance your skills and confidence. I feel more capable and prepared for any challenges that come my way now."	Professional growth and enhanced confidence through new techniques
P12	"Ensuring safety involves maintaining a safe distance, while resource utilization includes leveraging specialized mental health units and integrating their expertise to manage crises involving individuals with mental illness effectively."	Ensuring safety and resource utilization
P13	"If the person does not meet criteria for hospitalization, we place them under a safety plan, involving family members to monitor and secure the environment; if they are suicidal, homicidal, or deteriorating, we implement emergency detention, seeking a behavioral health center for further care."	Structured risk management and escalation procedures

Participants described that CIT methodologies emphasized empathy, understanding, and skilled communication with PwMI in crises. Participants were instructed to address these intense situations empathetically and use composed, non-aggressive language. They cultivated de-escalation techniques to establish trust and promote supportive interactions, shifting away from authoritative approaches. Collaboration with mental health networks was essential for connecting PwMI to community resources and ensuring proper care. Participants emphasized the significance of individualized approaches, acknowledging each individual's needs. Safety initiatives, such as verbal de-escalation and non-lethal techniques, significantly bolstered participants' confidence in efficiently assisting a PwMI.

To answer RQ1, CIT training has significantly shifted South Texas CIT-trained police officers' perspectives of PwMI by increasing their empathy and understanding. Participants experienced an evolution in their engagement with PwMI, acknowledging the intricacies of mental disorders. CIT training has encouraged compassionate communication, often using a calm tone and offering empathetic inquiries that increased understanding and support for PwMI. Participants discovered that aggressive behavior frequently originates from psychological distress rather than their presence, resulting in more supportive and empathetic encounters.

CIT training has provided participants with proficient de-escalation tactics and reinforced the significance of collaboration with mental health professionals and community services. Participants shifted from authoritative approaches to supportive communication techniques, emphasizing trust-building and collaborative problem-

solving. This method not only strengthened their crisis management abilities but also improved their capacity to distinguish between persistent mental health disorders and transient crises, enabling more appropriate assistance and treatment. South Texas police officers' perceptions have been altered by CIT training by fostering a sympathetic, profound understanding of mental health issues, consequently promoting relationships with PwMI.

To answer RQ2, CIT training has equipped South Texas police officers with vital skills for successfully de-escalating encounters with PwMI. An essential element of CIT training included holistic communication strategies, including Verbal Judo, which promoted South Texas police officers to recognize and affirm PwMIs' emotions while gently directing them towards greater awareness of their situation. This empathetic method significantly improved South Texas police officers' abilities and established trust, resulting in more respectful and positive engagements.

Participants expressed that CIT training has also progressed their individualized techniques with PwMI. Participants have acquired the ability to differentiate between PwMI and a temporary crisis, allowing them to personalize their responses accordingly. Safety considerations were paramount, with CIT training prioritizing non-lethal techniques and collaboration with mental health professionals and facilities. Ultimately, these tactics have enhanced South Texas police officers' confidence and proficiency during interactions with PwMI, resulting in positive outcomes for the PwMI in distress and anyone involved in the encounter.

Summary

I aimed to understand the lived experiences of South Texas CIT-trained police officers. I sought to satisfy a gap in understanding how CIT training influences police officers' perceptions of PwMI, and the information they believe is most useful during an encounter with a PwMI. This chapter discussed the procedures for collecting and managing data for this study. The methods I used to identify, choose, and interview the participants were also covered in this chapter. The data analysis process employed a thematic analysis, with participants continuously revealing challenges they faced throughout the interviews. Every interview was digitally recorded and transcribed using the Otter.AI application and subsequently uploaded into a file requiring a password. Chapter 5 included a comprehensive summary of this study, including an interpretation of the findings, results and theoretical base, limitations, recommendations, implications for positive social change, and a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experience of South Texas CIT-trained police officers. Research has shown a gap in the literature regarding how South Texas police officers are influenced by CIT training and how their perceptions of PwMI have altered. Specifically, I aimed to ascertain how CIT training alters South Texas police officers' perceptions of PwMI and the most relevant information they obtained from CIT training and implemented in the field during encounters with PwMI. It is highly probable that police officers will encounter PwMI during their daily work (Wittmann et al., 2021). There is a limited understanding of the influence CIT training has on South Texas police officers and their perceptions of PwMI. The impact of CIT training on South Texas police officers was central to this study.

The overarching objective of this study was to employ qualitative methodologies to assist in exploring how CIT training may have altered the perspectives of South Texas police officers who completed the training. I also supplemented the body of research by assessing South Texas police officers' perceptions of the impact of CIT training on the skills and knowledge they have acquired and found fundamental in defusing challenging situations with PwMI. CIT training has been shown to have various benefits, including decreased use of force, improved detection and management of mental health crises, and improved relationships between police officers and community providers (Willis et al., 2023). This current study's findings have included that the benefits of completing CIT

training have resulted in enhanced responses to PwMI and improved utilization of resources for South Texas police officers.

The research endeavor aligned with two research questions:

RQ1: How did CIT training alter police officers' perceptions of PwMI?

RQ2: What information from CIT training did police officers find effective when de-escalating an encounter with a PwMI?

Participants revealed how they perceived their approach, skills, and procedures were enhanced by CIT training. During the qualitative interviews, several participants indicated they were initially skeptical and were surprised to learn that CIT training provided more than just tactical abilities. CIT also encouraged empathy and personal connection. Participant outlooks evolved significantly following impactful encounters with members of their community who have severe mental illness. Notably, the sample provided a broad spectrum of perspectives and experiences related to the research topic. The results of this study elucidated six themes. For RQ1, the three themes that emerged included (a) empathy and understanding, (b) de-escalation techniques, and (c) resource engagement and collaboration. For RQ2, the three themes that emerged included (a) holistic and communication strategies, (b) individual-centered approaches, and (c) safety and resource utilization. These themes create two overarching themes: (a) person-centered and (b) resource- or technique-based approaches to interactions with PwMI. Chapter 5 contains a synthesis of the research study, encompassing the interpretation of the findings, results and theoretical base, limitations, recommendations for future research, implications, and a conclusion.

Interpretation of the Findings

According to Hassell (2020) and Rogers et al. (2019), CIT was developed to improve police officer recognition and handling of individuals in mental health crises. CIT training has been shown to modify police officers' perceptions of PwMI by increasing empathy and modifying their attitude toward PwMI (Allen & Campbell, 2018; Wittmann et al., 2021). Collaboration between law enforcement and mental health professionals is emphasized in the 40-hour training program initially known as the Memphis model (Stevens, 2023; Willis et al., 2023). CIT training has also been shown to inform police officers on effective tactics to de-escalate situations with PwMI, prioritizing the safety of all parties involved. Instead of using force to defuse mental health crises, as is often the case (Compton et al., 2014), the objectives of CIT training were to teach police officers to identify, de-escalate, and connect PwMI to available community resources. For instance, there is an emphasis on collaboration between mental health specialists and police officers (Stevens, 2023) since these groups have worked independently historically. Teamwork, however, allowed for a more complete approach to addressing mental health concerns in the community (Bratina et al., 2020). Combining CIT-trained police officers and mental health agency resources increased effectiveness and improved the outcomes for PwMI in crisis (Nick et al., 2022).

In recognition of the significance of mental health for police officers themselves, CIT was developed to include training on mental disorders and police officer well-being (Willis et al., 2023). Untrained police officers may find it arduous to recognize and handle mental health crises, which could have a negative impact on PwMI (Hassell,

2020). CIT training improved South Texas police officers' efficacy and safety by giving them patience, empathy, and rapport-building skills. The findings of this study validated that South Texas police officers who completed CIT training perceived benefits from applying what they learned to their interactions with PwMI. For each of the RQs posed in this research, I interpreted each of the study's six themes in the ensuing sections.

RQ1 asked how CIT training altered police officers' perceptions of PwMI. Three themes emerged, including: (1) empathy and understanding, (2) de-escalation techniques, and (3) resource engagement and collaborative practices.

Theme 1: Empathy and Understanding

CIT training has been shown to recognize and identify specific mental health issues, and it encourages police officers to use procedural justice, empathy, and patience to avoid escalated aggression and tragic events (Wittmann et al., 2021). CIT training is intended to recognize and identify specific mental health issues, and it encourages police officers to use procedural justice, empathy, and patience to avoid escalated aggression and tragic events (Wittmann et al., 2021). This shift is likely driven by specific tactics taught in CIT training, such as changing tone, speech tempo, and communication clarity to ensure that individuals experiencing a crisis can understand and comply with directives (Wittmann et al., 2021). In this current study, police officers reported improved empathy for PwMI, as evidenced by their increased compassion and patient responses. This confirms previous literature, such as Compton et al. (2022), which stated that CIT training enhanced police officer knowledge and attitudes, positively influencing stigma.

Participants in the current study also reported that CIT training had changed their perspective from procedural enforcement to one of understanding and assistance. Participants emphasized the need to listen carefully and respond with empathy, knowing that mental health concerns exist and are frequently misunderstood by the general public. Participants added that this understanding had prompted them to take a more sophisticated approach toward PwMI, distinguishing between behaviors linked with mental illness and those associated with other concerns, such as substance misuse. Confirming the findings of Allen and Campbell (2018), there has been a growth in the empathy and compassion of police officers after completing CIT training. Furthermore, police officers have gained a better awareness that challenging behaviors are not personal attacks but rather signs of mental health issues (Willis et al., 2023). This lens alleviates frustration and assists police officers in taking such situations personally (Kubiak et al., 2017). In this study, participants emphasized that CIT training had also increased their understanding of various mental disorders, resulting in their belief that they were more informed and had an increase in supportive encounters with PwMI. This theme confirmed previous research, such as Wittmann et al. (2021), who found that CIT training encouraged police officers in their study to modify their communication strategies and prioritize empathy.

Theme 2: De-Escalation Techniques

A second theme that emerged from the current research was that police officers believed that CIT training had positively impacted their attitudes and treatment of PwMI, improving their de-escalation abilities and cultivating a more compassionate approach.

Nick et al. (2022) underlined that CIT was effective with police officers who have undergone any degree of mental health training, resulting in improved attitudes, reduced stigma, and less force. In this study, participants mentioned a change in their approach to those suffering from mental illnesses. For instance, before CIT training, interactions with PwMI may have focused less on rapport-building and were more reactionary (Hassell, 2020). However, following CIT training, participants in this current study emphasized the importance of engaging in meaningful conversations to de-escalate situations. Police officers' tactics for de-escalation developed after training, including using personal space, speaking gently, and offering options to PwMI (Kubiak et al., 2019). For example, in the current study, several participants outlined how they commenced a conversation during a crisis by inquiring about the individual's day and speaking informally to assist in calming the PwMI. This method exemplifies the application of empathy and patience taught in CIT training and is reflected in de-escalation tactics with PwMI. The findings of the current study confirm this previous research.

Additional de-escalation strategies encompassed methods to ensure the safety of both PwMI and participants, particularly in situations involving a weapon. Participants described a revised method for addressing weapons-related issues. Participants cautiously examined the PwMI's demeanor and actions to assess their mental condition and preparedness to de-escalate if necessary. This technique involved both verbal and nonverbal cues, such as handshakes and self-harm assessments. Furthermore, participants stated that CIT training has given them the skills to navigate challenging circumstances, such as working with a crisis negotiator when necessary. Police officers receive extensive

training in identifying mental disorders, applying de-escalation methods, and discovering community-based services supporting PwMI (Willis et al., 2023).

This theme of de-escalation, then, confirmed previous research, such as Nick et al. (2022), who included that CIT training informs police officers on redirecting the PwMI from the criminal justice system to mental health assistance and affording preferential access to mental health services. CIT training has shifted participants' perspectives, allowing them to recognize each contact as an opportunity to provide support and promote access to mental health resources rather than merely a law enforcement issue. This holistic approach promotes safety while reducing the need for force and improving PwMI outcomes.

Theme 3: Resource Engagement and Collaboration

A third theme that emerged from the current research was that police officers believed that the CIT method went beyond crisis management and into continuing assistance and education. This included encouraging families to seek help immediately rather than waiting until a problem has escalated. For example, in the current study, several participants emphasized efforts to provide families with resources and information about various possibilities, including legal processes for mental health aid and contact information for ongoing support. CIT training also promoted a more thorough grasp of the mental health system (Hassell, 2020). According to Nick et al. (2022), the widespread adoption of CIT implementation illustrated a commitment to improving police training and community collaboration. In the current study, several participants mentioned that they routinely communicated with a qualified mental health

expert from the crisis response unit or mental health unit, connecting South Texas police officers with mental health case managers. Additionally, several participants included that this teamwork strengthened their ability to recognize and respond to the needs of PwMI in crisis. Participants emphasized the significance of collaborating with mental health professionals to manage complex situations, such as processing emergency detention orders and arranging for inpatient care if appropriate.

Police officer de-escalation techniques have improved due to CIT training (Nick et al., 2022). For instance, in the current study, several participants employed a variety of tactics, including calming conversations, collaborating with mental health professionals, and closely monitoring the PwMI's conduct to guarantee safety. Allen and Campbell (2018) wrote that police officers who encountered PwMI were considerably more likely to take a strategic protective position that benefited everyone in a collaborative mental health network. Participant attitudes had evolved from merely managing a problem to actively pursuing the most beneficial outcome for PwMI by ensuring they receive adequate care and assistance. This theme of resource engagement and collaboration confirmed previous research, such as the study by Nick et al. (2022), which included that awareness of community resources is essential for providing personalized treatment and prevention of PwMI in the criminal justice system.

In response to RQ1, CIT training has markedly transformed the perceptions of South Texas CIT-trained police officers regarding PwMI by enhancing their empathy and comprehension. Participants in the current study underwent a transition in their involvement with PwMI, recognizing the complexities of mental disorders. CIT training

has fostered compassionate communication tactics, frequently employing a calm tone and posing empathetic questions that enhance comprehension and assistance for PwMI. Participants described that they found that aggressive conduct often stemmed from psychological suffering rather than their presence, leading to a more helpful and empathetic interaction.

CIT training equipped South Texas police officers with effective de-escalation techniques and emphasized the importance of cooperation with mental health networks and community services. Participants in the current study transitioned from authoritative method to supportive communication strategies, prioritizing trust-building and collaborative problem-solving. This approach enhanced participants' crisis management abilities and improved their skills in differentiating between chronic mental health illnesses and temporary crises, facilitating more comprehensive support and treatment. Overall, these findings were confirmed by previous literature.

RQ2 asked what information from CIT training South Texas police officers found effective when de-escalating an encounter with a PwMI. Three themes emerged, including: (a) holistic communication strategies, (b) individual-centered approaches, and (c) safety and resource utilization.

Theme 4: Holistic Communication Strategies

A fourth theme that emerged from the current research was that police officers believed that CIT training emphasized the value of comprehensive communication and information sharing across shifts (Nick et al., 2022). For instance, in the current study, several participants were trained to deliver detailed briefings to new shifts and

dispatchers, keeping them updated on the PwMI's conduct and any special hazards or triggers. Participants included that this technique ensured the situation was handled consistently and educated police officers going into the shift on communicating safely and efficiently. Effective communication was emphasized as a primary tactic (Nick et al., 2022). Hassell (2020) demonstrated transformations in how CIT-trained police officers communicated and interacted with PwMI and emotional/behavioral challenges in the field.

Participants in the current study were taught to use a calm tone of voice and empathetic words to create rapport and de-escalate stress. CIT training motivated participants in the current study to change their communication techniques and emphasize compassion. For example, several participants shared that rather than providing authoritative directives like "put the knife down," they were encouraged to engage in discourse to comprehend the PwMI's circumstances effectively, such as asking why the PwMI was holding a weapon or how they felt. In addition, CIT training educated participants in the current study on how to discover common interests or engage in conversations that can assist in calming the PwMI. Participants could often minimize the agitation of the PwMI and promote a more productive engagement by connecting with them personally or discussing issues of interest. This theme of holistic communication strategies confirmed previous research, such as Allen and Campbell (2018) study, which included that CIT-trained police officers who interacted with PwMI were considerably more inclined to assume a strategic protective position beneficial to all within a collaborative mental health framework.

Theme 5: Individual-Centered Approaches

A fifth theme that emerged from the current research was that police officers believed that a critical implementation of CIT training emphasized personalized methods (Nick et al., 2022). For example, several participants in the current study discovered that each scenario and individual is unique, even if they shared similar diagnoses. CIT training improved police officers' approaches to PwMI, allowing them to better understand the nuances of mental health situations (Kubiak et al., 2019). This made participants approach problems more aware of the PwMI's emotional and psychological state. Kubiak et al. (2017) found that police officers who had completed CIT training were more likely to feel prepared to respond to mental health crises, more capable of recognizing and screening for mental illness, more aware of triggers, common illicit substances, and mental disorders. For example, several participants in the current study shared that recognizing that the PwMI may be struggling with a significant life event, such as a recent family death, encourages more sympathetic contact. Participants were trained to evaluate each scenario individually, considering factors such as the environment and the PwMI's behavioral triggers. For example, suppose the PwMI did not fulfill the requirements for hospitalization (i.e., is not suicidal or homicidal). Participants in the current study secured a safety plan that included coordinating with family members to ensure the PwMI's safety and monitor their condition.

When a PwMI satisfied the criteria for emergency detention due to significant mental health deterioration or impending threat, participants adapted their tactics to maintain safety. To avoid escalating the situation, participants utilized a "ready position"

for their weapon, keeping a cautious yet non-threatening posture. This strategy aided in risk management while also assuring that communication was effective. Additionally, CIT training enabled police officers to discern between indicators of mental illness and those of substance abuse (Crisanti et al., 2019). CIT training offered insight into interactions with PwMI and considered differentiations between individuals with drug addiction. This distinction allowed police officers to tailor their actions more effectively and approach each circumstance with an improved awareness of the PwMI's needs (Crisanti et al., 2019). For instance, participants understood the value of patience, realizing that mental illness can drive behaviors rather than personal opposition. Several participants in the current study shared that they have experienced a substantial transition from a goal-oriented perspective to a more empathic, process-oriented one, resulting in better interactions and outcomes. This theme of individual-centered approaches confirmed previous research, such as Weaver et al. (2021) study, who included that CIT training informs police officers to consider the unique circumstances of each interaction, adjusting their approach to the individual's needs and conduct witnessed during the call.

Theme 6: Safety and Resource Utilization

A sixth theme that emerged from the current research was that police officers believed that CIT training had instructed them to maintain a calm and steady demeanor regardless of the PwMI's actions. This strategy aided in de-escalating situations while emphasizing safety. For instance, several participants in the study shared that they ensured the setting was safe and determined whether the individual was hurt or in danger. Participants in the current study prevented self-injury or harm to others by managing their

surroundings and separating themselves from potential danger. CIT training highlighted the necessity of understanding available resources and how to utilize them (Ritter et al., 2010). Mental health partners in the field improved interagency coordination and communication, de-escalation success, and the likelihood of improved outcomes for a PwMI than police-only interventions (Munetz & Bonfine, 2022). Participants were trained to make referrals and seek assistance from local mental health authorities and non-profit organizations. Nick et al. (2022) mentioned that the CIT program's success depended on effective communication among numerous entities. This knowledge enabled participants in the current study to refer PwMI to appropriate resources, such as counseling and psychiatric examinations, primarily if they do not fulfill the criteria for emergency detention. This comprehensive strategy reinforced that police officers could address urgent and non-urgent safety concerns while also allowing access to long-term mental health care, thus improving outcomes for PwMI. This theme of safety and resource utilization confirmed previous research, such as Watson et al. (2017) study, which included that CIT training influenced police officers' on-scene decision-making by enhancing their comprehension and awareness of the mental health treatment system, available resources, and services, as well as the accessibility of emergency psychiatric interventions.

In response to RQ2, CIT training has provided South Texas police officers with essential skills for effectively de-escalating interactions with PwMI. A fundamental component of CIT training encompassed comprehensive communication tactics, including Verbal Judo, which encouraged participants in the current study to

acknowledge and validate the emotions of PwMI while sensitively guiding them toward increased awareness of their situation. This compassionate approach has improved participants' abilities and generated trust, leading to respectful and positive interactions.

Participants in the current study described that CIT training has contributed to their individualized approaches with PwMI. Participants had developed their capacity to distinguish between PwMI and a temporary crisis, enabling them to tailor their actions appropriately. Safety considerations were key, with CIT training emphasizing non-lethal approaches and collaborations with mental health professionals and networks. Ultimately, these strategies have boosted participants' confidence and competence of participants in their encounters with PwMI, with positive outcomes for both the PwMI and all individuals engaged in the encounter.

Results and Theoretical Base

Protection motivation theory is a well-researched psychological theory that elucidates the reasons and mechanisms by which individuals are compelled to undertake protective measures in reaction to perceived threats. Rogers (1975) formulated the theory initially designed to comprehend fear appeals and the circumstances that prompt humans to adopt self-protective responses. Applying the protection motivation theory to my findings, especially for instructing police officers in managing crises related to mental health or possible violence, provided significant insight into enhancing participant preparedness for crisis response (Allen & Campbell, 2018). By concentrating on individuals' risk assessment, their confidence in their reactions, and their will to act effectively, the protection motivation theory established a theoretical framework for

enhancing the efficacy of CIT programs. The current study's findings aligned with the protection motivation theory, including South Texas police officers' assessment of risk perception, response efficacy, self-efficacy, threat evaluation, and behavioral intentions after completing CIT training.

Assessment of Risk Perception and Crisis Evaluation

A fundamental element of the protection motivation theory is the feeling of risk (Maddux & Rogers, 1983). Protection motivation theory includes the idea that individuals are more inclined to undertake defensive measures when they see danger as both significant and personally pertinent. Within the framework of CIT, participants in the current study must be instructed to precisely evaluate the intensity and probability of crisis scenarios, including interactions with individuals experiencing acute mental distress or those who may exhibit violent behavior. CIT programs enhanced participants' comprehension of the nature and potential ramifications of diverse crisis scenarios, rendering these threats tangible and consequential, hence fostering greater engagement in acquiring the skills needed for effective response.

Risk perception in CIT encompasses the identification of a possible crisis and the assessment of the probability of its escalation and its implications. Participants encountering an individual in a mental health crisis evaluated the potential for violence and determined if the person presented an imminent threat to themselves or others. Protection motivation theory posits that individuals are more inclined to engage in protective behaviors when they perceive a crisis as posing a substantial threat (Maddux &

Rogers, 1983). This is essential in CIT since participants learned to recognize these dangers and understand their duty to mitigate them through proper actions.

Furthermore, CIT training included the issues of desensitization, wherein repeated exposure to crisis scenarios may result in a reduced perception of risk (Kubiak et al., 2019). Protection motivation theory includes the idea that genuineness and empathy are crucial in driving protective actions (Maddux & Rogers, 1983). Therefore, CIT training must consistently acknowledge the necessity of evaluating each circumstance as unique and potentially dangerous, avoiding the complacency that may arise from repeated exposure to crises (Kubiak et al., 2019).

Response Efficacy: Confidence in the Effectiveness of One's Actions

Protection motivation theory emphasizes the significance of response efficacy, which is the degree to which an individual is confident that the protective measures they implement will effectively mitigate the threat (Maddux & Rogers, 1983). In the context of CIT, this corresponds to guaranteeing that participants were confident that the tactics and techniques they learned, including active listening, Verbal Judo, nonviolent communication, and de-escalation tactics, are practical tools for de-escalation. These methods are less likely to be implemented in real-world scenarios when individuals doubt their efficacy.

CIT programs implemented various methodologies to enhance response efficacy, including peer-reviewed case studies that illustrate the advantages of suggested strategies, evidence-based success demonstrations, and role-playing scenarios (Bratina et al., 2020; Kubiak et al., 2017). In crises, de-escalation techniques have been demonstrated to

decrease the probability of violence when implemented appropriately (Compton et al., 2022; Watson et al., 2017). Participants' confidence in the effectiveness of their training is bolstered by the fund of experiences of how these techniques have been effectively integrated into real-world scenarios.

Moreover, response efficacy is deeply linked to the credibility of the training program. Participants in the current study had confidence that the knowledge and methodologies presented were grounded in best practices and empirical evidence. CIT programs were constructed based on well-researched methodologies, and instructors should be specialists capable of articulating the rationale for each strategy effectively. Participants were more inclined to internalize and apply lessons during actual emergencies with PwMI when they perceived their training as based on robust evidence.

Self-Efficacy: Assurance in One's Competencies

Protection motivation theory highlights the importance of self-efficacy, which refers to individuals' confidence in their capacity to execute the recommended protective acts and their belief in the effectiveness of such actions (Maddux & Rogers, 1983). Self-efficacy is essential in CIT, as participants who perceived themselves as unprepared or incompetent to manage crises may become complacent, act inappropriately, or inadvertently worsen the situation.

CIT training incorporated hands-on instruction, enabling participants to hone their abilities in realistic, controlled settings to enhance self-efficacy. Role-playing exercises, simulations, and scenario-based training effectively enhance participants' confidence in crisis management capabilities (Uddin et al., 2020). Through continually practicing these

abilities in a secure setting, participants acquired the experience and confidence necessary to implement them in high-pressure settings.

Furthermore, feedback is essential for developing self-efficacy (Alvarez, 2020). Participants required constructive criticism from seasoned trainers who emphasized their strengths and identified areas for enhancement. This enabled participants to develop their talents and enhance their confidence in performing under pressure. CIT training encourages feedback from peers and discussion groups, which enhanced learning and offered diverse viewpoints on crisis management (Crisanti et al., 2019).

Threat Evaluation: Comprehending and Analyzing the Crisis

Protection motivation theory includes an individual's drive for self-protection, which is affected by their assessment of the threat, encompassing its severity and vulnerability (Maddux & Rogers, 1983). In CIT, threat appraisal is fundamental to informing police officers to appropriately evaluate the degree of threat in a crisis (Weaver et al., 2013). Participants could swiftly determine if a situation required immediate involvement or whether a possibility exists for de-escalation before the threat intensified.

Effective threat assessment necessitated instructing participants to identify symptoms of escalation, including alterations in body language, verbal signals, and other indicators of concern or agitation. CIT training includes video analysis, case studies, and role-playing to facilitate participants' development of these abilities (Munetz & Bonfine, 2022). The capacity to effectively evaluate a situation enabled participants to make enhanced judgments, potentially averting harm to themselves promptly, the PWMI in distress, and others involved.

Behavioral Intentions: The Probability of Action

Protection motivation theory suggests that individuals are more inclined to undertake protective measures if they regard the threat as significant, trust in the efficacy of the recommended tactics, and possess confidence in their capability to execute such efforts (Maddux & Rogers, 1983). CIT implements these elements to guarantee that police officers are motivated to respond appropriately in a crisis (Kubiak et al., 2019). CIT training should emphasize not just the acquisition of tactical ability but also the development of an appropriate mindset for intervention (Willis et al., 2023). Participants comprehended the significance of their role in crisis management and were inspired to implement their training in practical scenarios. This was accomplished by reinforcing the moral and ethical obligations of participants trained to manage emergencies and establishing a personal commitment to effective solutions.

Limitations of the Study

My study conceded several limitations. The primary limitation is the phenomenological design. In phenomenological research, biases, and preconceptions may influence the results (Ravitch & Carl, 2021). I addressed this limitation by setting my biases aside and prioritizing reflexivity, as described in Chapter 3. Creswell and Creswell (2018) stated that since qualitative research entails in-depth interpretive engagement with participants, it presents ethical, personal, and strategic challenges. Researchers must acknowledge how their interpretations are shaped by their experiences, beliefs, and preconceptions, including but not limited to gender, culture, and socioeconomic level (Creswell & Creswell, 2018). To be reflexive, I considered these influences.

Another limitation of this study was the risk of incorrect or dishonest responses to interview questions. Since participation was voluntary, individuals could choose to omit questions or provide inaccurate responses, potentially impacting the validity of the findings. A significant factor influencing this behavior was the stigma associated with the law enforcement profession, which can suppress emotions and may cause police officers to withhold certain personal feelings or experiences, especially if they feel that expressing vulnerability might conflict with the professional identity of being tough or emotionally resilient (Flores, 2021). It is also possible that cultural notions of power and respect could have affected how participants described their experiences in law enforcement, particularly regarding interactions with PwMI. Participants may have emphasized maintaining authority, control, or professionalism and been hesitant to express vulnerability, as these might be perceived as weakening their role or masculinity.

Another limitation of this study included the cultural context of South Texas, a predominantly Mexican American region, which could have significantly influenced how participants responded to qualitative research questions. Mexican American men may bring cultural values tied to traditional male roles, which could affect their views and behaviors during interviews or research interactions. The concept of *machismo*, which includes traits such as aggression, dominance, and pride, may shape how these participants perceived and expressed themselves, especially in situations related to authority, vulnerability, or emotions (Piña, 2012). Given the cultural emphasis on strength, stoicism, and authority often associated with machismo (Piña, 2012), participants may have been more likely to present themselves as strong, capable, or in

control, even when discussing sensitive topics such as mental health. This could potentially lead to underreporting of emotions, struggles, or mental health concerns, as these traits are often seen as counter to the cultural ideal of masculinity. Additionally, participants may view the role of law enforcement or crisis management through the lens of these culturally ingrained masculine values, potentially influencing how they speak about their interactions with PwMI. Therefore, it is important to approach future research with sensitivity to these cultural dynamics. This could involve framing questions in a way that normalizes emotional expression and emphasizes the value of empathy and collaboration, thereby encouraging participants to provide more honest and nuanced responses that reflect both their professional training and their cultural context.

While the study design aimed to create a safe, confidential environment for participants to provide honest feedback, the risk of socially desirable responses or omissions due to professional stigma remained. This could have affected the completeness or authenticity of the data, particularly in relation to sensitive topics. However, due to the voluntary nature of the study and the culture of the profession, these issues were difficult to control fully. Future research should explore methods to further reduce the impact of this stigma, such as using anonymous surveys or incorporating more comprehensive debriefing protocols to ensure participants feel comfortable sharing honest feedback.

Transferability is one of this study's final limitations. This study did not provide a complete representation of all police officers. Transferability is essential in phenomenological qualitative research as it denotes the degree to which this study's

findings can be applied to other settings, contexts, or populations. Qualitative research includes a comprehensive understanding of lived experiences and perspectives.

Therefore, transferability is crucial for ensuring that insights derived from one group will resonate with the experiences of other groups.

I considered how transferability may have been affected in the current study, such as the sample size, in which the findings may not be applied to a broader population. Consequently, elements such as age, gender, race, education level, years of law enforcement experience, and exposure to mental health emergencies could profoundly affect the study's findings. These factors must be considered when interpreting and analyzing the results within a larger demographic framework. Additionally, it is important to evaluate whether the qualitative questions posed adequately reflected the complexities of participants' experiences. For example, I believe the participants were engaged during the interviews and provided truthful responses; however, this is merely a subjective interpretation. It is possible that critical elements of the participants' experiences were not examined due to the structure of the questions.

If I were to conduct the research again, I would refine the questions to be more open-ended and incorporate areas that developed during the interview but were not thoroughly explored. This may improve data richness and facilitate a more comprehensive understanding of the phenomenon. Recognizing these limitations and considering methods to enhance transferability bolsters the transferability of findings and addresses how research may be applied to other contexts.

Recommendations

Future researchers should consider interviewing CIT-trained police officers' lived experiences on a broader spectrum. A comparative analysis with other law enforcement agencies may yield an effective strategy. Researchers should also investigate whether CIT-trained police officers perceive CIT training more positively than those who perceive it negatively. Additionally, CIT training was developed on the partnerships between law enforcement, mental health agencies, and individuals and families affected by mental illness (Texas CIT Association, 2024). Therefore, future research should consider investigating the individuals at mental health agencies that assist CIT-trained police officers, PwMI, and their families.

Researchers may consider engaging with stakeholders, elected officials, or other influential individuals from the community as consultants for their study. This method could help address the difficulties related to participant recruitment. Furthermore, creating an outreach strategy before commencing the study may improve efficacy and productivity and create advantages for the participants and researchers. This proactive planning may enhance the member-checking process that follows the data analysis process.

Lastly, future research could enhance its findings by incorporating quantitative or mixed method methodologies. For example, future quantitative research could focus on assessing the measurable impact of CIT training on police officers' skills and attitudes through pre- and post-test data. Future studies could involve administering standardized questionnaires or surveys to police officers before and after they undergo CIT training.

These surveys could assess key factors such as empathy, de-escalation skills, knowledge of mental disorders, and attitude toward PwMI. By comparing pre-and post-test data, researchers could quantify the extent of change in these areas, providing evidence of the effectiveness of CIT training. This approach could offer an objective and statistically reliable assessment of CIT training's impact, complementing qualitative findings that are subjective in nature. The results could then be analyzed using statistical methods to determine if the differences between pre-and post-test scores are statistically significant, providing quantitative evidence of the effectiveness of CIT training. Additionally, future research could explore certain variables, such as years of experience, participant demographics, or department size, moderate the effect of CIT training on these outcomes. A quantitative approach could help build a robust understanding of how CIT training influences police officers' attitudes and perceptions, providing evidence that could inform training practices and future improvement in crisis intervention.

Implications

This empirical study considerably deepened the understanding of the impact of CIT training on the relationship between South Texas CIT-trained police officers and mental health networks. The current study showed that CIT training markedly enhanced police officers' perceptions, methodologies, and capacity to implement acquired skills during interactions with PwMI. The results of this study indicated that CIT-trained police officers exhibit more advanced and empathetic attitudes and behaviors. The police officers possessed enhanced capabilities for addressing mental health crises, utilized de-escalation techniques, had a more profound comprehension of mental illness, and had a

more empathetic interaction with the PwMI, resulting in greater safety and successful outcomes.

The current study showed that CIT training effectively connects police officers with mental health services, promoting a cooperative strategy for crisis management for PwMI. CIT-trained police officers were more inclined to perceive PwMI as individuals needing specialized care rather than as a threat. This change in perception is essential for improving outcomes in interactions with PwMI, especially in crises where quick, empathetic responses are warranted. CIT-trained police officers were able to effectively de-escalate volatile situations and engage mental health professionals, leading to enhanced care for PwMI in crisis.

The current study had implications that extended beyond individual police officer behavior, providing insights into broader social change. CIT training increased the success of mental health care within law enforcement and facilitative, appropriate, and compassionate support for PwMI. The findings of the study supported CITs overarching goals of diminishing the stigma surrounding mental illness, strengthening the relationship between police officers and mental health networks, and ultimately enhancing the quality of life for PwMI by mitigating their risk of harm during crises.

Conclusion

In conclusion, this study demonstrated significant improvements in police officers' methodology, skills, and procedural approaches due to CIT training. Participants noted that CIT training extended beyond improving tactical skills; it was critical in generating more profound empathy and fostering human connections with PwMI. This

transformation demonstrates the broader impact of CIT training, which transcends tactical proficiency and includes a significant shift in police officers' perceptions and approaches to mental health crises.

This study revealed numerous essential facets that represent the transformative effects of CIT training. One key element is the development of empathy and understanding, which demonstrates how CIT training has transformed police officers' perspectives, boosting compassion and patience. Police officers have shifted from a firm procedural approach to one that is more collaborative and compassionate, aided by specific CIT tactics, such as altering communication styles to engage individuals in crisis appropriately. This adjustment in approach demonstrates the effectiveness of CIT training in promoting more caring and advantageous interactions with PwMI.

Furthermore, CIT training has substantially enhanced police officers' de-escalation strategies, allowing them to navigate mental health situations confidently. Police officers now use various methods, including preserving personal space, speaking calmly and reassuringly, and providing options to PwMI. These strategies, together with improved skills in managing weapons-related situations, aid in fostering a safer and more effective crisis response. CIT training also emphasizes resource engagement and teamwork, which prepares police officers to provide continuous support and connect families with mental health services. Overall, CIT training promotes a comprehensive approach that improves immediate crisis response and long-term mental health outcomes through increased empathy, sophisticated de-escalation tactics, and successful coordination with mental health professionals.

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Appendix: Email Recruitment Invitation

Email Recruitment Invitation



A graduate student is conducting a new study about the experiences of South Texas police officers who have completed crisis intervention team (CIT) training and have interacted with people with mental illness (PwMI). For this study, you are invited to describe your experiences with your interactions with PwMI, including altered perceptions and valuable information obtained from CIT training.

About the study:

- One in-person, 30-60-minute question-and-answer interview will be audio recorded only—no video recording.
- The study's published results will not reveal names or personally identifying information to preserve your privacy.

Volunteers must meet these requirements:

- ✓ Hold a police officer position in South Texas.
- ✓ Have completed CIT training.
- ✓ Have interactions with PwMI.

This interview is part of the doctoral study for Lyna Yvette Campos, a Ph.D. student at Walden University. Interviews will take place during June 2024. Please email lyna.campos@waldenu.edu to let the researcher know if you are interested. You are welcome to forward it to others who may be interested.