2017

Law Enforcement Officer Knowledge of Mental Illness

Nashira Funn
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Nashira Yvette Funn

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

Review Committee
Dr. Robert Spivey, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Mi Young Lee, Committee Member,
Public Policy and Administration Faculty

Dr. Patricia Ripoll, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Law Enforcement Officer Knowledge of Mental Illness

by

Nashira Funn

MSW, Loma Linda University, 2008

BA, University of California Riverside, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

August 2017

Abstract

Media and activist groups have recently exposed the problem of negative interactions between law enforcement officers and civilians. Many of these civilians have a mental illness. Various researchers attribute these negative interactions to insufficient officer knowledge of mental illness due to a lack of training, education, and personal experiences. Very little research addresses how insufficient knowledge of mental illness may influence interactions. The purpose of this phenomenological study was to explore and analyze self reported law enforcement knowledge using Malcolm Knowles' conceptualization of adult learning theory and andragogy as the theoretical framework. This framework bases self-directed learning/training on a needs assessment of the individual's knowledge. The main research question was: "What factors related to officer knowledge of mental illness impact interactions between law enforcement and people with mental illness?" Data were collected through recorded and then transcribed in-depth interviews with 8 law enforcement officers with experience interacting with mentally ill people. Using aspects of modified Van Kaam method of data analysis, word recognition computer programing identified repetitive words and phrases from the data. This resulted in significant common themes, namely: the need for more effective formal training on mental illness and the influence of personal lived experiences in the interaction with people with mental illness. The implications for social change are positive for officers and people with mental illness, as this study will inform the development of more effective officer training models about mental health, which will reduce the number of negative interactions.

Law Enforcement Officer Knowledge of Mental Illness

by

Nashira Funn

MSW, Loma Linda University, 2008

BA, University of California Riverside, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

August 2017

Dedication

I dedicate this to my parents Kenneth Clark and Stephanie Clark Rhoe. Thank you for instilling the value of education in my heart and assisting me in attaining this achievement. I also dedicate this to my children Natalia and Samuel whom without them this journey would not have been worthwhile. Thank you Natalia for being Mommy's little assistant on this project.

Acknowledgments

I thank my family, friends and co-workers for providing encouragement through this journey and providing me with motivation to see this body of work to completion. Thank you to the men and women that serve and protect our communities and a special thank you to the officers that took the time to participate in this study. You are appreciated.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Introduction

> The deterrence theory of penal purgatory . . . does not work with psychotics. All the punishment we can develop as a society will not save those who got in the way of a madman when his undiagnosed or ignored schizophrenia first blossoms into violence.
>
> The only way to deal with insanity is to maintain eye contact with it and stare it down. Each time we turn away and pretend not to see, we risk our lives, our children's lives and all that we have become or hope to come. With our prisons packed to overflowing, our mental hospitals functioning on an outpatient basis and our streets brimming with . . . economic refugees, more and more eyes are turning away. It is more expedient to put things off until later.
>
> Some things cannot wait.
>
> Ask the murderer or rapist. (McDougal, 1996, p. 294)

As a clinical social worker at a state hospital facility in the California Department of State Hospitals (formerly known as the Department of Mental Health) that treats criminal offenders with mental illness, it is easy to see where public policy and mental health treatment coincide. However, as McDougal (1996) colorfully illustrated in the epigraph, the current theories being implemented for this population are not effective. Other research indicated similar conclusions: the current implemented system for dealing with those with mental illness, particularly those who have committed crimes, is ineffective (Modestin & Wuermle, 2005; Murphy, 1996; Sims, 2009).

Further bringing this issue to the forefront is the recent national attention the policing profession has received regarding negative police interactions with citizens, particularly when the use of force is implemented. This has created numerous recent debates regarding the use of force, policing tactics in general, police training, and citizen responsibilities and rights, as well as the level of authority police in general have, and may use, and in what situations (Associated Press, 2015; Baker, 2009; Blankstein, 2014; Chang & Rubin, 2015; Feemster, 2010; Kim, 2014; Ruane, 2014; Rubin, 2012; Vives, Mahler, & Winton, 2014; Warburton, 2014; Webb 2009). Although there have been many debates, lawsuits, and protests at the local, state, and even federal level, research in this area seems to be just beginning to develop as a *new*ly identified issue on the national scene. This is an area that still needs further research (Chang & Rubin, 2015; Kim, 2014).

Coupled with this recent nationwide attention on the policing profession is the fact that the prevalence of mental illness among people who commit crimes is significant (Chang & Rubin, 2015; Kim, 2014; St. John, 2015; Young, 2003). Given the current scrutiny of the policing profession and the substantial number of criminals with mental illness, it is imperative to consider how these two factors interrelate. It is important to specifically identify what the current levels of knowledge officers have regarding mental illness and persons with mental illness. With the significant prevalence of mental illness among the criminal population, it can be concluded that officers having adequate knowledge regarding mental illness is an important factor in successful policing.

Phelps (2011) contended that, “Scholars know very little about changes in the actual practices of punishment and prisoner rehabilitation” (p. 33). Extensive research is

still needed in order to provide evidence-based answers to the issues noted. Law enforcement officers can provide a wealth of knowledge in regard to actual practices taking place in prisons and in the community. They can also provide information on the knowledge, thoughts, perceptions, and beliefs officers have regarding mental illness. Information from law enforcement officers can assist in evidence-based research that will allow local, state and federal judicial and law enforcement systems to create policies regarding training and education for police. Such policy changes could help to decrease the number of negative interactions between law enforcement, citizens, and inmates when there are mental health concerns. Research suggests that law enforcement officers are not provided with the training needed to successfully perform their duties in this regard (Clayton, 2012; Feemster, 2010). However, there is a lack of information concerning the specific knowledge they may be missing.

Problem Statement

Recently there has been a significant focus on negative interactions between law enforcement officers and people with mental illness from the media, political figures, and the public in general. “The overall picture is one of increasing police contact with those who are experiencing some form of mental distress” (Cummings & Jones, 2010, p. 14). Furthermore, research supports that a significant number of people convicted and charged with crimes have mental health concerns. Thus, law enforcement officials are more likely to come in contact with people who have mental health concerns than many other professions (Chang & Rubin, 2015; Kim, 2014; Kita 2010; St. John, 2015; Young 2003). Sims (2009), stated that although people with mental illness represent a very small

portion of people in the general population, the number of people with mental illness is three times higher in the prison system. In Los Angeles County, it is estimated that 20% or approximately 17,000 inmates are classified as mentally ill (Chang & Rubin, 2015; Sederer, 2015).

The fact that interactions between law enforcement and the mentally ill are indeed taking place has been well documented in the literature, as presented in the next chapter. However, currently there is a gap in the literature as to why negative interactions between law enforcement and mentally ill persons are occurring, despite the fact that the frequency of such interactions continues to increase (Sewell, 2015).

A review of the literature suggested that a lack of officer knowledge regarding the mentally ill population is a significant factor in that these interactions often have negative outcomes. Thus, it would be imperative to know more about law enforcement's knowledge regarding this population with which they have frequent interaction. The premise of this study was to identify what particular knowledge officers do or do not have regarding mental illness. In order to bridge the gap in the existing literature regarding this topic, it is important that studies such as this be conducted. Furthermore, this explorative research will begin to fill in specific areas of knowledge that are lacking.

Due to the fact that there are numerous negative interactions between law enforcement officers and people with mental illness, there is a need for a more thorough examination of the factors that impact these interactions and produce negative outcomes. This study provides some insight regarding the factors that contribute to these negative interactions (Associated Press, 2015; Baker, 2009; Blankstein, 2014; Chang & Rubin,

2015; Feemster, 2010; Kim, 2014; Ruane, 2014; Rubin, 2012; Vives et al., 2014; Warburton, 2014; Webb 2009).

Purpose of this Study

The purpose of this study was to increase understanding of the specific knowledge that may be impacting the number of negative interactions between law enforcement and individuals, many of whom have mental health concerns. I explored various aspects of officer knowledge such as officer training, education, beliefs and perceptions of mental illness in general, and people suffering from mental illness. Exploring these aspects assisted in answering the research question and sub questions.

Baker (2009) stated that, "Police justification of non-coercive tactics in certain situations can be revealing about their thinking processes in justifying force in other circumstances" (p. 139). This concept was one area addressed in the study, which was to explore officers' beliefs and thinking processes concerning persons with mental illness and mental illness in general. This study assessed what factors influenced their thoughts and thought processes such as knowledge, education, and training. In fulfilling the purpose of this study, some of the content and quality of the training provided were also assessed. Another purpose of the study was to identify the tactics and policies officers use when interacting with people with mental illness and whether these factors are unique for interacting with this population. I also explored officer perceptions, attitudes, and beliefs regarding persons with mental illness. Exploration into these areas provided insight as to why there are so many negative interactions between law enforcement and mentally ill persons. Currently this is a gap in the literature.

California has one of the largest correctional systems in the nation (California currently has more prisons than universities), and southern California is home to the largest county jail in the nation, Twin Towers in Los Angeles. Mental health treatment for inmates is traditionally expensive, requiring that a significant portion of the state budget be allocated to the California Department of Corrections and Rehabilitation (CDCR; Clayton 2012; Gibbons & Katzenbach, 2011). Recent concerns have been brought to the forefront regarding the criminality of the people placed in the facilities with the Department of State Hospitals, most of who have committed a crime but have been assigned to a state hospital instead of a state prison facility (Warburton, 2014).

In addition to the fact that California has large state and county facilities, California facilities at both levels have in recent years been deemed troublesome in regards to care for inmates with mental illness; the complaints have specifically involved verbal and physical abuse at the hands of officers, the lack of treatment provided, and the general poor living conditions inmates encounter in these systems (Associated Press, 2015; Chang & Rubin, 2015; Gibbons & Katzenbach, 2011; Gould, 2011; Medina, 2011; Rubin, 2012; St. John, 2015). This corresponds with Sims' (2009) contention that currently there are problems with the prison system concerning inmates with mental illness and how conventional theories of criminal justice such as retribution, deterrence, incapacitation, and rehabilitation are not applicable when applied to this group. Given that California has a large penal system that has already been established as lacking in various areas, it is imperative that studies such as this address factors contributing to

these documented shortcomings (Sewell, 2015). These specific issues are presented in the next chapter.

Exploration of these factors help establish a baseline of officers' knowledge regarding persons with mental illness, with the hope that further research will lead to adequate training for and educational development of officers in order to decrease the number of negative interactions between officers and citizens with mental health concerns. This is significant for those with mental illness, as they would benefit from officers having greater knowledge about their condition. Officers would be better able to assist them in the community as well as in prison and correctional facilities.

Research Questions

The main research question for this study was:

RQ: What factors related to officer knowledge regarding mental illness impact interactions between law enforcement officers and people with mental health concerns? Research sub questions included:

SQ1: Do law enforcement officers have adequate knowledge from both personal experiences and professional training to identify and effectively interact with people with mental illness?

SQ2: What personal and cultural beliefs held by law enforcement officers' impact interactions between officers and those with mental illness?

positive or negative, they have with people, particularly those with mental illness?

Theoretical Framework

Available research indicated current treatment for those with mental illness is inadequate, limited, and in need of further research (Modestin & Wuermle, 2005; Murphy, 1996; Sims, 2009). Thus, it would not be advantageous to apply those already proven inadequate theories to this area of the study. The current treatment and theories are not considered best practice. Due to the fact that these theories are ineffective, there is no reason to include them in this study or to conduct yet another study to further substantiate their inadequacy. Therefore, I used a more conceptual framework approach.

The theoretical framework that was used in this study was Knowles' theory of adult learning, andragogy (Knowles, Holton, & Swanson, 2012). Knowles adult learning theory was well suited for this study as it provides a framework for analyzing law enforcement knowledge. Knowles' theory distinguishes adult learning from traditional theories centered on teaching principles and techniques more suitable for children and adolescents (Birzer, 2004). Knowles presents assumptions unique to adult learners and principles educators should implement based on these assumptions. The assumptions and principles reflect the idea of self-directed learning and the adult learner as having a significant role in the learning process (Knowles, 1980).

The goal of this study was to add to the literature regarding this subject by providing useful new data. Most studies are conducted through observation and quantitative methods that simply highlight the ineffectiveness of behaviors (in this study the behaviors are interactions between officers and persons with mental illness) by calculating the high rates of recidivism and incidents of abuse regarding this population.

This has already been established and is presented in detail in the following chapter. A new theoretical framework needs to be created. A step toward making this possible is to gather data through transcendental phenomenological means and let this data establish a clearer picture of the policies, tactics, beliefs, knowledge, and training that contributes to negative interactions between law enforcement and the mentally ill, inadequate treatment for those with mental illness, high incarceration rates, and high recidivism rates. In other words, before creating an applicable theoretical framework, more exploration of the problem is required.

Definition of Terms

Mental illness/mental disorder: In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the American Psychiatric Association (APA; 2013), states that "a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental process underlying mental functioning" (p.20). These terms are interchangeable for the purposes of this study. In its most simplistic terms, it is the "crazy behavior" associated with a person labeled with mental illness or as having a mental disorder (Morse, 2011, p. 886).

Recidivism: When an incarcerated individual is released and then re-incarcerated. It is often used as a way to measure the success of an intervention implemented to reduce the chances of an individual reoffending and becoming incarcerated again (Ruth & Reitz, 2003, p. 53).

Co-occurring disorders: When an individual with mental illness has both a mental illness diagnosis as well as a diagnosis involving substances such as alcohol abuse or drug abuse (Mahler & Gerard 2001).

The American Civil Liberties Union (ACLU): A national group that according to their website, have for almost the last 100 years has worked to defend and preserve the individual rights and liberties guaranteed by the Constitution and laws of the United States. ACLU advocates for these rights by litigating, legislating, and educating the public on a variety of issues affecting individual freedoms. (ACLU, 2016).

Office of Inspector General (OIG): A California state entity created in 1994 as a response to the numerous complaints and allegations of abuse in the prison system. In 2004 a federal monitor for the state prisons reported that "the Corrections Department had lost control of its prison guards" thus warranting additional state oversight (OIG, 2011).

Countertransference: Defines the complex of feelings of a psychotherapist toward the patient or from the researcher towards the subject (Countertransference, 2016).

Therapeutic interview process: A method for

> "conducting transformative based interviews wherein the process of the data collection may generate meaning that is as important as the data themselves and has the potential to be curative and therapeutic to everyone involved including the primary investigator the research participants members of the dissertation/thesis committees, transcribers, and any other stakeholders" (Miner-Romanoff, 2012, p.16).

Family systems theory: Systems theory applied to the family dynamic; frequently used in family therapy (Nelson, Onwugbuzie, Wines, & Frels, 2013).

Systems theory: An outlook/approach that examines the "structure of the particular system (e.g., how a system organizes and maintains itself) as well as [the structure's] processes (e.g., how it evolves, adapts or changes) as an ongoing and living system" (Nelson et al., 2013, p. 3). This perspective has been identified and applied to fields other than family therapy (Nelson et al., 2013, p. 3).

Insider-researcher: "[G]enerally, those who choose to study a group in which they belong" (Unluer, 2012, p. 1).

Outsider-researcher: "[O]ne who does not belong to the group under the study" (Unluer, 2012, p. 1).

Interpretive Phenomenological Analysis (IPA): A qualitative research approach committed to examination of how people make sense of major life experiences. IPA is phenomenological in that it is concerned with exploring the experiences on the participant's terms (Merriam & Associates, 2002, p. 1).

Deinstitutionalization: The time period in the 1980s where there was a movement of patients being "discharged from psychiatric hospitals and the subsequent care of patients in the community" (La Fond & Durham, 1992, p. 4-5).

Progressive Era: Time period between 1900s-1920s (although the influence of this era continued into the 1960s) when there was an increase in strikingly new ideas, attitudes, and practices introduced into virtually every aspect of American life. It was characterized by an optimistic vision for the future of American society and social and

political strategies during this era reflected this optimism. This era was also marked by a surge in the idea of using science and technology to address social concerns. During this time there was significant trust in the government (La Fond & Durham, 1992).

Liberal Era: Time period from the 1960s through the end of the 1970s characterized by an emphasis on "individual freedoms and fairness for individuals even at the expense of the community" (La Fond & Durham, 1992, p. 6). This was a "time of intense social upheaval" and attempts "to promote the extension of civil liberties, a more tolerant attitude towards disadvantaged groups and a renewed penchant for social innovation and reform" (La Fond & Durham, 1992, p. 6). It was during this era that for the first time there was the realization that the judicial system had the power to uphold and grant inalienable individual rights that the government could not violate," thus the judicial system was used as an agent to enact social change (La Fond & Durham, 1992).

Neoconservative Era: Time period from late 1980s-1990s. During this time period the term *war on crime* was created and implemented based on the shift to a "greater insistence on individual responsibility and accountability for one's behavior" (La Fond & Durham, 1992, p. 9). This was spurred on by the decrease of economic opportunities in America as well as the rise of crime, rise in gang activity, rise in drug use and sales, and an increase in the homeless population. The increase of these aspects was used as evidence that the welfare reforms of the previous era were unsuccessful. These factors were used to support a decrease in funding for social programs, particularly those federally funded (La Fond & Durham, 1992).

War on crime/law and order: A concept implemented in the Neoconservative Era that attempted to correct the problem of a surge in crime by inflicting harsher penalties to those accused and convicted of crimes. This included more convictions and harsher penalties such as longer times incarcerated and the reinstatement of the death penalty in many states (La Fond & Durham, 1992).

Incompetent to stand trial (PC 1370 in California): A decision made in court that an individual lacks the ability to participate in the individual's criminal trial due to the severity of their mental illness. Characteristics of a person unable to participate in the legal process include being unable to work with an attorney and being unable to understand court proceedings in general (La Fond & Durham, 1992).

5150 hold: A section of the California welfare and institution codes that allows law enforcement or clinicians to have a person suffering from severe mental illness symptoms placed in psychiatric/medical care involuntarily if they are deemed to pose a danger to themselves or others. Although 5150 is used for those experiencing a mental health crisis, a previous diagnosis or history of mental health disorders or treatment is not necessary for a person to be placed on a 5150 hold.

M'Naghten test: A 170-year-old test that was commonly used in determining legal insanity and still is used to some extent (other aspects have been added to this). The M'Naghten test stated,

> It must be clearly proved that at the time of the committing act the party accused was laboring under such a defect of reason from disease of the mind as not know

> the nature and quality of the act that he was doing or if he did know it that he did not know he was doing what was wrong. (La Fond & Durham, 1992, p. 34)

This test was widely criticized due to the fact that very few people met this criterion. The Durham test was created to remedy this aspect.

Durham test: First presented in 1954 as a test for legal insanity to remedy the shortcomings of the M'Naghten test. The Durham test concluded that "an accused is not criminally responsible if his unlawful act was the product of mental disease or mental defect" (La Fond & Durham, 1992, p. 35). If mental illness caused the person to commit the crime (regardless of if he knew it was right or wrong), the person should not be held criminally responsible.

Mental health consumer: The person who is receiving mental health services.

Malingerer: The legal term for a person who pretends to have symptoms or exaggerates symptoms of mental illness.

Adult learner: Biological Definition: An individual at the age at which that individual can reproduce.

Adult learner: Legal Definition: An individual at the age that and when that individual can vote, drive, marry, and so forth etc.

Adult learner: Social definition: An individual who begins to perform adult roles such as full-time worker, participating citizen, spouse, parent, and so forth.

Adult learner: Psychological definition: An individual who has developed a self-concept of being responsible for that individual's own life (Knowles, 2012)..

Andragogy: Based on the Greek work *anēr* (with the stem *andr*-), meaning 'man'. "Andragogy is, therefore the art and science of helping adults learn" (Knowles, 1970, p. 55). The term was first used by German educator, Alexander Kapp, in 1833. Knowles became aware of the term in 1967 from Dusan Savicevic, a Yugoslavian educator (Knowles, 1990).-

Pedagogy: The method and practice of teaching, especially as an academic subject or theoretical concept. It was later use a term to describe the study of children and adolescents; also the basis of most traditional learning disorders.

Nature of the Study

A qualitative research study was the most appropriate method for this study since the goal was to gain a more in-depth understanding of officers' knowledge concerning mental illness. Qualitative studies are exploratory, naturalistic, subjective, inductive, ideographic, and descriptive/interpretive (Chenail, 2011a). Qualitative studies are also being used to test new types of research problems such as the effectiveness of an intervention or treatment and used to expand on the already gathered quantitative data (Chenail, 2011a). "Qualitative approaches can fill many gaps and contribute to understanding of the social world as a basis for fostering social change" (Merriam & Associates, 2002, p. 7). This is exactly the intention of this study—fill in the gaps regarding the phenomenological aspects of negative interactions between law enforcement and people with mental illness with the intent of eventually developing tactics to create social change in this area by decreasing the number of negative interactions between these two populations.

The specific qualitative approach that was used is IPA. IPA is a qualitative research approach that examines how people make sense of major life experiences. IPA is phenomenological in nature, in that it is concerned with exploring the experiences on its own terms (Merriam & Associates 2002, p. 1). IPA is effective in qualitative studies of criminology as it takes into account the influence of both individual and social influences (Merriam & Associates, 2002). This study took into account the individual and social influences that impacted officers' beliefs and actions.

In conducting this qualitative study using the IPA approach, I included eight law enforcement officer participants currently or formerly employed with a California city, state, or county law enforcement agency. Purposeful sampling was utilized as it was the most appropriate for this study as this study aimed to gather information from a very specific population. Snowball sampling was used to gain access to participants. As the scrutiny of policing (allegations of abuse and negative interactions) has been targeted to all levels of law enforcement, it was necessary to have participants from a variety of agency levels reflected in the study.

This study was conducted using a qualitative research design that utilized a research tool consisting of open- and closed-ended questions in an interview format. Therefore, for this study, Therapeutic Process Interviewing was used as the model that outlined the formulation of the interview questions as well as the actual interviews. This model of interviewing provided officers an opportunity to "describe the relationships of others in the system, thereby providing deeper and richer depictions of the system and honoring the perspectives of each member" (Nelson et al., 2013, p. 7). In other words,

this type of interview allowed the officers to describe their relationship, feelings, beliefs and interactions as a system, with people with mental illness in addition to the basic information regarding knowledge of mental illness. After consent was provided the interviews were administered to the eight participants. Participants were offered the choice to be interviewed in person or by phone. All participants chose to be interviewed by phone. Interviews were audio recorded and then transcribed by an independent entity.

In attempts to align with the influencing factors identified in the literature, I ensured that those aspects were included in the interview questions allowing the participants to share their feelings, knowledge, experiences and ideas while allowing data to be collected from the interview questions as indicated when applying the transcendental phenomenological approach.

Information/data from the eight interviews were analyzed utilizing a phenomenological approach. “Phenomenological approaches are used to study the lived experiences [in this case negative interactions] of a group of people [law enforcement and people with mental illness]” (Chenail, 2011a, p. 1719). More specifically, IPA was utilized with this study as this approach focuses not only on behavior and events but “on their meanings including cognition affect intentions for the people involved” (Miner-Romanoff, 2012, p. 9).

Delimitations

The research problem for this study was the negative interactions between officers and people with mental illness. The specific aspect addressed in this study was officer knowledge regarding persons with mental illness. In reviewing the literature regarding

this problem, it became evident that many studies and even the media as well documented that negative interactions between officers and those with mental illness is indeed occurring (Aron, 2016). Education and training is one important aspect scholars identified as a significant influencing factor regarding interactions between these two populations. However, the available literature does not go into depth and address qualitative aspects such as what personal beliefs, experiences, knowledge, and feelings regarding officer training. The qualitative nature of this study provided the opportunity for depth as most literature simply states the training officers are provided different successful training models (most of which have had little to no evaluation after implementation) and mostly quantitative data to support this success. Furthermore the gap in the literature was that few studies actually ask the officers what their perceptions regarding the knowledge, training, and education they have had in regards to interacting with those suffering from mental illness. Much of the literature also fails to take into account other factors in an officer's personal life that can influence what their thought beliefs and perceptions are regarding mentally ill people, which in turn influences their interactions with this population. In summary, the scope of this study was on the officers' beliefs, knowledge, and experiences from a phenomenological and qualitative approach (as opposed to quantitative) and what factors personally and professionally shaped these beliefs about mental illness and people with mental illness, which impact the officers' interactions with this population. This qualitative study provides information on factors in these areas.

As this study had only have eight participants, it is imperative to note that the views expressed by these eight individuals are not necessarily representative of any law enforcement agency as a whole nor can it be concluded that that the viewpoints expressed by these eight individuals are representative of a significant number of other officers or individuals in general.

Limitations

The study was limited to the knowledge, experiences, training, and beliefs of officers in southern California Law enforcement agencies; thus, the geographic location utilized in this study was limited, therefore, information obtained may or may not be similar to information and experiences of officers in other geographic areas and other states. Laws and policies vary by state thus the experiences, training, and beliefs of these eight participants may be correlated to the laws and policies of California and thus participants in other states may provide different information and experiences.

Another limitation was that this study only focused on officer training and education as possible factors contributing to negative interactions between officers and people with mental illness. However, there are numerous factors that can contribute to negative interactions. But for the purposes of this study, the focus was on the aspect of officer knowledge including training and education. (Nelson et al., 2013, p. 1).

Assumptions

There were two significant assumptions for this study. The first assumption was that all or most of law enforcement officers have had contact with mentally ill persons. However, the information provided in the review of literature, presented in the next

chapter, supports this assumption. Furthermore, this was not an assumption that cannot be remedied in the course of study. During the interview phase had I became aware that a specific participant had not had interactions with persons with mental illness, the participant's information could have simply not been included in the data. Another participant could have been chosen from the participant pool. However, this did not occur in the course of this study.

The second assumption prior to the study was that participants do not have adequate knowledge regarding mental illness and people with mental illness. This assumption was based on the available literature (which will be explored in the next chapter) that supports the assumption that most officers do not have sufficient knowledge in aspects concerning mental illness. Aligning with this assumption is the idea that providing more and better knowledge through training and education will reduce the number of negative interactions between these two populations. Knowledge and education in this area provide information that can be used to create and implement training and education programs for officers who are more adequate and thus reduce the number of negative interactions.

Significance of the Study

As previously presented there has been significant documentation of the various negative interactions between law enforcement officers at all levels with people, many of whom have mental illness. However, there has been little research to attempt to gather data on reasons why these negative interactions occur. There has been much debate but little empirical research. This study is an initial step toward empirical research on this

topic, eventually leading to more effective police officer training concerning mental illness. This study provides for numerous areas of possible positive social change, the most obvious being that with more knowledge of what law enforcement officers do and do not know regarding mental illness. Equipped with more knowledge (via education and training) perhaps officer beliefs, perceptions, and opinions will also be improved which will in turn improve interactions between officers and civilians in general but most importantly with those with mental illness. However, in order to improve officer knowledge, a baseline establishing the current level of knowledge needs to be established. This study does that, as it to increases the available information in this area.

Other than the obvious positive possible outcome from this study (an increase in officer knowledge regarding mental illness and a decrease in the number of negative interactions between these two populations), there are other numerous possible implications for positive social change. Improved interactions between officers and people with mental illness improves conditions in prison and jail facilities and increases the success of treatment and rehabilitation for this population. Increased treatment success decreases the severity and number of mentally ill persons in prison and jail facilities. More successful treatment also decreases recidivism rates and increases success for this population once they return to the community. Furthermore, with improved treatment, people with mental illness are less likely to be a danger to the community, creating a safer community. Decreased recidivism rates and incarceration rates also decrease the significant costs incurred by the incarceration of such a large number of people. This will create revenue that can be utilized for other needs in the community.

Summary

In summary, there has been a recent focus on negative interactions between law enforcement officers and civilians particularly those with mental illness both in the community as well as in jails and prisons. These issues have been especially well-documented involving California law enforcement at various levels. Although this problem has been well documented in quantitative studies, there has been little research as to why (more qualitative in nature) these interactions occur and little research to identify areas that can improve these interactions.

Therefore, this study looked at one possible factor, law enforcement knowledge listed in the literature as significant, and conducted a qualitative phenomenological study to gather data regarding officer experiences that may impact these interactions that are so prevalent in the media at this time. With such information, the study can identify specific areas of knowledge impacting these interactions and create policies, programs, procedures, and training that will improve knowledge and in turn decrease the number of negative interactions between law enforcement officers and civilians particularly those with mental illness.

The following chapter thoroughly explores the available information from the literature that supported conducting this study.

Chapter 2: Literature Review

Introduction

Recently, various law enforcement agencies have come under scrutiny for having negative interactions with civilians and inmates, many of whom have mental illness. Although this problem has been well documented in regard to the frequency and intensity of the incidents (at least enough to substantiate that a problem does indeed exist), there has been little qualitative research to identify factors that contribute to these negative interactions. Research indicates that negative interactions have resulted in numerous consequences, some of which have been death (Pinion-Whitt, 2013; Ruane, 2014; Sewell, 2013, Sewell, 2015). Wellborn (1999), states that, "a major source of complaints appears to be how officers treat the mentally ill when the two come into contact" (p. 105).

Some of these consequences include the criminalization of mental illness, which encompasses high numbers of people incarcerated with mental illness and high recidivism rates, ineffective treatment for those with mental illness, overcrowding in the jail and prison systems, constitutional and human rights violations, physical and emotional abuse, legal and financial ramifications for facilities and tax payers, and overall danger to the community as a whole (Faturechi & Leonard, 2012; Medina, 2011; Pinion-Whitt, 2013; Sewell, 2013, Sewell, 2015;Winton, 2012). These consequences are explored later in this chapter.

In this chapter, the literature is used to establish that there are a significant number of mentally ill people incarcerated, which increases the likelihood of them interacting with law enforcement on various levels. Next, literature will be presented to

support the current identified problem, which is negative interactions between officers and people with mental illness. In order to begin to address this problem, it is imperative to realize how the problem developed and how the current problematic state came about. In order to do this, literature was categorized by eras to provide a historical context regarding mental illness in order to illustrate how the current problematic state arose.

Prevalence of Mental Illness Among the Criminal Population

A review of the literature supports the contention that the criminal population has a higher prevalence of mental illness than the general population; therefore, officers are more likely to interact with people who suffer from a mental illness than they are likely to interact with people who do not suffer from mental illness (Fisher et al., 2002; Kita, 2010; Sims, 2009). "Police and jails are increasingly becoming the sanctuary for mentally ill persons" (Miami-Dade uses advanced training, 2006). Sims (2009) states that although people with mental illness represent a very small portion of people in the general population, the number of those with mental illness is three times higher in the prison system. Sims presents one study that estimated that at least 15% of inmates have a severe mental illness and that up to 50% have some sort of mental illness.

There "appears to be an almost hydraulic relationship between psychiatric and penal systems" and "people with mental health problems are drawn into the criminal justice system at all points" (Cummings & Jones, 2010 p. 15). Gentz and Goree (2003, p. 16) contend that "mental health consumers often are incarcerated." Modestin and Wuermle (2005) presented that 52% of all men in their sample groups had both a mental disorder (schizophrenia and affective disorders) as well as substance abuse (alcohol

and/or drug abuse). “Studies estimate that as many as 700,000 adults entering jails each year have active symptoms of serious mental illnesses” (McPherson, 2008, p. 63). Furthermore, literature indicates that “substance abuse plays an important role in the criminal behavior of patients with major mental disorders” (Modestin & Wuermle, 2005, p. 28).

Fisher et al. (2002) report that nationwide, approximately “52% of mentally ill jail detainees report at least one psychiatric hospitalization” (p. 458). One national research study found that “individuals who were detained in a local jail in a given year also were likely to have been treated in a state hospital during that year”; 27.5% of men and 18.2% of women (Fisher et al., 2002, p. 459). Kita (2010) asserts that “prisons have become the de facto providers of mental health services in the United States” (p. 9). Further exacerbating this issue is that offenders with mental illness often spend longer amounts of time in jail further making jail and prison systems the primary provider for mental health services. For example, McPherson (2008), reports that in Broward County in Florida, approximately 16% or about 850 people in their jails are on prescribed medication to treat a severe mental illness, and for this population, their average length of stay is more than triple the average stay of an individual without mental illness.

Similar to the national research, Kearney (2013) contends that approximately one-third of California State prisoners have mental illness. Chang and Rubin (2015), contend that approximately 20% or 17,000 inmates in California County jails can be classified as mentally ill. Sewell (2016) presents that in in mental health courts in Los Angeles, cases to determine mental competency to stand trial have tripled from 2010-2015, from 944 to

3,528. In 2015-2016, the number increased by 50%. Even California's death row has been identified as having significant issues regarding treating mentally ill inmates. Some inmates have gone decades without receiving mental health treatment although they have been referred for treatment. Records indicate that this included inmates who were presenting with symptoms of mental illness such as delusions and/or paranoia and displaying fear, such as being afraid to leave their cells or screaming (St. John, 2016b).

Female inmates in CDCR frequently present with their own unique and often more prevalent mental health issues as compared to male inmates. For example, Aron (2016), reported 85%-90% of women serving life sentences have a history of physical and sexual abuse. Additionally, 73% have a diagnosed health problem, which is significantly higher than the state average, which is approximately 50% (Aron, 2016).

Hillel (2016) reported a spike in suicides at the California Institution for Women, one of the CDCR state prisons for women. Hillel contends that during an 18-month period in 2014-2015, there were 4 suicides and at least 20 suicide attempts at this facility. This is eight times the national rate for female inmates and five times the usual rate for all California state prisons in CDCR. Prior to 2014 there had only been three suicides in the previous 14 years at this facility.

Several reasons were cited to explain this increase in suicides and suicide attempts, such as inadequate assessment of inmates who required immediate mental health care treatment (400 referrals for suicide but only 9 sent out for emergency care), lack of adequate treatment (using solitary confinement as a tool for treatment), inadequate assessment, and denying those receiving mental health treatment rights and

privileges such as access to the yard, which deters inmates from seeking care. Michael Bien, a lead attorney in the *Coleman v Brown* lawsuit against CDCR, attributes the increase in suicides to a lack of staff, and therefore of supervision, and overcrowding in facilities (Aron, 2016). He also specifically stated there was a lack of successful training and implementation regarding effective assessments and interventions for those in need of mental health services (Aron, 2016).

The high prevalence of those with mental illness in the prison and jail systems has already proven to be significant from the available research presented above. "The extent and complexity of the mental health needs of the prison population has been well established" (Cummings & Jones, 2008, p. 14). Given the high number of people with mental illness in jail and prisons, it can be concluded that there is a high probability of interaction between officers and those with mental illness. As the next section illustrates, these interactions are often negative. The fact that research supports this makes the need for adequate officer knowledge, education, and training even more crucial.

An Overview of Law Enforcement Interactions With People With Mental Illness Nationwide and in California

The previous section established that there are high numbers of interaction between officers and persons with mental illness. There is literature that supports that many of these interactions are indeed negative interactions (Faturechi & Leonard, 2012; Medina, 2011; Pinion-Whitt, 2013; Sewell, 2013, Sewell, 2015; Winton, 2012). As this research study addressed these issues from a California standpoint, this chapter includes

literature to illustrate the problem of negative interactions occurring on a national level as well as specifically in the state of California.

Since 2012, the Dade Correctional Institution has faced criminal investigation from the U.S. Department of Justice Civil Rights Division, the FBI, and the U.S. Attorney's Office for the Southern District of Florida for allegations that prisoners housed on the mental health ward at that facility suffered extreme mental and physical abuse such as starvation, medical neglect, and being subjected to torture chambers where they would be scalded with hot water. This investigation was sparked in 2012 by the death of Darren Rainey. Mr. Rainey was a 50-year-old man with severe schizophrenia who was serving a 2-year sentence for drug related charges. It is alleged that as a punishment for defecating in his cell he was locked in a shower chamber altered by correction officers to deliver 180-degree water and left there for 1½-2 hours, resulting in burns over 90% of his body. Mr. Rainey died while in the shower (Brown, 2015). The U.S. Department of Justice Civil Rights Division alleges that this is one of the worst cases but only one of the numerous cases of suspected abuse reported to the county not only by other inmates but also other staff, both prior to and since this incident (Brown, 2015).

Interestingly, in 2006 Miami-Dade County in Florida had the "highest percentage of individuals with mental illness of any urban area in the United States" (Miami-Dade uses advanced training, 2006). Around this same time, Miami Dade County created the Crisis Intervention Team and provided advanced training in mental health for officers. However, from the literature it seems that injustices such as Mr. Rainey's case were

occurring in years later in 2012, after special training and programs had already been implemented. This may be an example of Young, Fuller, and Riley's (2008) contention that even when such programs are put into place, their effectiveness often fails to be evaluated later or there is a lack of oversight in the implementation.

Laquan McDonald was killed in October, 2014 in Chicago, Illinois. The media recently brought to light that 17-year-old McDonald was not an immediate threat to officers, but was shot numerous times while on the ground. The officer who shot Mr. McDonald was on the scene for less than 30 seconds prior to opening fire. It has been concluded that "the officers' actions were not justified and were not proper use of deadly force" (Lopez, 2015, p. 14). McDonald was acting strangely and post mortem toxicology reports indicated he had PCP in his system at the time he was killed, which probably explains his unusual behavior. Drug use is often associated with mental illness. Drug intoxication can mimic mental health symptoms and drug use often occurs with those with mental illness, which is known as co-occurring disorders (Wellborn, 1999). McDonald had a troubled history and had also been diagnosed with post-traumatic stress disorder. Not only is this an example of a negative interaction with the police, it is also an example of a possible police training issue as it was concluded that this officer did not carry out his duties in this situation as he should have.

In January 2014, Kadar Stapleton, a guard at Riker's Island, was dismissed for using excessive force after he had "repeatedly punched and kicked an inmate with mental illness while he was laying on the ground, primarily because the inmate was making "loud and disruptive remarks" (Winerip, 2015, p. 4). In January 2015, the New York

Corrections Commissioner announced the firing of a captain and five guards from Riker's Island (Winerip, 2015). According to reports, the officers "hogtied an inmate named Robert Hinton and while his hands were still cuffed behind him and his ankles shackled, severely beat him in April 2012" (Winerip, 2015, p. 5). Mr. Hinton was "being held in solitary confinement on a cellblock for men with mental illness" and was receiving medication at the time (Winerip, 2015, p. 5). Mr. Hinton suffered a broken nose and fractured vertebrae in addition to his eyes swollen shut and bleeding from his mouth. Mr. Hinton won a settlement of $450,000 but was shot and killed just weeks before he was due to collect on the settlement. His killer has never been apprehended and police cite few leads in the case.

California has not been exempt in media coverage of negative interactions between officers and people with mental illness. In October 2013, videotapes were released showing mentally ill inmates at Corcoran State Prison (a CDCR facility) being forced from their cells by guards using pepper spray on several different occasions (St. John, 2013). In one instance the inmate was sprayed five times in the course of 15 minutes and was eventually subdued by six guards and strapped to a gurney. Attorneys representing numerous mentally ill inmates in the CDCR system state that these recordings are evidence of "excessive force, the abuse of men who may have little understanding of what is happening to them or why" and that "the mentally ill are being punished for their mental illness" (St. John, 2013, p. 4).

At the local city level there has been recent media attention on several cases of abuse by officers against individuals with mental illness. One significant case is that of

Kelly Thomas, a homeless man with schizophrenia who was beaten in July 2011 by several Fullerton, California, police officers, which resulted in his death (Sewell, 2013; Winton, 2012). Police were called to respond to a man trying car doors in a parking lot. Three officers received charges ranging from second-degree murder to involuntary manslaughter and excessive use of force. This case set a legal precedent as it was the first time a police officer in Orange County had been indicted for murder resulting from actions taken while on duty (Swell, 2013). Ultimately two officers were acquitted and after their acquittal, charges on the third officer were dropped.

Twenty-five-year-old Reginald Doucet, Jr., a former college football player and model was shot and killed by a LAPD officer on January 14, 2011 (Reginald Doucet Jr., 25, 2011). Police were called to the apartment complex where Mr. Doucet lived in response to a call of a naked and agitated man outside of the complex. When the call was made there was an initial 5150 suspicion from the LAPD; however, it would appear that once on the scene the situation escalated, and Mr. Doucet was treated as a threat to officers as opposed to a man in a mental health crisis. Mr. Doucet was shot twice by a rookie officer and later died at the hospital. Attorneys representing Mr. Doucet's family state that there is evidence that not only was Mr. Doucet shot unnecessarily, he was shot while he was in a kneeling position and not a threat to officers. It was later established that Mr. Doucet did not have any drugs or alcohol in his system that would explain his erratic behavior. The behavior could have been attributed to mental illness.

Another recent high-profile case that gained significant media attention in California was the death of 25-year-old Ezell Ford in Los Angeles in August, 2014

(Vives et al., 2014). Two patrol officers stopped Mr. Ford as he walked through his neighborhood. The officers contend that Mr. Ford "continued walking and made suspicious movements" (Vives et al., 2014, p. 7) prior to allegedly attacking one of the officers and trying to take his gun. One officer opened fire, and Mr. Ford later died from his gunshot injuries. Witness accounts contradict the officers' accounts of the incident. Mr. Ford was well known to the neighborhood and to the police department for the area where was walking at the time of his interaction with the police. Neighbors and family state that Mr. Ford was known to have mental health concerns. Reports indicate that he had previously been diagnosed with depression, schizophrenia, and bipolar disorder at different points in the few years prior to his death (Vives et al., 2014).

Sewell (2016), states that in Los Angeles, cases heard in mental health court to determine defendants' mental abilities to stand trial have tripled from 2010-2015, from 944 to 3,528. From 2015-2016 there was a 50% increase. Court officials, attorneys and mental health professionals were unable to present possible reasons for the rapid increase (Sewell, 2016). This statement is further evidence that there are increasingly more interactions between law enforcement personnel and mentally ill persons; however, reasons as to *why* there are so many interactions (and thus negative interactions) has yet to be fully explored and explained.

Criminalization of Mental Illness

In order to understand this current problem of negative interactions between officers and civilians/inmates, (many of whom suffer from mental illness) due to a lack of officer knowledge, it is imperative to understand how the mental health systems and

penal systems have evolved to the current state we see today. They are so intertwined that they create more interactions between law enforcement officers and people with mental illness than they resolve (Fisher et al., 2002). This overlap has been proven to be significant. One national research study found that 27.5% of men and 18.2% of women who were detained in a local jail in a given year were also likely to have been treated in a state hospital during that year (Fisher et al., 2002, p. 459).

Society's current manner of dealing with crime and those with mental illness may have changed (as compared to previous eras as is discussed in the following sections); but that does not assist with the people who were already convicted and still in prison serving long sentences. This has impacted overcrowding as well. The people that were there 30 years ago may very well still be in prison and not receiving mental health care as the literature included in this section emphasize.

Progressive Era

The Progressive Era took place in the time period between 1900 and the 1920s, although the influence of this era continued into the 1960s. During this time there was an increase in strikingly new ideas, attitudes, and practices introduced into virtually every aspect of American life. It is characterized by an optimistic vision for the future of American society, thus social and political strategies during this era reflected this optimism. This era was also marked by a surge in the idea of using science and technology to address social concerns. During this time there was significant trust in the government (La Fond & Durham, 1992; Roth, 2005; Ruth & Reitz, 2003).

This trust in the government is reflected in the fact that the government was given more power over incarcerating individuals, including legally confining individuals to receive therapy, treatment, and rehabilitation in state mental hospitals. In other words, initially mentally ill persons were housed in public institutions funded mostly by federal tax dollars. Since the goal was treatment and not punishment, these people often spent a much longer time in institutions than they would have had they been sentenced to punishment (incarceration) instead of treatment. It was also during this time that mental health professionals (namely psychiatrists) demanded and were awarded full power to decide when patients could be discharged to the community. It is important to note that there was little motivation for these mental health professionals to discharge patients. (La Fond & Durham, 1992; Roth, 2005; Ruth & Reitz, 2003).

Liberal Era

The Liberal Era took place from the 1960s through the end of the 1970s. During this time there was an emphasis on individual freedoms and fairness to individuals even at the "expense of the community" (La Fond & Durham, 1992, p. 6). This was a "time of intense social upheaval" and attempts "to promote the extension of civil liberties, more tolerant attitude towards disadvantaged groups and a renewed penchant for social innovation and reform" (La Fond & Durham, 1992, p. 6). It was during this era that for the first time there was a realization that the judicial system had the power to uphold and grant inalienable individual rights that the government could not violate; the judicial system was used as an agent to enact social change (Roth, 2005).

Coinciding with the movement towards individual rights and freedoms particularly for disadvantaged people, people with mental illness and criminals were also provided with rights previously not afforded to them (Ruth &Reitz, 2003). The government was now seen as a stakeholder that benefited from criminals and mentally ill people confined to their facilities thus there was a movement to ensure "safeguards against abuse and mistakes" from the government even when the intentions of the government entities was to *help* these populations (La Fond & Durham, 1992, p. 11).

Aligning with the new beliefs of this era, "starting in the 1950s and throughout the liberal era, hundreds of thousands of patients were released from the scandalously overcrowded 'warehouses' euphemistically called state hospitals" (La Fond & Durham, 1992, p. 12). This is known as deinstitutionalization. Voluntary community treatment became the new standard and "most states poised laws to prevent involuntary hospitalization and unnecessary treatment for the mentally ill, unless they were believed to be dangerous" to themselves or others (La Fond & Durham, 1992, p. 12).

However, increasing the rights of people with mental illness consequently decreased the rights of families and the state to intercede and assist this population thus creating a "new legion of homeless mentally ill" (La Fond & Durham, 1992, p. 13). This is true in California as well. "From 1995-2010, California state hospitals cut their contract to serve people with acute mental health needs by 40 percent" (La Fond & Durham, 1992, p. 13). It can be concluded that during this time the mental health system was decreasing their population the number of homeless people and the number of people incarcerated increased as well (Cook, 2016).

Neoconservative Era

The Neoconservative Era took place during the time period from late 1980s to 1990s. Marked by an emphasis on the *war on crime* based on the shift to a "greater instance on individual responsibility and accountability for one's behavior" (La Fond & Durham, 1992 p. 13). This was spurred on by the rise in crime, rise in gang activity, rise in drugs use and sales and an increase in the homeless population (cited as evidence that the welfare reforms of the previous era were unsuccessful). Simultaneously during these years Presidential administrations were promoting *tough on crime* policies (Gould, 2011). The 1980s and 1990s also marked the beginning of the *war on drugs*. In other words, the jail and prison systems became much more punitive in attempts to support the conservative viewpoints and polices of the political class in office at that time (Roth, 2005). These factors were used to support a decrease in funding for social programs, particularly those federally funded (Roth, 2005).

In the 1980s political movements reversed "many liberal social, political and economic forces" in essence ending federal funding for hospitals and public agencies that cared for individuals within this population (La Fond & Durham, 1992, p.14). Due to limited funding these people were forced from these facilities with little or no resources for obtaining not only mental health services and medication but also general health care services or even food clothing and shelter (Fisher et al., 2002; Roth, 2005). Fisher et al. (2002), report that the "lack of access to hospitalization is an often-cited risk factor for incarceration among persons with severe mental illness" (p. 458). Not only was there a

decrease in public welfare type policies during this time, unemployment rates also increased to numbers as high as 10%; highest in the modern era at the time (Roth, 2005).

Society attempted to address the social problems of this time period (an increase in crime, gang activity, drugs and homelessness) again by enacting the judicial system as a means of social change. However, this time social change meant enacting harsher penalties such as more convictions, mandatory sentencing, longer sentences, long-term confinement and the reinstatement of the death penalty, all in hopes of protecting society.

Ford and Durham (1992) explain that "because almost every state and federal court used some version of the M'Naghten test for determining legal insanity" it was previously very difficult to "for defendants to establish this defense" therefore, "many mentally ill offenders were convicted and sentenced to prisons like other convicted criminals" (p. 27). Simultaneously there was a focus on reducing the surging crimes rates (aka law and order, which will further be discussed later) by imposing more convictions and longer sentences.

The war on crime aka *law and order* and attempts to address the above mentioned social issues impacted the mental health system as well. In the 1980s there was a decrease in society's ideas of "forgiveness and treatment of mentally ill offenders" and "gave way to calls for punishment and incarceration" (La Fond & Durham, 1992, p. 12-13). "Tolerance for those who were different or dangerous evaporated almost overnight' (La Fond & Durham, 1992p. 13). Subsequently, the courts began to limit the use of insanity pleas. The rights of the community now superseded the rights of the individual. Overall

there was a return to the concept of returning people with mental illness "back to the 'asylum' of prisons or hospitals" (La Fond & Durham, 1992, p. 13).

These concepts led to an increase in the prison population. "By the late 20th century, the United States was reputed to be the world leader in the use of incarceration" (Roth & Reitz, 2003, p. 20). Roth and Reitz (2003), contend that on any given day in the year 2000 the American Criminal Justice system held 702 people in custody for every 100,000 in the national population. Compared to other first world countries, American incarceration rates at their peak in the 1990s were five and a half times the rate of Australia, seven and a half times the rates of France, Italy and Germany, six times the Canadian rate, more than 11 times the rate of Sweden and Norway, and 18 times the rate of Japan (Roth & Reitz, 2003, p. 21).

According to the Office of Inspector General (OIG) the number of inmates in the California prison system quadrupled in the '80s and '90s (OIG, 2012), which correlates with the ending of federal funding for these public facilities that cared for those with mental illness.

The Present

The beliefs and subsequent actions from the neoconservative era have led up to the current situation regarding the mentally ill population. The idea to institutionalize offenders and mentally ill people has resulted in a huge system of offenders and mentally ill people within the criminal justice system to the point of being overcrowded. The neoconservatives' harsher penalties such as increasing the number of convictions and

imposing longer sentences have led to the current overcrowding issue and lack of resources to provide enough mental health services for such a large population.

This has created issues both nationally and in the state of California. Given all of these factors it is simple to imagine a scenario of an untreated mentally ill person being homeless and perhaps stealing food or setting a fire to keep warm, ending up in jail for their offenses that could be a direct consequence of their mental illness, but it is instead documented as criminal behavior.

However, one could conclude that society is again shifting focus and is starting to return to the concept that individual rights are again important and viewing the state as stakeholders profiting from the large number of offenders and mentally ill persons in institutions. There has been significant focus by society on government officials abusing their power and how it is costing the nation financially and some would argue morally. This is especially true in California where prisons are *big business*. A significant portion of taxpayer dollars is used to fund California's ever-increasing prison system.

For example, in 2011, The California Institution for Men (CIM) one of the state's largest prisons was operating at 200% of the capacity for which is was designed (Gould, 2011). The current recidivism rate for California (released inmates incarcerated again with 3 years) is 67.5%, one of the highest in the nation despite the *tough on crime* approach that has been in effect for decades (Gould, 2011).

A federal judge recently ruled that Washington's state mental health service agency was continuing to violate the constitutional rights of mentally ill people found

incompetent to stand trial, known in legal terms as PC 1370, by not treating them in a timely manner.

Sewell (2016), reports that circuit judge Gale Resin, demanded an explanation as to why the state of Maryland mental health hospitals are not transferring inmates who have been found not criminally responsible to a state mental health facility in a timely manner. Hospital administrators cite bed shortages in the delay of transferring inmates and providing care.

The criminalization of mental illness has also significantly increased the number of inmates contributing to the present issue of overcrowding in California jails and prisons. Severe overcrowding has led to significant scrutiny of California's jails and prisons, which has brought to light the fact that there are indeed numerous negative interactions taking place between officers and inmates.

In 1995, via the Coleman suit, the standard of mental health care provided in California's overcrowded prisons was so low, that it was deemed unconstitutional. Subsequently, it was ordered that all of California's prisons be placed under independent control (Sewell, 2016). The *Coleman v. Brown* class action suit in 1990 established that prisoners with severe mental illness did not receive even minimal care. The *Plata v. Brown* class action suit in 2001 established that overall medical conditions (including mental health condition) within the California prisons were so poor that they violated the Eighth Amendment regarding cruel and unusual punishment (court cases cited in Sewell, 2016).

The U.S. Supreme Court has also addressed these problems presented within the California Prison system. In 2011 the U.S. Supreme Court also found that the conditions of the state prisons caused by the overcrowding were unconstitutional and a violation of the Eighth Amendment as it lead to a lack of medical and mental health care as well as unnecessary suffering and even death (Gould, 2011). According to the OIG, the Supreme Court found significant amounts of inmates waiting to see doctors, a significant number of lockdowns that prevented inmates from receiving care and that 30 of the 33 prisons failed to even ensure that inmates received their medications (OIG Special Report, 2011). The Supreme Court ordered the 33 California State prisons to reduce its inmate population by sending prisoners back to county jails and releasing prisoners with less serious offenses back to the community (Gould, 2011).

The OIG was itself created in 1994 as a response to the numerous complaints and allegations of abuse in the state prison system. In 2004 a federal monitor for the state prisons reported that CDCR had lost control of officers working in these facilities (OIG Special Report, 2011). In 2010 the OIG received 243 complaints *a month* in regard to issues presented by inmates (OIG Special Report, 2011).

In 2011, the American Civil Liberties Union (ACLU) released a report detailing the abuse in the Los Angeles County Jail System, which is also the nation's largest jail system (Gould, 2011; Medina, 2011). Furthermore, overcrowding is even a more significant issue in the Los Angeles County jails which will only become worse as the state prisons implement orders to reduce their inmate populations (Gould, 2011). The ACLU states that the jails are perhaps even worse than those state prisons that have

already been deemed unconstitutional by the Supreme Court. This civil rights group gathered 70 declarations from jail staff and inmates who witnessed abuse. They allege many unwarranted beatings, harassment of mentally ill persons, public humiliation and isolation most of which witnesses described as unwarranted, unnecessary or excessive (Medina, 2011). Medina (2011) presented statements from Tom Parker, a retired FBI official who led the Los Angeles office for many years and oversaw many high profile investigations (such as the Rodney King beating) admitted that "they are abusing inmates with impunity, and the worst part is that they think they can get away with it" (Medina, 2011, p. 3).

Additionally, ACLU found that many of these instances of abuse were reported, however many of them were determined to be unfounded, if investigated at all (Medina, 2011). A commission convened to identify issues within the Los Angeles Jail system blamed Sheriff Lee Baca for the current condition of the jails and also found that "supervisors made jokes about inmate abuse, encouraged deputies to push ethical boundaries and ignored alarming signs of problems with the use of excessive force" (Faturechi & Leonard, 2012, p. 3).

In August of 2015 "the Los Angeles County Sheriff's Department agreed to federal oversight of its jail system in an effort to end abuse of inmates by Sheriff deputies and to improve chronically poor treatment of mentally ill inmates" (Chang & Rubin, 2015, p. 6). This comes as federal prosecutors continue to pursue criminal charges against several sheriff officers for abusing inmates; one of these sheriffs is the department's former second in command (Chang & Rubin, 2015).

Even California's Death Row has had to recently address mental health issues related to inmates. Since the reinstatement of the death penalty in 1979 there have been over 900 people sentenced to death but only 13 have actually been executed. According to St. John (2016), as of January 2016, there was a total of 699 men sentenced to death at San Quentin (a CDCR facility). "Until recently, California led the nation in suicides" of those condemned to death (St. John, 2016). Between 2006 and 2013, 11 death row inmates committed suicide. Records indicate that all 11 had been referred for mental health services. One could conclude that either mental health series were not provided for these 11 inmates and/or mental health services that were provided were inadequate thus ultimately resulting in their committing suicide. In 2015, San Quentin was federally ordered to create what is now considered "the nation's first death row psychiatric ward" to accommodate the large number of condemned inmates that have mental illness (St. John, 2016a).

The issue of the role of mental illness plays in actually executing California's death row inmates is also being examined. Ronnie McPeters is a condemned inmate on California's death row. He has been convicted for the 1984 murder of a young woman. However, upon his arrest he showed signs of mental illness while awaiting trial in a Fresno jail. He exhibited behaviors such as setting fires, assaulting jail guards, and reporting delusions to a psychiatrist. Within months after being sentenced to death, Mr. McPeters displayed disorganized and bizarre behavior such as smearing feces on his cell wall and himself (St. John, 2016b). Currently, McPeters still exhibits signs of mental

illness much as hoarding his feces, soaking himself in urine, reports hearing voices, and can be observed speaking to his wife and children who have never existed.

Federal courts have already declared McPeters and eight other men on death row so incompetent that they cannot assist their attorneys. Attorneys representing these men are attempting to have the state of California accept a concept called permanent incompetence, which would mean that the inmate is too gravely disabled to ever be executed and thus their death sentence would be converted to a life sentence. California accepting such a notion would make it the first state to address the issue of whether or a not a person can be deemed too mentally ill to be executed (St John, 2016)

Officer Training

In the community when a family member is experiencing a mental health crisis, family, friends and even treatment providers are most likely to contact the police. Additionally, the likelihood of a person with mental health issues interacting with the police in a public place increases significantly, however, this is an area of police training often overlooked despite the high number of interactions (Cummings & Jones, 2010). "Police officers will need some understanding of mental health issues to carry out their job effectively" (Cummings & Jones, 2008, p. 15). Lopez (2015), points out that when officers need their training most it is often in these serious and deadly incidents that their training fails them. "Perhaps training officers to improve the skills used to respond to citizens with mental illness can be enhanced" (Gentz & Goree, 2003, p.17).

The literature provides us with some information in regard to officer training. The Department of Justice states that 89% of county agencies, 71% of sheriff departments,

and 75% of state law enforcement agencies utilize a model of law enforcement known at the Stress Model or Military Model or the traditional model of policing (DOJ, 2012). This model teaches officer to respond to stressful situations as opposed to the non-stress model, which "produces officers that are better able to interact in a cooperative manner within the community organization" (p. 10).

Young et al. (2008) cite a survey completed by 195 police departments across the United States with a total of over 100,000 officers. It was found that "55% (96 departments) had no specialized response to the mentally ill" (p. 348). These authors go on to contend that "empirical research about mental health based response teams is rare" (Young et al., 2008, p. 356). The agencies that did have specialized training had not been evaluated for efficiency and effectiveness (Young et al., 2008). Cummings and Jones (2010) also support this this data presenting that although there are many good models of training and implementation to decrease the number of negative interactions between officers and mental ill persons, they are not being utilized enough.

Andragogy

Knowles' (1980) adult learning theory, known as andragogy, was first used in the 1970s to separate adult learning and educational needs from those of children and adolescents. "*Andragogy,* which is based on the Greek work *anēr* (with the stem *andr*-), meaning 'man.' Andragogy is, therefore the art and science of helping adults learn" (Knowles, 1970, p. 55). The term was first used by German educator, Alexander Kapp, in 1833. Knowles became aware of the term in 1967 from Dusan Savicevic, a Yugoslavian educator (Knowles, 1990). Knowles used aspects of humanistic psychology from the

work of Abraham Maslow and Carl Rodgers as the basis for Andragogy, namely the idea that learning should be person centered and allow for individualization in order to successfully achieve the objectives specified in the learning process (TEAL, 2011).

Knowles contends that adult learning is significantly different from child learning (pedagogy) and presented several assumptions specific to adult learners and teaching strategies, that educators should employ in attempts to assist in successful comprehension and knowledge retention (Knowles et. al., 2012). Knowles theory presents the following assumptions:

- *Learner experience:* Life experiences of the adult learner aid in the learning process.
- *Orientation to learning*: Adult learners are concerned with identifying problems and creating solutions that can be implemented in the short term.
- *Learner motivation*: Adult learners are best incentivized by internal rather external factors. (Knowles 1990)

Given these assumptions, Knowles contends that best practices for educators should include the following principals:

- *Diagnosis of needs*: An assessment of the learners' needs and skill levels
- *The planning process:* Creating learning objectives based on the assessment
- *Collaboration:* The educator is seen a guide in the learning process and allows for self directed learning for the adult learner as well as collaboration in assessment, formulation of learning objectives and evaluation

- *Evaluation of learning*: There should be continuous evaluation of the current learning methods, competencies and knowledge bases, in order to make adjustments as needed to facilitate future learning (Knowles, 1970).

Knowles (1970), asserts that life experiences of the adult learner are significant in the learning process. Knowles acknowledges that adults have had numerous life experiences (as compared to children) and that these experiences shape the knowledge and learning processes for adults (Knowles, 1970).

While learning subjects is the educational focus found in pedagogy, adult learners are interested in gaining knowledge in areas that specifically impact situations pertinent to the learner. Adult learners are problem- centered; the focus is on learning information necessary to address problems in the near future. Knowles contends that "because adult learners tend to be problem-centered in their orientation to learning, the appropriate organizing principle for sequences of adult learning is *problem areas*, not *subjects*" (Knowles, 1970, p. 65). In order for an adult learner to be engaged in learning and take on the responsibility for self directed learning, the knowledge presented by the educator must be deemed as important and relevant to the learner.

Educators taking into account problems the adult learner seeks to resolve (the desired knowledge), assists in creating internal factors that encourage the adult learner to engage in self-directed learning and subsequently meet learning objectives. Knowles et. al (1984), asserts that adult learners are motivated by internal factors as opposed to external factors. In other words, adult learners are more likely to engage in learn information when the info is personally significant, such as learning knowledge that will

improve work satisfaction, as opposed to learning information for external reasons such as receiving good grades.

Knowles (1970), presents that in order to create appropriate learning objectives, thorough assessment must be implemented to identify the needs of the learner. In addition to the educator assessing learner needs, Knowles asserts that self assessment is an equally crucial component to not only needs assessment but as well as in promoting self direction and collaboration for the adult learner. This process involves, "providing diagnostic experiences in which the learner can assess his present level of competencies" which will aid in "helping the learner to measure the gaps between his present competences [and] experience a feeling of dissatisfaction about the distance between where he is and where he would like to be" (Knowles, 1970, p. 58).

Once a proper assessment of the adult learner's needs and skill level is complete, both the educator and the adult learner should formulate learning objectives (Knowles, 1990). These learning objectives should be based on the aspects previously mentioned such as the identified problem (and subsequent needed knowledge), the learner's skill level and the learner's personal needs that must be addressed in order to achieve the identified objectives (Knowles, 1975).

Collaboration between the adult learner and the educator is also a significant principal in Knowles Andragogy theory (Knowles, 1975). In pedagogy, the educator is central to the learning process and the learner is dependent on the educator to learn. However in adult learning according to Knowles, adult learners should be significant participants in the learning process and take personal responsibility for acquiring.

Knowles principal of collaboration is to be implemented at various points in the learning process, including assessment, developing learning objectives and evaluation (Knowles, 1990).

This directly correlates to Knowles contention that, "the strengths and weaknesses of the educational program itself must be assessed in terms of how it has facilitated or inhibited the learning of the students. So evaluation is a mutual undertaking." (Knowles, 1970, p. 60). Adult students and educators should be collaborative in evaluating the current teaching strategies as well as evaluating learning objectives during the course of the learning process and adjusting as necessary.

Andragogy and Law Enforcement

Reaves (2010), reports that 98% of law enforcement departments have some level of minimal education standards in order to be hired. However, the required level of training varies from department to department as well as varies depending on the size of the population the department serves. All departments provide some type of training for officers prior to officers reporting to duty (academy training) and also receive on going periodic training (Birzer & Tannehill, 2001; White, 2008). Training curriculums and requirements also vary by agency but generally focus on training that supports military models such as law, defensive tactics, firearms, patrol, and investigation strategies (Gaines & Kappeler, 2008). According to the available literature, there is "variation in police departments, training facilities and subjects being taught, there is one commonality; police training is usually taught in a uniform militant manner" (Birzer & Tannehill, 2001, p. 195). For example, Police Officer Standardized Training (POST), in

the State of California provides 72 hours of weapons training, 60 hours of defense tactics, and 38 hours of combined vehicle skills, but provide only 8 hours to ethics/professionalism and 6 hours to victimology/crisis intervention (Gaines & Kappeler, 2008). POST offers a variety of optional enrichment trainings officers can utilize at their discretion. Some of these include mental health topics.

Most officer training still implements training models that are more aligned with traditional learning techniques associated with pedagogy rather than andragogy (Risley & McKee, 2013). Educators typically use lectures established by curriculum that was not collaborative in its development, and thus does not include learning objectives that reflect input from the adult learner and do not facilitate self-directed learning (Risley & McKee, 2013). According to Knowles (1970), "Andragogical methods are best when they can be applied in community situations and industry/corporate situations that are supportive of a self-directed learner" (p.56). Law enforcement departments are an excellent example of a community and industry that would be optimal to apply andragogical methods and would benefit from sustaining environments that encourage self-directed learning (Timpf, 2014).

Timpf (2014), contends that law enforcement departments should take proactive steps in developing training models that align with current expectations of officers and that are empirically based. "Adult learning uses collaborative and problem based learning systems to prepare police officers for the complex job requirements of modern policing" (Timpf, 2014, p. 9). Furthermore adult learning techniques such as andragogy have shown to be effective in teaching topics that are difficult to teach with traditional

pedagogy methods, such as ethics, morals, problem solving, judgment, leadership and critical thinking (Birzer, 2004, 2008; Timpf, 2014).

One of the ongoing recommendations found in the literature on how to address the treatment of mentally ill persons in the criminal justice system, is to increase the training in this area to the professionals working with this population namely police officers (Boardman, 2006; Cummings & Jones, 2010; Gentz, & Goree 2003; Wellborn, 1999;Young et al., 2008). "Police are trained to enforce the law not necessarily interact with the mentally ill" therefore their assessment of mentally ill persons when coming into contact with them tends to be a "quick, superficial evaluation" (Wellborn, 1999, p. 105-106).

In summary, many departments have no specialized training and of the ones that do, many have not been evaluated to actually see if they are effective or not. This is evidence of further gaps in the literature in this area. Young et al. (2008) also suggest more research needs to done examining the specific interventions utilized by officers in these interactions. This study provides some data regarding this gap within the literature.

Effective Officer Training Models

The literature provides numerous examples of effective training models and paradigms that have been implemented within various police departments. These models have been found to provide additional training for officers in regards to mental health, which has been shown to decrease the number of negative interactions between these two groups (Boardman, 2006; Cummings & Jones, 2010 Gentz & Goree, 2003; Wellborn 1999; Young et al., 2008).

Factors that impact success upon release for mentally ill persons are important factors about which officers should be knowledgeable, such as traumatic brain injury, treatment received while incarcerated, history of substance use, quality of social support in the community as well as age and gender of the offender (Bouman, De Ruiter, & Schene, 2010; Cheze, Muckensturm, Hoizey, Pépin, & Deveaux, 2010; Craissati, South, & Bierer, 2009; Evans, Longshore, Prendergast & Urada, 2006; Grann, Danesh, & Fazel, 2008; Guam, Hoffman, & Venter, 2006; Kjelsberg, Rustad, & Karnik, 2009; Williams et al., 2010).

Modestin and Wuermle (2005) present the correlations and connections between certain factors such as "substance use issues and the presence of mental illness," which should influence the type of treatment the person receives while incarcerated (p. 26). These authors conducted their own research regarding the relationship between substance abuse and higher incidences of criminal activity among people with mental disorders, with the hopes of creating treatment for such individuals to reflect the correlation. These are also aspects officers need to be aware to successfully interact with people with mental illness.

Models such as the Critical Incident Stress Debriefing (CISD), Psychological First Aid (PFA), Crisis Team Program (Young et al., 2008), Crisis Unit (Wellborn, 1999), Dyfed Powys model (consumer focused and client feedback), PACE Training, the National Police Improvement Agency (NPIA), Learning Model (Cummings & Jones 2008), and the Memphis Model, San Jose Critical Incident Training Academy, have all been implemented in police departments and considered successful (Boardman, 2010;

Klein, 2002). All have several common aspects that evidence shows are effective when taught to police officers and implemented, such as:

1. Collaborative in nature. The goal is to have professionals from various educational backgrounds collaborate in order to address a wide variety of situations, and issues. This includes collaboration between various agencies such as police departments, mental health departments and even ambulance services, hospitals and courts (Cummings & Jones, 2010; Gentz & Goree, 2003; Klein, 2002; Wellborn, 1999; Young et al., 2008).
2. Challenges the current cultural beliefs of police officers. Cummings and Jones (2010) state "one key element of training is to challenge some of the stereotypical views that police officers have of mental illness and about people experiencing mental distress" (p. 2). It is imperative that in order to be successful the model provides an opportunity for officers to dispel their misconceptions by reflecting on their own views, stereotypes and stigmas concerning mental illness (Boardman, 2010; Cummings & Jones, 2010). The interview completed with the officers gave them the opportunity to practice this aspect.
3. Fosters a sense of dignity and respect for those facing mental health issues. This can be accomplished through officer training that includes interacting with mentally ill people and allowing the them to have input and provide feedback regarding the programs, breakdown stigmas and barriers and ultimately the tools and insight needed to treat with them with compassion

(Cummings & Jones, 2008; Klein, 2002; Sewell, 2016). Sewell (2016) quotes Los Angeles County supervisor Sheila Kuehl as stating,

> It's an interesting thing when you shift your approach to more of a protection of constitutional rights, healing and restoration model because it takes more than just locking people up and letting them out and locking them up and letting them out." This supports the idea of approaching those with mental illness with ideas of helping them not punishing them and treating them as human beings with rights. (p. 2)

4. Classroom/coursework curriculum. These classroom and coursework-based training should provide officers information on the signs, symptoms, behaviors, specific mental illnesses, personality disorders, and available mental health resources and medications. The classroom setting should also provide a forum to challenge ideas, a forum for discussion, role-playing, and review of all protocols and procedures (Boardman, 2010; Cummings & Jones, 2010; Gertz & Goree, 2003; Klein 2002).
5. Various types of training. the available literature suggests that training and education should consist of not just classroom but hands on training as well in order to be successful. Hands on training that includes ideas such as, visiting acute psychiatric wards (Cummings & Jones 2008; Klein 2002), going out on crisis calls, and experiencing virtual hallucinations. These have been proven as successful strategies in helping officers to be understanding and empathetic to those with mental illness (Boardman, 2010; Gentz & Goree, 2003).

6. Crisis negation tactics. Training programs that teach specific skills for specific situations has also proven effective. Officers who are taught specific interventions and skills such as crisis negation tactics, suicide crisis intervention, de-escalation techniques, and problem solving skills are more likely to experience success when interacting with civilians especially those with mental illness. Other beneficial skills for officers to learn include ways to increase interpersonal skills such as how to form effective relationships with a subject, promote safety (not just officer safety but others as well), and how to communicate effectively by utilizing skills such as active listening, verbal skills, nonverbal components, rapport building, relaxation techniques, and the use of power to influence vs. use of power as authority (Klein 2002; Crime Digest, 2006; Boardman, 2010).
7. Program Evaluation. Special programs that are implemented need to increase skills in the above aspects and need to be tested and evaluated for effectiveness to ensure the programs are accomplishing the intended goals. Productive elevation includes providing feedback and monitor for the individual officers and department in general (Cummings & Jones, 2008; Klein, 2002).

The literature suggests that additional training for officers (not just standard officer training) has proven effective. For example, after implementing additional training for Broward officers who worked on the mental health units in the county jails, they “saw a tremendous decrease in violence and behavior issues” as well as an increase in the

officers' "ability to recognize problems, communicate with inmates, observe behaviors and interact with medical practitioners on the needs of the mental health population" (McPherson, 2008, p. 65). This suggests that officer training can have positive implications namely decreasing the number of negative interactions between officers and those with mental illness; the problem this study addressed.

Summary

A review of the literature has established that officers and people with mental illness have a significant number of interactions many of which are negative. Literature suggests that the likelihood of interactions occurring continues to increase as the prison population continues to increase. This increase makes it even more imperative that officers are educated and trained to interact positively or at least less negatively with people with mental illness.

There are various types of negative interactions such as mentally ill people being denied access to treatment and care, bad living conditions, verbal and physical abuse and even death. The literature also provides thoroughly-researched information as to the factors (such as, changes in social policies, lack of other resources for mentally ill persons, the criminalization of mental illness) that have caused there to be such a high number of interactions between officers and mentally ill persons.

Although the information on officer training provides the frameworks (punitive, punishment, and military styles) in which they are trained, it does not provide specifics of what knowledge officers have regarding those with mental illness. However, what is known is what effective training does entail; therefore, we can explore through interviews

with officers what knowledge they have and compare it to what the literature has indicated as effective knowledge needed to interact with this population. This is the gap in the literature this study covered.

The literature reflects the urgency and significance of the problem (negative interactions between officers and people with mental illness) by presenting the numerous consequences associated with the lack of proficiency and knowledge regarding mental illness. Officers' lack of knowledge impacts the length of incarceration, recidivism rates and recovery for people with mental illness. Furthermore, inadequate knowledge contributes to ineffective treatment, making mentally ill offenders more likely to commit offenses and be a danger to themselves and others. This will prevent them from living productive and full lives as well as the others they infringe upon. This leads to an increased likelihood that they will have even more interactions with law enforcement creating a continuous negative circle preventing recovery (Modestin & Wuermle, 2005).

Chapter 3: Research Method

Introduction

I deemed a qualitative research plan using transcendental phenomenology most appropriate for the study as it allowed the officers to provide information regarding their personal experiences. To conduct this qualitative study, I interviewed law enforcement officers with experience working in various law enforcement settings in the State of California. I used snowball sampling to secure participants for this study. This chapter presents the specific aspects of the research design that I used in conducting this study such as the rationale for choosing this design, the research instrument and the role of the researcher, methodology, ethical considerations, and data analysis plans.

Research Design and Rationale

Literature indicates research regarding police interaction with mentally ill persons is limited and needs to be developed (Murphy, 1996). Most studies are quantitative in nature and simply highlight the high number of negative interactions between these two populations and the ineffectiveness of the penal system at treating this population, reporting increases of abuse incidents and recidivism rates. These aspects were thoroughly presented in the previous chapter. The scope of this study extended to gathering data of a qualitative and phenomenological nature in order to assist in creating theories that will provide through education and training the knowledge that officers need to decrease the number of negative interactions with the mentally ill.

In qualitative research, the design is the system of choices the researcher makes that helps the researcher to conceive and conduct the study in an orderly and effective

manner (Chenail, 2011b). In these types of studies, it is important to keep the process as simple as possible due to the probable complexity of the matter to be studied, especially in exploratory studies (Chenail, 2011b). The design of the study must assist the researcher in discovering and exploring patterns that naturally occur in the phenomenon. The phenomenon in this study involved negative interactions between officers and people with mental illness.

Although there is a rich amount of literature regarding interactions between law enforcement and mentally ill persons, most of it is quantitative in nature and simply aims to inform the reader that these interactions are indeed occurring at alarmingly high rates. However, there is a gap in the literature to explore *why* there are so many negative interactions. This study adds to the literature by providing insight into what factors contribute to these negative interactions.

Miner-Romanoff (2012), contends that the phenomenological approach is underutilized in crime studies but can be useful in these types of studies. There is a "need to supplement statistical models and conclusions with experiential data in studying the real world of offenders and crime" (Merriam & Associates 2002, p. 1) This idea aligns with the gap in the literature: there are numerous studies that provide numerical data regarding negative interactions but little research that attempts to provide insight into why the social phenomenon is occurring or factors that influence the phenomenon.

The theoretical framework that was used in the completion of this study was Knowles' (1970) theory of adult learning, andragogy. Knowles' adult learning theory was well suited for this study as it provides a framework for studying law enforcement

knowledge. "'Andragogy', which is based on the Greek work *anēr* (with the stem *andr*-), meaning 'man.' Andragogy is, therefore the art and science of helping adults learn" (Knowles, 1970, p. 55).

Knowles (1970), contends that learning should be a collaborative process between the educator and the adult student, allowing the adult learner to be an active and equal participant in the learning process. One way this is accomplished is by "providing diagnostic experiences in which the learner can assess his present level of competencies which will aid in "helping the learner to measure the gaps between his present competences [and] experience a feeling of dissatisfaction about the distance between where he is and where he would like to be" (Knowles, 1970, p. 58). This study is an example of a diagnostic experience provided to law enforcement officers in the spirit of collaboration to assess the current level of police competency in the area of mental illness. This study assists with measuring the current level of officer knowledge regarding mental illness in order to establish where law enforcement should be concerning knowledge of mental illness. "In andragogy, therefore, great emphasis is placed on the involvement of adult learners in a process of *self-diagnosis* of needs for learning" (Knowles, 1970, p. 57). Directly interviewing officers allowed them to be active participants in the learning process by providing an opportunity for law enforcement to be part of the assessment process by engaging in self-diagnosis, which is also fundamental in establishing future learning objectives.

Other significant components of Knowles learning theory were incorporated into the formulation of the interview questions. The research interview questions reflected

Knowles adult learning assumption that learners apply previous life experiences to assist in the learning process (Birzer, 2004). Officers were asked to recall and discuss life experiences that shaped their current level of knowledge of mental illness such as discussing interactions they had with mentally ill persons both professionally and personally. Gathering data on the personal experiences of the participants provided an opportunity to establish internal factors that influenced interactions with people suffering from symptoms of mental illness. "Adults respond less readily to external sanctions for learning (such as grades) than to internal motivation" (Knowles, 1970, p. 67). "Learning is described psychologically as a process of need-meeting and goal- striving by the learner. This is to say that an individual is motivated to engage in learning to the extent that he feels a need to learn and perceives a personal goal that learning will help to achieve." (Knowles, 1970, p. 67).

The specific research model that was utilized in this study is IPA. There are seven basic components to this model: interviewing methods, researchers' prior experiences, sensitivity to participants' values and norms, researcher bias, researcher bracketing, researcher fluidity, and building trust with marginalized participants (Miner-Romanoff, 2012, p. 10). All of these components coincided well with the purpose of this research study, which was to identify aspects that impacted the interactions between officers and mentally ill persons. This approach is also complementary with studies where interviewing was the instrument used to gather data (Miner-Romanoff, 2012). This study implemented the therapeutic interview process, a specific type of interviewing technique. I discuss this in greater detail later in this chapter (Nelson et al., 2013, p. 1).

The main question this study attempted to answer was:

RQ: What factors related to officer knowledge regarding mental illness impact interactions between law enforcement officers and people with mental health concerns? Research sub questions included:

SQ1: Do law enforcement officers have adequate knowledge from both personal experiences and professional training to identify and effectively interact with people with mental illness?

SQ2: What personal and cultural beliefs held by law enforcement officers' impact interactions between officers and those with mental illness?

This study informs how to develop adequate training for officers so that they can be better equipped to interact with this population. A decrease in negative interactions will in turn increase recovery success and safety to the individual and the community.

Role of the Researcher

There were numerous roles I adopted in completing this study. Some aspects were general roles of the researcher while others were specific to qualitative research and specific to IPA. Merriam and Associates (2002) presented several basic roles of the researcher in qualitative studies stating that "the researcher inquires, listens, searches, compares, verifies, composites, confirms, and evaluates" in the study (p. 1). In addition to utilizing these skills, a researcher must demonstrate self-awareness and the ability to control for bias; therefore, the researcher must set aside any preconceived ideas and beliefs in order to fully grasp the information provided in the interviews and when analyzing the information (Chenail, 2010).

Specific researcher roles in IPA include “exploring participants’ understandings and knowledge and what factors influence their understanding and knowledge”. These skills assisted in building rapport and trust “which is part of interview process and is important to increasing the credibility of the findings” This also corresponds with aspects of the therapeutic interview process, the model used to create the instrument for in his study. This is described in the next section. These factors were implemented in the conducting of this study (Nelson et al., 2013, p. 1).

One specific exercise to assist in decreasing researcher bias is to use journaling or interpersonal-process recall (Chenail, 2011b). This process requires the researcher to reflect on personal thoughts, feelings, and beliefs that arise during the interview process that may bias the data collection or data analysis (Chenail, 2011b). Additionally, bias can be mitigated by implementing “precautions required by the design of the study such as processing feelings, thoughts, etc. with the chair and committee” to reduce countertransference (Unluer, 2012, p. 11). Precautions such as that were utilized in the completion of this research.

My role as researcher in interviewing the participants was a crucial factor in the success of this study. The researcher is considered an instrument in qualitative studies (Chenail, 2011a; Xu & Storr, 2012). Nelson et al. (2013), stated that specific strategies and skills need to be implemented by the researcher, such as “empathic responding, multi-cultural awareness, knowledge and skills; and the ability to be reflective in order to effectively interview the subject” (p. 2). Therefore, the researcher should actively attempt to generate memories and opportunities on which the participant could reflect. The

researcher must adjust to each participant's style to be highly involved in the experiences of the interviewee. This assists in establishing and maintaining good rapport with the interviewee. In this study, establishing rapport helped to foster positive relationships, which assisted in making the officers being interviewed more comfortable and open to sharing their experiences and thoughts, which provided me with richer data for the study. I took the position of seeing the participants as the experts regarding their own experiences (Nelson et al., 2013).

My experience as a clinical therapist who has worked both mentally ill persons and law enforcement was advantageous in the completion of this study. Being close to these two populations provided familiarity with both the legal and mental health aspects associated with this specific populations and how the two interrelate. Familiarity contributed to better formulation of the interview questions and in conducting the actual interviews.

The researcher's prior professional experience was also beneficial to this study, as provided the opportunity to observe first hand officers' interactions with mentally ill persons and officers. The researcher has had the opportunity to learn police culture from a close environment professionally and personally. The researcher has had opportunities to learn and observe tactics officers utilize. This provided an increased level of understanding but does not increase researcher involvement to the point of the type of bias that could present if the researcher were an actual law enforcement officer. These previous experiences and observations were important in providing a foundation in which to develop relative and appropriate interview questions.

As the researcher is currently in a profession that treats this population, researcher biases and opinions based upon the researcher's personal experiences were thoroughly addressed by using interpersonal-process recall and discussing biases with committee members. Utilizing these strategies assisted with mitigating the impact of researcher bias with this study.

My current profession provided access to potential participants. At the facility where I am employed, there are CDCR officers as well hospital police officers. Given that many people tend to stay in similar professions, there are also many former or retired sheriffs from Riverside, San Bernardino, and Los Angeles Counties who are now employed at the facility. This provided the opportunity to have officers from various counties participate in the study. It is possible that I had previously interacted with some of the participants in the pool, which could increase chances of bias. However, caution was exercised by not selecting any participants for this study with whom I had worked closely, which could have compromised the quality of the study.

As previously stated, it is imperative for the researcher to acknowledge any biases and be mindful of biases throughout the implementation of the study. As a therapist working in a forensic setting, being unbiased and not allowing personal feelings, beliefs, and opinions impact the interview process is a skill that I perform on a daily basis. Years of practicing this was beneficial in conducting this study. Furthermore, interviewing and assessing is a significant aspect of my profession. Thus, I had extensive experience in that area as well, which was useful when participants were interviewed. Effective communication, rapport building, emphatic listening (previously identified as

components of the IPA process) are skills with which I had significant experience, and this was vital in the data collection process.

Methodology

Participants and Ethical Procedures

The participants for this study were eight law enforcement officers currently or formerly employed with various law enforcement agencies in three southern California counties.

A total of eight participants were interviewed. Participants were recruited by purposeful snowball sampling. Letters requesting participation were given to officers (while they were off duty, most via personal email), which provided them with information regarding the study and asking if they would like to participate. This assisted with confidentiality for participants if they so desired. Other protections and precautions for the officers will be further discussed later.

Snowball sampling was the best tool to use for this study. It may have been difficult for agencies to support this study, however, on an individual basis. Officers were more likely to support it as there was less of a perceived risk of the agency or department becoming aware of the individual officers' opinions and feelings regarding the topics.

There are also several things the researcher must do in regards to ensuring that the research is ethical in nature and protects that participants. The first is to "be mindful of the ethical implications inherent in the qualitative research process" (Eide & Kahn, 2008, p. 205). Additionally, the researcher must consider all the ethical issues such as honesty, privacy, responsibility [research participants], which are inseparable from any research

effort. In a study of this nature the researcher must also be aware that interview process itself can lead to "unsettling questions and life changes for all" (Eide & Khan, 2008, p. 200).

Making sure no identifying information was included in the results of this study ensured officer confidentiality. This was achieved by referring to the officers as a number as opposed to their name or even the department in which they are associated with. Additionally, specific departments/agencies will not be identified in the results; just the geographic areas representing all participants. Officers' participation in the study was also not be confirmed or denied by myself to other officers, both those who participated in the study and those that did not. Furthermore, officers were asked to participate in this study during their personal time and not during work hours, which further creates the anonymity and confidentiality officers needed in order to participate in this study and openly share their feelings. Sensitivity to the participants was important in implementing this study. Sensitive information regarding interviewees and data collected during interviews was omitted upon documentation of the study (Unluer, 2012).

Maintaining confidentiality between participants is also important (Unluer, 2012). Besides not telling or acknowledging to participants who the other participants were, the researcher ensured that interviews were not conducted so closely together that one participant may see another participant coming or going from the interview. However, no participants chose to be interviewed in person. Participants were encouraged to not confer with other participants (that they are already aware of via their personal information).

Some of these factors were included in the consent form as well as verbally discussed at the beginning of each interview.

The goal was to have a fairly even number of law enforcement officers from various geographic areas within these counties as well as from various department, as well as participants with a variety of different races, genders, and education Therefore purposeful sampling was implemented in this aspect. In the future, this type of study can be implemented on a wider scale to identify how these other variables impact the overall problem of officers having negative interactions with people with mental illness.

Once the participants were selected they were asked to read and sign a consent and acknowledgement form prior to any interviews being conducted. This consent and acknowledgement form discussed aspects such as, confidentiality, voluntary participation, voluntary termination of participation, how the study was conducted and the overall goal of the study. Participants whom volunteered to participate in the study and may decide to no longer participate at any time they wish to do so.

Instrumentation

Nelson et al. (2013) quoted Chenail (1997) stating that:

> Interviewing has become a widely used means for data generation in qualitative research. It is also a popular approach for counselors and therapists in their qualitative research projects. A major reason qualitative research style interviewing is a favored technique with researching clinicians is that it is so similar to the way in which counselors and therapists interact with their clients in therapy sessions. Given this closeness in form it would make sense that down of

> the ways therapists are taught to interview could be adapted to help beginning qualitative researchers learn interviewing skills as well. (Nelson et al., 2013, p. 12)

Interviews have been the most utilized qualitative method for collecting data (Nelson et al.,. 2013; Sircar-Ramsewak. 2010). Interviews are one of the most effective ways to collect data in qualitative research because they provide the researcher with opportunities for rich data and meaning making" (Nelson et al., 2013, p. 1).

The researcher is considered an important tool in this type of research. The Therapeutic Interview Process was utilized, which required the researcher to implement aspects presented in IPA, such as having sensitivity to participants' values, and norms and building trust as well as carefully strategizing and implementing interview methods and techniques (Miner-Romanoff, 2012). The use of efficient instrumentation to gather useful data was important to this study because ultimately the goal of this study was to positively create social change regarding the manner in which law enforcement personal and people with mental illness interact with each other. In order to achieve this ultimate goal, the instrument must be effective at gathering the desired data (Nelson et al., 2013).

Each interview was audio recorded and a few notes were taken as the participants were interviewed (Nelson et al., 2013). Taking notes during the interview allowed the researcher to clarify information and ask questions immediately during the interview as opposed to trying to understand information later on without the subject there to clarify and explain. In aligning with aspects of IPA and the Therapeutic Interviewing Process, the researcher focused on establishing a positive relationship with the interviewee thus

empowering them to control an aspect of the interview process such as free flowing conversation and working around their schedule fostered such a relationship. This aided in minimizing any feelings of being uncomfortable during the interview. Furthermore, since the interview is being recorded there is little to no risk of missing important data. Having the interviews audio recorded allowed review of the original information to ensure the researcher has provided all the data correctly when it is time to analyze the data. Audio recording the interviews also provides good documentation if proof or evidence related to the study or participant is needed in the future. Notes taken during the session, allowed the researcher to further understand and clarify the information the interviewee is providing while the interview is actually being conducted. Notes taken during the interview and the recorded interview will be kept for 5 years in two separate locked storage in my office and then destroyed in a shredder through a company that disposes of sensitive information.

The population being interviewed must be taken into account and studied in the constructing of both the interview questions and implementation strategies. Interview questions and strategies for this study revolved around nine communication strategies identified as being effective by law enforcement officers known as the Therapeutic Interview Process (Nelson et al., 2013, p. 1). Using this process and communication strategies that officers use (and thus value) made it possible to communicate more effectively with the officer and thus the officer was able to and more comfortable with sharing information was valuable data. Directly interviewing officers allowed them to be active participants in the learning process by enabling law enforcement to be part of the

assessment process engaging in self-diagnosis, which is also fundamental in establishing future learning objectives according to Knowles (2012). These nine IPA strategies are:

1. Establishing and maintaining a relationship with the client (interviewee)
2. Understanding the context of the interviewees' experiences
3. Using the language of the interviewee
4. Including expanded or larger systems in the interview
5. Maintaining flexibility in the conversation
6. Attending to the process of the interview
7. Using a restraining or go-slow approach
8. Using a team process effectively; and
9. Ending and summarizing the interview process.

These nine strategies comprise the Therapeutic Interview Process; all aspects were used interviewing subjects for this study (Merriam & Associates, 2002; Nelson et al., 2013, p. 1).

Participants were asked numerous question regarding their interactions with people with mental illness and what knowledge they have regarding interacting with this population. Questions attempted to assist in gathering information on the officers' knowledge, experiences, training, education, and beliefs regarding mental illness and people with mental illness. These questions were based upon the information found in the literature as well as my own observations and personal experiences with this population.

Other significant components of Knowles learning theory were incorporated into the formulation of the interview questions. The research interview questions reflected Knowles adult learning assumption that learners apply previous life experiences to assist in the learning process (Birzer, 2004). Officers were asked to recall and discuss life experiences that shape their current level of knowledge of mental illness such as discussing interactions they have had with mentally ill persons both professionally and personally. Gathering data on the personal experiences of the participants provided an opportunity to establish internal factors that influence interactions with people suffering from symptoms of mental illness. "Adults respond less readily to external sanctions for learning (such as grades) than to internal motivation" (Knowles, 1970, p. 67). "Learning is described psychologically as a process of need-meeting and goal- striving by the learner. This is to say that an individual is motivated to engage in learning to the extent that he feels a need to learn and perceives a personal goal that learning will help to achieve" (Knowles, 1970, p. 67).

Interviews were slated for 1-hour increments and were arranged according to the participants' availability. Interviewees were given the choice of interviews to be held in person in my office or by phone. Both options provided for confidentiality and availability. Interview questions consisted of closed and open-ended questions. See Appendix A for specific interview questions.

Data Analysis Plan

As stated previously, the literature does not reflect that there have been similar studies of this nature; therefore, this specific instrument is researcher-developed although it follows the models of IPA and Therapeutic Interviewing Process.

To better assist with gathering data, during the interviews the researcher took notes, and interviews were recorded and then dictated into writing by a professional third party. This assisted in being better able to identify themes and subsequent categories.

Data provided by the participants were analyzed using aspects of Modified Van Kaam Method of Data Analysis and formulated into categories, patterns and themes input using coded word recognition and repetition tools in word documents. Prior to the conducting the interviews several categories were created correlating with the interview questions and after the actual interviews were conducted categories were added or deleted according to the actual results data.

Issues of Trustworthiness

Credibility

As previously stated the researcher's profession as a therapist was a beneficial technique utilized in this study as the researcher had an advantage of having practiced many of these skills in a similar setting, which increased the quality of data provided, important in qualitative studies (Xu & Storr 2012). This background and experience of interviewing clients added to the credibility of the interview process, which increased the credibility of the interviews as an instrument, and thus the results from using this instrument were also credible.

It is important for the researcher to clarify their role when utilizing qualitative research in order to make the research credible (Unluer, 2012). The researcher is a therapist who cares for mentally ill persons in a forensic setting and interacts with officers often as well as people with mental illness but is not technically an insider-researcher to the either of the populations involved in this study. However, the researcher does not completely fit into the categorization of an outsider-researcher because of the significant number of interactions with both groups.

The formulation of the interview questions prior to the study also took place prior to the conducting of this study. Interview questions were created keeping my mind not to imply any bias or present leading questions to the participant. This was accomplished by utilizing many open-ended questions in order to gain knowledge from the participants as recommended by Chan, Fung, and Chien (2013). For example, one interview question was: What type of interactions have you observed between officers and mentally ill offenders? This open-ended question does not label the *type* of interactions about which the researcher is inquiring. The goal of the research is to discuss negative interactions (as suggested in the previous chapters and substantiated by the literature review); however, by leaving the description of the interactions open to the participant's perceptions and not leading the participant to believe a label stated in the question, the researcher prevents imposing bias and leading the participant to a particular response. This provided for validity of the data collection tool and the data collection process.

The manner in which participants were selected from these various agencies additionally adds to the validity and reliability of the study. Law enforcement officials

were asked to participate in this study while off duty and independent of their respective departments. The officers departments had no knowledge of the officers' participation in this study (unless the officer chose to disclose such information independently of this researcher), which reduces bias in the participant selection process. If the departments chose the participants there is the risk that they would be bias and select officers based on other factors. This is especially critical in this type of study as law enforcement agencies would be difficult to infiltrate in general but especially now given the current climate and scrutiny the profession is experiencing.

The fact that officers had the additional confidentiality knowing their departments were not aware of their participation in this study increased the probability that they would be truthful in their responses and thus add to the validity of the study results.

Having characteristics of an insider-researcher as well as characteristics of an outsider-researcher proved to be advantageous in completing this study and adds to the credibility of the study. The insider-researcher advantage was having a better (although not best) understanding of both the culture of officers and the culture of those with mental illness, as well as already having established an intimacy, which promoted honesty from officers when being interviewed (Unluer, 2012). Having some knowledge of these systems also aided in the formulation of interview questions as the researcher has some knowledge as to what questions are most beneficial to ask and in what manner to ask that fostered the opportunity to best build rapport with the officer as indicated in the Therapeutic Interview Process (Nelson et al., 2013; Unluer, 2012).

The interview questions were also formulated as such to provide the participant with multiple opportunities to present their experiences and expand and clarify the data they provide during the interview. This adds to the internal validity of the study to assist with ensuring that responses presented by the participants are complete, clear and accurate thus adding to the validity of the study.

Having data from the interview dictated also assisted in adding credibility to the study. The data were clearer in writing and less subject to interpretation; the data consisted of concrete facts regarding what the interviewee was saying specifically. The fact that a professional not involved in the study completed the dictation also added to the validity of the study as this person was unbiased and not invested in the study; therefore, had no reason to dictate incorrect information. The fact that the person that completed the dictation is a professional also increases the credibility of the study and thus added to the credibility of the data in written form. This will also assist in the future if the credibility of the data is questioned in the future. It will be easier to access and explain in written form.

Additional strategies to promote the trustworthiness of the study will be discussed in the next chapter.

Scope and Delimitations

Every research study has aspects that will limit the scope of the study as particular studies cannot control for all factors and aspects (Creswell, 2011). The researcher does have some control over the scope of the study such as the problem being explored,

research questions, tools implemented to conduct the study, the style the methodology utilized in the study, and the chosen population (Creswell, 2011 Patton 2002).

The scope of this study covered officer knowledge regarding mental illness and people with mental illness. The literature established that there are many negative interactions between law enforcement officers and people with mental illness. The literature identified poor training and a lack of knowledge on the part of the officers as a significant factor in contributing to these negative interactions. However, there is little available literature that identifies more specifically *what* aspects of knowledge the officers are lacking. There are delimitations regarding the population in this study such as the geographical location as this study focused only on southern California law enforcement agencies. Additionally, officer knowledge/training in other areas (e.g., riot control, robbery, murder, drugs) were not be addressed in this study.

Limitations

Limitations of the study included aspects that the researcher cannot control for nor are boundaries the researcher establishes. "Qualitative inquiry is unpredictable non replicable and uncertain in its ability to ensure a consistently objective stance toward the research endeavor" (Eide & Khan, 2008, p. 199). This study was no different than other studies as there are several limitations. The most obvious limitation is present in regards to the population. As the participant population that used in the study was only representative of southern California law enforcement agencies, data and results from this study may not be able to be generalized to officers and/or agencies in other states or in other geographic areas where policing in general may be different (Creswell, 2011).

However, this is an obvious limitation that must occur as it would be a lengthy process to interview officers that represent all states and all types of geographical areas.

Summary

In summary, this qualitative phenomenological research study was completed following the IPA. A qualitative phenomenological study is well suited to address this research problem as the majority of the current literature is quantitative in nature, thus this study assisted in adding information where there is a gap in the literature. There is a need for data to add to the quantitative data regarding negative interactions between law enforcement and people with mental illness. The components of IPA were especially useful given the instrument used was interviews; the chosen method for this study. The aspects of IPA are also comparable to the Therapeutic Interview Process, which was the type of interview that was used as the instrument to obtain data. IPA is also similar to general practices used by therapists. Since this is the researcher's profession, IPA provided an advantage of having implemented this type of interview for years, increased the effectiveness of the interviews, and thus increased the quality of the data provided by the interviewees. The more valuable the data the more credible the study.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore law enforcements' knowledge regarding mental illness by examining officer thoughts, beliefs, culture, training, and education in an attempt to establish in what specific areas of knowledge they are deficient that may lead to negative interactions between these two populations. Information from the available literature on this subject suggests that poor training is a significant factor as to why these negative interactions occur, but past studies fall short of providing empirical evidence that training is poor and do not present in what ways officer training in this area is deficient. This study helps to fill this gap in the literature. Answers to these research questions provided information as to why such interactions are occurring. By thoroughly identifying the problem, scholars and policy creators can begin to explore possible solutions.

This chapter presents descriptive demographic information of the participant sample, as well as data collection, data analysis, evidence of trustworthiness, and research results.

Demographics

The study sample included eight law enforcement officers from various departments in Southern California agencies representing city, county, and state departments. All of the interviews took place in March, 2017. The self-reported demographic characteristics (see Figures 1 to 4) of the participants highlighted numerous

variables in regards to the type of agency they represented (city, county, state), age, race, gender, education, religion, and length of time in the profession (see Appendix C).

Within the sample population ($N = 8$) there were five men ($n = 62.5\%$) and three women ($n = 37.5\%$). There were four African American participants ($n = 50\%$), two Caucasian participants ($n = 25\%$) and two Hispanic participants ($n = 25\%$). The youngest participant was 29 years old and the oldest was 59 years old, making the average participant age 43.5 years. Four participants reported that they had completed "some college" ($n = 50\%$), three reported completing a 4-year degree ($n = 37.5\%$), and one participant reported completing graduate school ($n = 12.5\%$). Four participants reported their religion as Christian ($n = 50\%$), one listed Catholic ($n = 12.5\%$), one listed "religious but not specific" ($n = 12.5\%$), and one reported "no religion" ($n = 12.5\%$).

Participants also reported demographics related to their professional careers in law enforcement. The eight participants represented state agencies (three participants, $n = 37.5\%$), a county agency (one participant, $n = 12.5\%$), and city agencies (four participants, $n = 50\%$) in southern California. The years in the profession for the participants ranged from 3 years to 23 years, with the average years in the profession at 16.38 years. Three participants were retired ($n = 37.5\%$), and the rest, five ($n = 62.5\%$). were still in the profession. Of the eight participants, four ($n = 50\%$) reported their most recent position title was officer. The other participants provided the following as their most recent titles: sheriff, lieutenant, jail supervisor, and correctional counselor 1. The eight participants represented agencies located in three Southern California counties.

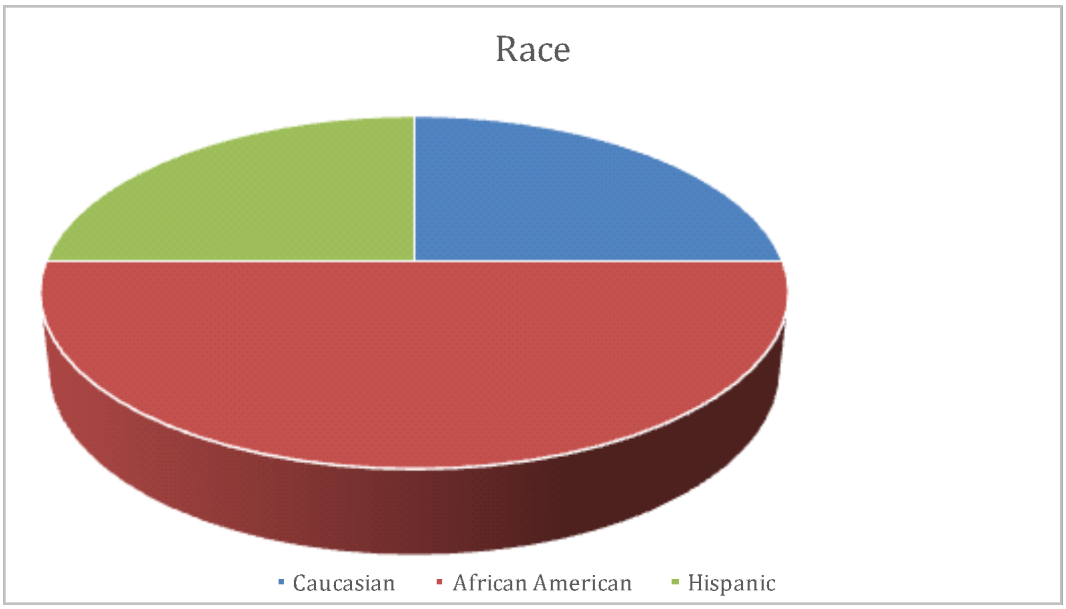

Figure 1. Demographics: Race.

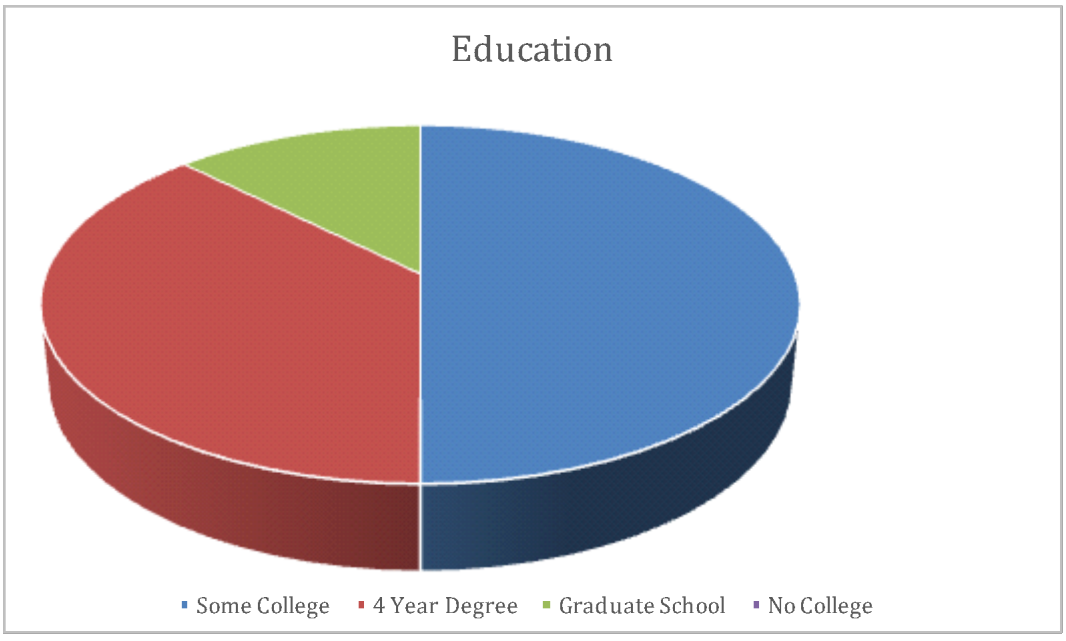

Figure 2. Demographics: Education.

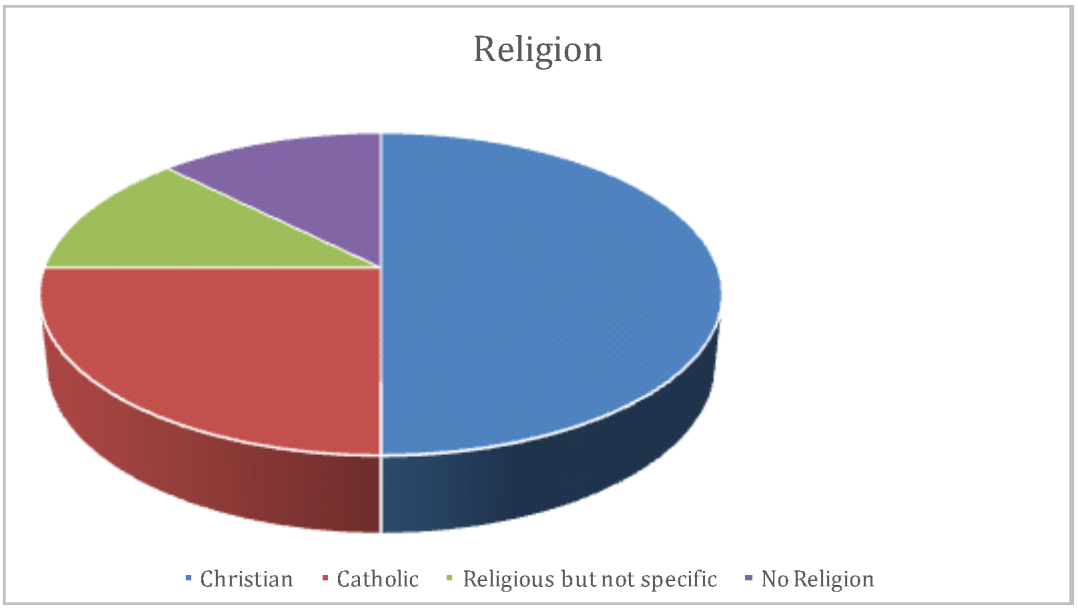

Figure 3. Demographics: Religion.

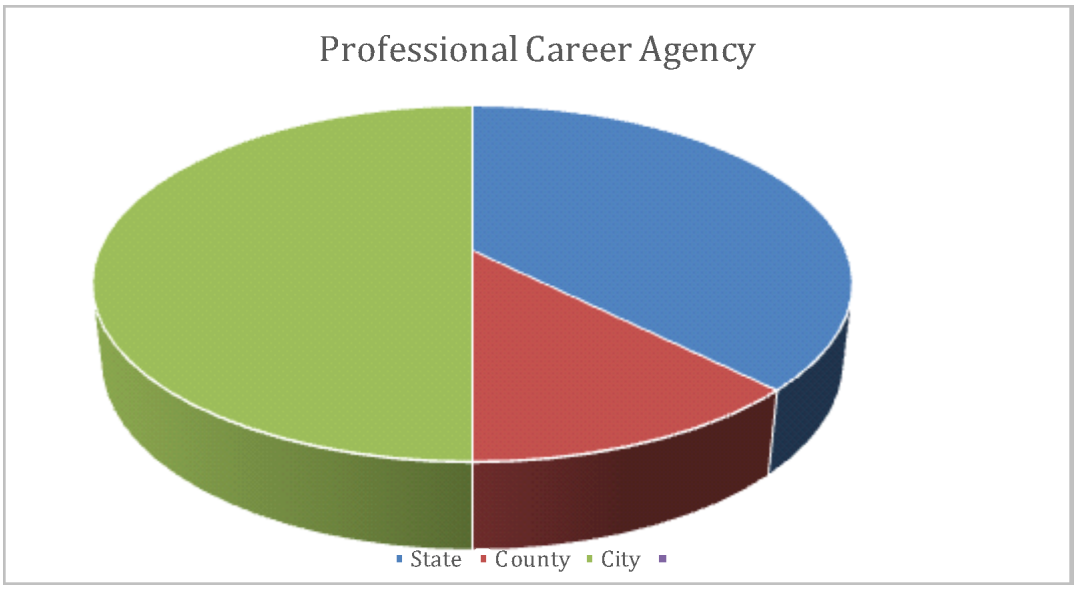

Figure 4. Demographics: Professional career agency.

Data Collection

Data were collected from eight participants via recorded interview by phone. Each participant was interviewed once and asked the questions listed in Appendix A. Each participant answered all interview questions. Interviews ranged from 11 minutes and 43 seconds to 37 minutes and 1 second. The average length of interview time was 22 minutes and 52 seconds. Participants were provided the choice to be interviewed by phone or in person. All participants chose to be interviewed by phone.

Several days prior to the interviews, participants were provided with the consent form, which offered more detailed information regarding the study in addition to the invitation letter (Appendix B) they had received. They were provided an additional opportunity prior to the start of the interviews to reread the consent form and to ask any questions or voice concerns. The consent form included the Walden Institutional Review Board approval number for this study, 03-14-17-0188530, which expires on March 13, 2018. Because interviews were completed over the phone, most participants elected to sign the form, scan, and return it by e-mail prior to the scheduled interview time. Each participant was informed that confidentiality would be maintained and that they would be referred to as a participant number throughout the recording of the interview to further maintain confidentiality. In other words, anyone who hears the actual interviews (including the transcriber) would not hear the participant's name in the recording; their name and personal information would be listed on a separate document to which only I and, if necessary, select Walden University staff would have access. Interviewees were encouraged to be honest and open when answering the questions but were reminded to

only provide information they felt comfortable sharing and that they had the right to end the interview at any time they deemed necessary.

Each interview was recorded via a third-party recording service. Each participant was aware of when the recording began and when the recording ended. Each participant was asked all 19 semi structured interview questions. All participants answered all interview questions.

A third party company called Rev.com located in Sacramento, California, then transcribed the interviews. There were no deviations in the collection of data from what was originally planned, nor were there any unusual or unexpected circumstances that took place in the course of collecting data.

Data Analysis

Interviews were conducted by phone in the researcher's home office, alone. The participants conducted the interview in whatever setting they felt comfortable to do so. The interviews were all conducted within a 6-day time span. Participants were interviewed during non-work hours.

I conducted the semi-structured interviews using semi-open-ended questions in order to provide an opportunity for participants to fully explain this phenomenon of their knowledge and experiences relating to mental illness and people with mental illness.

Once the interviews were transcribed and opportunities for changes were presented to the participants (none elected to make any changes), the transcriptions were used to identify themes and subthemes, common characteristics and reoccurrences in the data provided from the eight interviews aspects of Modified Van Kaam Method of Data

Analysis. This was done by utilizing a word recognition search in Word document for each interview. Repetitive words and phrases were identified and color-coded allowing similar responses to be grouped together. Themes and patterns emerged in several areas and are presented in the following sections of this chapter.

Evidence of Trustworthiness

Ensuring reliability and validity for this study began prior to conducting the actual study itself. The intensive reviews by Walden University staff and Walden's IRB review process also added to the credibility of the study. I was also required to complete the National Institute of Health protection of human research participants survey helping to assure that ethical considerations were attended to in this study.

The interview questions were formulated to provide the participants with multiple opportunities to present their experiences and expand and clarify the data they provided during the interviews. This adds to the internal validity of the study by ensuring that responses presented by the participants were complete, clear, and accurate. The fact that officers had the additional assurance of confidentiality and thus knew their departments were not aware of their participation in this study increased the probability that they were truthful in their responses, which also added to the validity of the study results.

There were also numerous steps taken during the interviews to increase validity and reliability. My profession as a therapist provided me expertise in conducting interviews and asking questions in an unbiased and not-leading manner, thus adding to the credibility of the formulation of interview questions and the interview process itself. Because the researcher is the data collection tool when interviewing is the chosen

method, the expertise and experience of the researcher can impact the validity of the research.

My professional experience provided some understanding of both the culture of officers and the culture of those with mental illness. This assisted in building rapport with the officers during the interviews and promoted honesty in their responses in their answers. Providing them with some information of my profession fostered trustworthiness as they were able to acknowledge that I had some knowledge and experiences that overlapped with their profession. Rapport and honesty during the interviews helped to ensure validity of the process and accurate data collection.

In the course of each interview, thorough notes were taken as well as a recording of the entire interview. The researcher asked additional clarifying questions as needed. Additional clarifying questions and strategically created multiple questions already included interview provided for the opportunity to compare information given by the same subject against information provided by the same subject when asked again. This is known as spiraling (Edmonds & Kennedy, 2017).

During the data collection process the researcher portrayed no biases or preconceived ideas to the participants. This was accomplished by remaining open during the interviews and focusing on the experience and information the participants were providing and considering the information as facts (according to the participants) and not placing a value judgment on the information they shared. Other than the information provided in the literature the researcher had no preconceived ideas or knowledge in regards to possible answers to the interview questions.

Interviews were then transcribed verbatim by a neutral third party, which also added to the credibility of the study. Having a new neutral company complete the transcription adds to the validity and credibility as the transcribing company has no vested interest in the results of the study thus is unbiased and thus unlikely to purposely transcribe information incorrectly. The utilization of professional transcription services adds to the validity of the data collection process as professional transcribers are professionals in this area and therefore are less likely to return documents with significant mistake and errors.

Once the interviews were transcribed verbatim into text format, each participant was provided the opportunity to read over the data from their specific interview and make changes, corrections, and adjustments as needed to ensure the data was an accurate description of the information they intended to provide. This process is known as *member checking* and adds to the reliability of the data collection process (Edmonds & Kennedy, 2017). This was completed prior to the data being analyzed. No participants requested any changes be made to their transcribed interview. Participants were also informed that they would receive a copy of this study upon completion.

Analyzing the data in writing allowed for data to be less subject to interpretation when identifying trends. This type of analysis provided concrete data regarding what the interviewee said specifically. This will also assist in the future if there is ever a case where the validity or reliability of the data is questioned. It will be easier to access and explain in written form. The fact that concurring themes and patterns could be established among the participants further adds to the credibility of the study.

After the completion of member checking, transcriptions were compared to notes taken during the interview. This provided a source of corroboration for the data collected further adding to the reliability of the study. In this process, no discrepancies were discovered. Subjects' answers within the same interview, were reviewed to safeguard against spiraling. Such measures also contribute to the validity of the study. Checking the data several times and in several different methods during the data collection process promotes conformability within the study. No discrepancies were discovered during this process.

Divergence from the emerging themes were minimal and can be better attributed to paradigm shifts as opposed to divergence from the themes. Paradigm shifts are utilized as a method to identify changes and variations in participants' answers (Edmonds & Kennedy, 2017). A variation in participant answers was identified in regards to whether or not they received training in mental health prior to actually being sworn in as an officer. The older participants indicated they had no training prior to starting their career, while the younger participants indicated they received some training prior to the start of their job. This is an example of paradigm shift, as opposed to a divergence in data, due to the fact that this shift in training is more likely due to a change in law enforcement-training policies.

Credibility

The participant selection process for this study added to the validity and credibility of the results in multiple ways. For one, using law enforcement from multiple departments and of multiple ranks aided in decreasing bias in the recruitment of

participants. Edmonds and Kennedy (2017) contend that this allows for triangulation from the data sources. The fact that law enforcement officers from various departments and of various ranks had similar responses to the interview questions add to the credibility of the study, because participants (in this case the officers themselves) are the experts and the only people who can judge the experiences and viewpoints of the study. In other words, the fact that there was agreement (themes) among the officers, coupled with the fact that they were from various departments and of different ranks adds to the credibility of the study and the likelihood that other officers would perceive the study as credible.

Transferability

As the sample population interviewed for this study is only representative of southern California law enforcement agencies, data and results from this study may not be generalizable to officers or agencies in other states or in other geographic areas where policing and policies in general may be different (Creswell, 2011). However, this is an obvious limitation that must occur, as it would be a lengthy process to interview officers that represent all states and all types of geographical areas or even all southern California departments/agencies.

However, the phenomenological, qualitative *design* of this research study could be transferable to other law enforcement agencies in California and in other states. The methods, data collection tool (interview questions), and data analysis methods are transferable to study the same factors in other law enforcement populations especially given the validity and reliability in the construction and implementation of this research

has already been established. However results may vary especially in other states where policies and laws may differ than California.

Dependability

To better assist with gathering data from the interviews, the recordings from the interviews were dictated verbatim into text by a professional business not related to this study. This assisted in the researcher being better able to identify themes and subsequent categories. However, it is imperative to keep in mind that as this study looked at the individual perceptions of eight law enforcement personnel. It is not impossible that other law enforcement officers may have differing viewpoints. Additionally, laws, policies, trainings and personal experiences are always changing so it is possible that results may change which impacts the reliability of the study as the results may change (even with the same participants) over time as these are variables that are constantly changing. Also research results from this study suggest that the longer one works in law enforcement the greater their knowledge will be regarding mental illness (discussed later in this chapter and in Chapter 5), thus this would affect future results as well as reliability of the study.

Conformability

Several of the aspects within the methods and procedures of this study aid with promoting conformability. The potential for bias and/or distortion is minimized by having a standard set of interview questions, taking notes during the interviews and having those interviews recorded and transcribed. Conformability was also established by apply reflexivity by involving the participants in evaluating the data. This was implemented by having the transcribed interviews reviewed by each participant, known as member

checking (Edmunds & Kennedy, 2017). This allowed each participant to review a verbatim written document of the interview. This allowed the participants to verify that what was documented was correct and accurately reflected the participant's viewpoints and statements. All participants acknowledge that the verbatim written information was correct. They were also informed that they would be provided a copy of the dissertation after it is finalized and complete. These aspects assist with the possibility that the results of this study could be corroborated, understood and/or confirmed by others.

Threats to conformability were also minimized by providing specific quotes from the participants to support the themes and safeguard against misinterpretation or bias presentation. Quotes support the themes directly free of researcher perspectives and possible biases.

Results

To find answers to the research question regarding what knowledge law enforcement has regarding mental illness and people with mental illness, the concept of knowledge was broken down into several areas and then interview questions were created to address those areas/themes. The five themes established were:

1. personal thoughts and beliefs,
2. law enforcement culture
3. formal job-related training and education,
4. knowledge from other areas of life, and
5. improvement.

Examples of corresponding interview questions, and data results will be discussed individually below and are illustrated in Table 1.

Table 1

Emerging and Recurring Themes

Recurring themes	Emerging themes
Theme 1: Personal thoughts and beliefs	Theme1.1 Positive beliefs/thoughts
	Theme1.2 Negative beliefs/thoughts
Theme 2: Law enforcement thoughts/culture	Theme 2.1 Negative beliefs
	Theme 2.2 Positive beliefs
Theme 3: Formal job training/education	Theme 3.1 Quality
	Theme 3.2 Quantity
	Theme 3.3 Content
Theme 4: Knowledge from other aspects	Theme 4.1 On the job experience
	Theme 4.2 Personal experience
Theme 5: Improvements	Theme 5.1 Training Topics
	Theme 5.2 Training quality
	Theme 5.3 Training quantity
	Theme 5.4 Collaboration w/ others
	Theme 5.5 Funding

Theme 1: Personal Thoughts and Beliefs

The personal thoughts and beliefs of the individual officer themselves are important due to that fact that a person's beliefs and thoughts are based upon the knowledge they have to support such thoughts and beliefs. Therefore, having such information can provide the researcher with data on the officer's knowledge. The personal thoughts and beliefs of each of the law enforcement officer interviewed were explored through questions such as the following:

- Do you believe mental illness exists?
- If so, what types of mental illness do you believe exist?
- What are your personal beliefs regarding people with mental illness?
- Do you think special considerations should be made for people with mental health concerns as compared to those that do not have mental health concerns?

Subtheme 1.1: Positive beliefs and thoughts. All eight participants vocalized that they believed that mental illness does exist, acknowledged and that they come into contact with mentally ill people on a regular basis if not on a significantly regular basis. For example, Participant 4 stated that he comes into contact with at least two to three mentally ill persons per shift. Another participant, 3, noted that in his 5-hour shift the previous weekend he came into contact with three mentally ill persons.

Participants also vocalized positive viewpoints regarding people with mental illness and were able to acknowledge the prevalence of mental illness among the criminal population. For instance, Participant 2 stated, "I believe that all people with a mental illness should receive some type of help." Participant 4 stated, "My own personal belief about mental illness is that it's something that has for the longest been overlooked and underestimated." Participant 8 stated, "I feel like they're sick…" Additionally, several participants (4 and 7) vocalized feelings such as sympathy, empathy, compassion, and sincerity towards people suffering from mental illness.

Subtheme 1.2: Negative beliefs and thoughts. Despite the frequency of interactions with people with mental illness, all eight interviewees also endorsed the theme of experiencing personal challenges in assessing (recognizing) mental illness

among individuals they serve. This was especially true when comparing mental illness to drug use and comparing mental illness to people whom pretend/fake symptoms of mental illness although they do not truly have symptoms (known as malingering). Several participants stated that often times symptoms of mental illness and drug induced behaviors appear similar especially when it is a person in the community. For example, Participant 1 stated: “I believe that a lot of mental health issues that were presented were taken advantage of by the inmate, because they really weren’t to the degree that some people perceive them as. I think a lot of it was fake. Not all of it, but a lot of it.” Participant 2 stated, “But in my current career I have seen people abuse that definition or term [mental illness].” Participant 3 stated, “recognizing mental illness is a lot more complicated than a lot of people make it out to be.” “Typically the offenders trying to use mental illness is an excuse,” according to Participant 6. Participant 5 stated, “I realized there’s probably many more individuals within the prison system that were legitimately ill and who were either not being treated because it wasn't recognized” or because the inmate refused to acknowledge and treat his mental illness due to the stigma that it would make him appear weak to other gang associated peers/ inmates. This same participant also stated, “We have a lot of meth addicts in the prison system. Young population of meth addicts.”

Theme 2: Law Enforcement Thoughts/Culture

The second theme that emerged from the data concerned the perceived beliefs and thoughts held by the department (culture) in general and/or the profession in general. As with the questions above regarding personal beliefs, answers in this area provided

information on what groups of officers think and believe. Just as an individual's thoughts reflect their knowledge and impact their actions, the same can be said about a group of people in this case a law enforcement agency or the law enforcement profession. Interview questions of this nature were used to explore how law enforcement in general or within specific agencies views mental illness and people with mental illness. This was important to address because an individual officer can have a viewpoint or position different than that of the agency in general and/or officers in general. The eight interviewees for this study presented a lot of data providing a wealth of information on the possible viewpoints of law enforcement overall regarding the topic of mental illness. Some of the questions presented to gather data in this area included:

- Overall, what do you think are officers' beliefs regarding mental illness/people with mental illness? Are these beliefs actually stated or implied (cultural)
- What type of interactions have you observed between officers and mentally ill offenders?
- In your opinion, are there any stigmas concerning people with mental illness? If so, please explain what they are. If so, are these discussed during training?

Subtheme 2.1: Negative culture (beliefs/ thoughts). Interviewees such as Participant 8 eluded to negative law enforcement viewpoints and culture that reflects a lack of formal knowledge and training (discussed in the next section), such as stating, "I think people are not well educated on it. So yes, there's stigmas just that they're crazy. I don't think people understand it too much more than that." Two participants provided

feedback regarding law enforcement's position on dealing with mental illness with statements such as "unfortunately, the more we dive into it, the more it seems like were becoming more mental health clinicians than law enforcement, but I think we're just at a point in society where that's where unfortunately mental health is being driven (Participant 7)" and, "for the longest time, the jail has been a dumping ground" and "let's just get rid of them off the street, and we solved the problem" … "and then were kicking them back out on the street, whether in worse shape or in no better shape." Participant 7 stated "unfortunately law enforcement I think, is stuck in dealing with mental health from a negative standpoint." Participant 4 also stated, "I'm really speaking to a lot of departments that are behind…unfortunately the reality is that not every department that is out there is operating like mine." Participant 5 discussed that even the label of being mentally ill in the prison system adds to stigma from other peers and that "there's some that slip through the cracks. They're not always recognized as having a mental health disorder," and that as far as officers with whom this participant has come into contact: "people just kind of shrug their shoulders and like it's not my problem or just really kind of disgust. There's kind of that chuckle like he's crazy…I have seen a lot of that." Participant 8 stated that in their opinion officers in general view those with mental illness as "that they're kind of sickos" and "just that they're crazy" and acknowledges that this is "kind of the culture."

Several participants also presented the viewpoint that while most law enforcement officers acknowledge that mental illness exists and is prevalent there is also the shared belief that at times mental illness is falsely reported by subjects. Participant 6 stated that,

"Typically the offenders trying to use mental illness is a excuse." Participant 4 stated, "The hard part for officers is to identify the ones that are truly suffering from a mental health crisis and those that are just making them up because they know how to play the system."

Participants further elaborated on the difficulty of recognizing symptoms by discussing the overall difficulty officers have in recognizing mental illness particularly with people falsely reporting mental illness as discussed above, but also recognizing mental illness symptoms versus drug related behavior. Participants presented that at times drug use seems so prevalent that drug use is automatically assumed verses a person experiencing symptoms of mental illness. For example, Participant 7 stated, "I think one of the biggest ones of all [stigmas]…anyone who is mentally ill coming into custody is somehow under the influence of methamphetamine. This participant also stated that, "I work in a low-income city and a lot of times were seeing those that are mentally ill are self-medicating." Participant 2 stated, "we have a lot of officers who think they know everything and they can sit back and kind of learn a little but too."

Subtheme 2.2. Positive culture (beliefs/ thoughts). The positive viewpoints pointed out by the interviewees were definitely less in number. Participant #4 stated, "we want to treat people like we would treat our own family members and stuff like that." Participant #4 also stated, "So I think as a whole, on a professional standpoint the profession itself needs to improve its overall training in mental health and just awareness of what it is." This person also stated that, "Officers, at least at my department, we know

it's a real issue. We definitely don't take it lightly." Participant #2 stated, "I treat everyone the same, fairly. And I mean that whole heartedly."

Theme 3: Formal Job-Related Training and Education

Interview questions in this area were straightforward and were used to obtain clear data regarding the actual training officers currently receive regarding mental illness. This assisted with exploring the formal training and education they have received, which is an obvious indicator of what knowledge they may have had. Some of the interview questions included the following:

- Did your officer training include training regarding mental illness? If so, what areas were presented (symptoms, behaviors, tactics to address persons with mental illness)?
- What types of training programs (content of training) are provided to officers regarding working with those with mental illness?
- Do you feel you were given enough/adequate training regarding handling offenders with mental illness? Why or why not? If not, what do you think should be added?
- How many hours/days of training in this area were provided to you prior to starting your job? How often do you participate in training regarding this subject?
- Have you been taught specific techniques/ interventions to utilize with people with mental illness? If so what types of interventions/techniques?

Subtheme 3.1: Quality of training. All eight participants stated that they were provided some education and training regarding mental health in their career; however, all eight stated that they did not feel overall their current or previous mental health training was sufficient; they all felt more training was necessary. For example, Participant 5 stated that "well, being that mental health has come so prevalent I still think that it needs to be conducted more than just our annual training" Participant 6 stated, " I see a lack of training from the officers in mental illness." Participant 4 also stated, "I'm really speaking to a lot of departments that are behind…unfortunately the reality is that not every department that is out there is operating like mine. So I think as a whole, on a professional standpoint the profession itself needs to improve its overall training in mental health and just awareness of what it is." Participant 3 stated, "What I mean as detailed training as far as mental illness, you're not going to get a lot of that until after the academy."

Subtheme 3.2: Quantity of training. Participants amount of training regarding mental illness varied by department as well as when they entered the profession. It seems that most of the participants received some amount of training prior to actually starting their position, but all eight participants agreed that they received more training after actually becoming an officer. Participant 4 reported 40 hours of training before and some training on mental illness annually as part of advanced officer training. This participant and a few others explained that advanced officer training is a certain number of hours of training they must complete each year. Some agencies mandate what must be included in this annual training such as stated by Participant 4 and Participant 6 (who do not work at

the same agency). For other agencies it is up to the individual officers themselves (such as reported by Participant 7) as to what training they want to receive, but training in mental health is always an option. An officer can choose to take advanced training in mental health even if it is not mandated by their specific agency. The number of hours required for agencies that do have mandatory mental health training seem to vary. For example, Participant 6 reported 4-8 hours annually, Participant 2 reported that there is about 1 hour of mental health training within the 40 hours of biannual training they are mandated to complete. On a positive note, both Participant 2 and Participant 7 stated that many officers do take advantage of the available but not mandated mental health training to which they have access. Participant 2 even stated, "I think based on the way society is and they way things are being perceived, I think they're gonna probably change that [mental health training] now. But in the past that's the way it's been."

However, participants who started their careers many years ago reported virtually no mental health training prior to starting their career. For example, when asked what type of training received prior to actually starting law enforcement, Participant 5 stated, "You know I don't remember there being any training. I cannot recall there being any education being given on mental health disorders." Participant 6 stated "When I was in the academy over thirty years ago, they didn't cover it [mental illness]. In 1986, I can tell you that we didn't have a [training] block on it." Participant 7 stated, "When I went through the jail academy [approximately in 2001], there was little to none as far as training goes on mental health and mental illness." Participant 1 stated, "The only time the training was given was if you were specifically assigned to an area with mentally ill

inmates" and that "if you weren't one of those officers, then you didn't get that training." Participant 1 elaborated stating, "I was on a night shift on a unit that had a lot of mental psych wards. I was never given any training specifically on how to deal with these inmates, these wards. Participant 3 stated, "What I mean as detailed training as far as mental illness, you're not going to get a lot of that until after the academy. . . . There really isn't a lot of it from the beginning."

Subtheme 3.3: Content. Topics covered during training is another significant subtheme that emerged. There was consensus among the data regarding what mental health topics are addressed in officer training such as recognizing symptoms, adapting to their environments, resource referral and interventions mostly related to communication techniques such as creating dialogue, use of repetition, speaking slowly and asking questions.

All eight participants reported that there are no special protocols regarding use of force when the subject has mental health issues. They presented that standard procedures would be used in those situations as safety and removing the threat of danger is always most important. All participants presented using general protocol in dangerous situations such as officer presence, calling for back up, communication interventions and using the least amount of force when possible and the least amount of force necessary to remedy the situation at that time. As Participant 6 stated, "use of force is discouraged but sometimes they're unavoidable." "When it comes to use of force…it is the same across the board" and "you only use enough force that is necessary." "It doesn't matter if they're

mentally ill or not. You just have to respond to the apparent danger at hand" according to Participant 8. Participant 2 stated that "safety is always gonna be number one."

Theme 4: Knowledge from other aspects. Questions in this area are presented in order to account for knowledge an officer may have but is not accounted for in the other areas. It is possible that an officer may have knowledge or even training outside of what their law enforcement agency has provided to them. For example, personal experiences, formal or informal education outside of law enforcement, or previous job experiences can all impact the knowledge an officer has which in turn can impact an officers beliefs and thus their actions and interactions. Questions in this area included:

- Do you have any personal (other than professional experience) experience with mentally ill persons? Please explain.
- Do you think your knowledge of mental illness has increased since you have been on your job? If so, what have you learned?
- Do you think your opinion of mental illness and people with mental illness has changed since you have been on your job? If so, what have you learned? If so, please describe.

Subtheme 4.1: On the job experience. "Hands on" or "on the job training" was also a significant theme participants brought up when asked about training. Numerous participants discussed that most of the knowledge and interventions they utilize when interacting with people with mental illness are based upon tactics they have learned in the course of performing their job. According to Participant 6, "so unless you have real life

experience or hands on experience, it's helpful but its more, you're just making officers aware." Participant 3 stated, "what I mean as detailed training as far as mental illness, you're not going to get a lot of that until after the academy and more hands on experience." Participant 4 also verbalized hands on experience as being a significant means as to how they have the knowledge that they do have regarding mental illness. Participant 1 stated, "I was on a night shift on a unit that had a lot of mental psych wards. I was never given any training specifically on how to deal with these inmates, these wards. A lot of it you learn from other officers."

Subtheme 4.2: Personal/life experience. Life experience is another theme the participants expressed as a factor in the knowledge officers do or do not have regarding mental illness. Participants 6 and 7 both discussed the importance of life experience in general for officers, especially young officers in being able to positively interact with people with mental illness. Participants 3, 4, and 5 discussed personal experiences with people with mental illness and how these personal experiences increased their knowledge, specifically in their ability to identify people experiencing mental health symptoms. Additionally, these three participants as well as participants 2 and 7 credited their personal experiences as the factors that created a sense of compassion and understanding for people with mental illness.

Theme 5: Improvements. As discussed in previous chapters, there has been little discussion and research regarding specific aspects wherein officers are deficient in their knowledge of mental illness. If the problem has not been fully established (what exactly is deficient in officer training?), then there has been little discussion or research on how

to solve the problem. Therefore, in this study participants were asked to provide their opinions on what needs to be done to improve officer knowledge and thus interactions with people with mental illness. Some of the questions asked were:

- Do you feel you were given enough/adequate training regarding handling offenders with mental illness? Why or why not? If not, what do you think should be added?
- In your training, were you instructed to handle situations with mentally ill persons differently than other offenders? If so, what were those instructions? If not, do you think there should have been or needs to be?

Subtheme 5.1: Training topics. Participants provided a significant amount of data regarding topics that need to be covered in order to improve their fund of knowledge and decrease negative interactions. The most significant aspect presented by the participants is in regards to assessing those with mental illness or recognizing symptoms. In other words, having more knowledge on how to recognize symptoms of mental illness and especially how to distinguish symptoms from drug use or someone pretending to have symptoms (malingering) was presented the most by participants as a factor that would be beneficial to improve. Participant 4 stated that more overall awareness is needed, as well as training on differentiating between real symptoms and people malingering symptoms. Participant 7 stated that more education on medications for mental illness and crisis intervention would be helpful as well in how to monitor prisoners with mental health needs and to better prevent self harm. The issue of

distinguishing symptoms of mental illness versus drug intoxication was a topic several officers discussed as being difficult and needing more education on.

Numerous participants also presented the idea that law enforcement is not the only people that need additional training regarding mental illness. Participant 5 and 2 present that patients themselves (people with mental illness) are also not very educated regarding mental illness. Other participants (4 and 5) suggested that the community overall is under informed regarding mental illness

Subtheme 5.2: Training quality. The study participants also provided feedback on aspects that would improve the quality of the training they receive such as having better informed instructors that are able to provide more detailed knowledge to officers. One participant, 7 stated, "I've been put through a lot of training. Unfortunately it's just not…a lot of the training that's out there is delivered by law enforcement, whereas I think it needs to be delivered by someone who understands …by a clinician that understands law enforcement." Participant 3 stated, "what I mean as detailed training as far as mental illness, you're not going to get a lot of that until after the academy…."

Subtheme 5.3: Training quantity. In addition to having better training, participants consistently noted that an increase in the amount of training provided would benefit officers' overall level of knowledge. All participants agreed that officers need more training and more frequently. Participant 2 stated that "more than just annual training that we used to get." Participant 4 even presented that community members need more information on mental health.

Subtheme 5.4: Collaboration with other agencies. Study participants consistently presented the opinion that there is a need for other agencies to assist officers in interacting with people with mental illness in the community as well in providing officers the knowledge they need to decrease the number of negative interactions. Participant 7 presented that there needs to be more clinicians available and more access to mental health resources. Several participants stated that they desired a more reliable response when requesting help from mental health professionals when situations called for such. Many of them expressed little to no ability to call on mental health professionals in crisis situations. Several agencies do not have a very effective plan for calling on mental health professionals when needed. For the agencies that do have a specific resource to contact, they discussed the difficulty in accessing those resources (e.g., after hours, there are only a few clinicians to handle a lot of calls so it may take awhile to assist them, the clinicians that do come to assist are not well knowledgeable professionally or personally for various reasons). Participant 7 stated, "a lot of the training that's out there is delivered by law enforcement, whereas I think it needs to be delivered by someone who understands …by a clinician that understands law enforcement." Obviously, accomplishing this would require collaborations between law enforcement departments and mental health agencies.

The idea is to have professionals from various educational backgrounds collaborate in order to address a wide variety of situations, and issues. This includes collaboration between various agencies such as police departments, mental health

departments and even ambulance services, hospitals and courts (Cummings & Jones, 2010; Gentz & Goree, 2003; Klein, 2002; Wellborn, 1999; Young et al., 2008).

Subtheme 5.5: Funding. Participant 7 stated that there needs to be more clinicians available and more access to mental health resources. This participant acknowledged that funding in these areas would need to be increased in order for these ideas to be accomplished. Additionally, in order to implement some of the ideas presented in the previous sections funding would also need to be addressed.

Summary

This chapter discussed all aspects related to the actual conduction of this study. Information was provided regarding the participants, the manner in which the data was collected, and how the data was analyzed. This chapter also presented the resulting themes that emerged from analyzing the data, which included five major themes:

1. personal thoughts and beliefs,
2. law enforcement Culture
3. formal job-related training and education,
4. knowledge from other aspects, and
5. improvement.

Quotes from the interviews were used to support the themes discovered from the data. Factors and precautions taken to improve the trustworthiness of the data were also presented in this chapter. In the following final chapter, interpretations of the findings will be presented as well as limitations of the study and future recommendations.

Chapter 5: Summary, Conclusion, and Recommendations

Introduction

This study was conducted to close the gap in the available literature regarding what specific knowledge officers do and do not have in regard to mental illness. Literature suggests that this lack of knowledge on part of the officers is the most significant factor in contributing to negative interactions between the two groups. By having more specific and significant information regarding deficits in officer knowledge regarding mental illness, the study may provide insight and information as to why interactions occurring between officers and those with mental illness often become negative. This may ultimately lead to improved training models to increase knowledge and decrease negative interactions between officers and people with mental illness.

This study produced five major themes as key findings regarding officer knowledge. One significant finding was that there is a lack of officer knowledge on how to recognize mental health symptoms versus drug use versus people faking symptoms (malingering). Another key finding was insufficient formal officer training and education in the area of mental illness and a heavy reliance on officers learning while performing their job duties. This lack of education and training perpetuates negative perspectives and stigmas regarding people with mental illness, such as that they are faking their symptoms (in order to manipulate the judicial system) or that they are simply drug users or weak or just crazy criminals. Another key finding was that personal experiences with people with mental illness positively impacted officer beliefs and attitudes towards people with mental illness.

Interpretations of Findings

The data from this research presented five major themes regarding officer knowledge:

1. Personal thoughts and beliefs,
2. law enforcement culture
3. formal job-related training and education,
4. knowledge from other aspects, and
5. improvement.

The interpretations of these finding are supported by the literature presented in Chapter 2 but more importantly extend knowledge in this area.

The study findings support several results presented in the literature. Scholars contend that there is a prevalence of mental illness among the criminal population, which makes contact between mentally ill persons and officers more likely to occur (Fisher et al., 2002; Kita, 2010; Sims, 2009). The findings from the study support this, as all eight participants confirmed that they do believe they have significant contact with people with mental illness.

The connection between alcohol and drug use among the mentally ill population presented in the literature is also substantiated by the findings of this study. Modestin and Wuermle (2005), indicated that "substance abuse plays an important role in the criminal behavior of patients with major mental disorders" (p. 28). The overlap between drug use and mental illness was presented by several participants in the course of this study.

In the literature review, information from Aron (2016) reported a spike in suicides at one of the CDCR state prisons. One significant reason cited to explain this increase in suicides and suicide attempts was the inadequate assessment of inmates who required immediate mental health care treatment. Michael Bien, a lead attorney in the *Coleman v. Brown* lawsuit against CDCR, also attributed the increase in suicides in part to poor management and supervision as well as a lack of successful training and implementation regarding best mental health care practices (Sewell, 2016). Findings from this research study support Hamilton's contention as all eight participants agreed that more officer training and education regarding mental illness is needed and that the current training is not as effective as it could be. A significant number of study participants acknowledged the difficulty (and thus lack of knowledge and skill) in recognizing (assessing) who needed mental health services and who did not. Research findings indicate that assessing and recognizing symptoms becomes even more difficult when drug use and malingering are factored in. One participant specifically stated that more training was needed on how to supervise inmates who are at risk for self-harm. Aron's (2016) data on increased suicides in CDCR correlated with research findings from this study.

In the literature review, several cases were presented of confirmed or alleged abuse or the use of excessive force on people with mental illness by of law enforcement, such as the cases of Darren Rainey, Robert Hinton, Ezell Ford, Reginald Doucet Jr., and Kelly Thomas. Research findings from this study did not support specific negative interactions, especially of the magnitude of these cases, but research findings in this area

are valuable to the discipline as the findings provide deeper insight into officer viewpoints regarding these types of situations. Findings indicated that in similar situations, officers often must make split second decisions and these decisions are often based upon limited knowledge of mental illness in general as well as the lack of specific knowledge about the subject they are encountering. In other words, officers do not always have the knowledge that a person has mental illness when they approach that person. Furthermore, as indicated in the previous chapter, findings indicate that officers have difficulty recognizing symptoms of mental illness in general, and when time is limited, assessment of mental illness is even more difficult to perform. Additionally, findings overwhelmingly indicate that safety is the primary concern for officers in dangerous situations and thus whether or not the person is a danger is what is assessed, not their mental health state. Participant 8 summarized this research finding the best regarding responding to dangerous situations: "It doesn't matter who or what they are. You just have to keep them safe, everyone else safe, regardless. Crazy people and sane people kill people so it really doesn't matter at this point."

The literature presents that one of the best ways to address the population of people with mental illness is to increase training in this area for the professionals working with this population the most, namely police officers (Boardman, 2010; Cummings & Jones, 2010; Gentz, & Goree 2003; Young et al., 2008; Wellborn, 1999). "Police are trained to enforce the law not necessarily interact with the mentally ill," therefore their assessment of mentally ill persons when coming into contact with them tends to be a "quick, superficial evaluation" (Wellborn, 1999, pp. 105-106). Lopez (2015) points out

that it is when officers need their training most in these serious and deadly incidents that their training fails them. “Perhaps training officers to improve the skills used to respond to citizens with mental illness can be enhanced” (Gentz & Goree, 2003, p. 17). The findings from my study confirm this literature as all participants supported the contention that they needed more training, especially in the area of assessing symptoms of mental illness in order to effectively address the mentally ill population.

The theoretical framework that was used in the completion of this study was Knowles theory of adult learning (1970). The initial steps and several of the assumptions found in Knowles theory of andragogy were implemented in the completion of this study (Knowles, 1970).

This study applied Knowles’ initial step in the education process for adults by identifying law enforcement officers as adult learners and thus assessing their current level of knowledge of mental illness in order to facilitate future learning as it applies to interacting with people with mental illness (Knowles, 1970). In other words, this study is essentially the practical implementation of Knowles theory in the form of an assessment of current police knowledge pertaining to mental illness in order to assist in future learning.

This study will aid in the future development of effective mental illness-related learning objectives for law enfacement training. Officers answered interview questions that provided data with respect to the quality and amount of formal training they received in the area of mental illness as well as the content of the training and specific training tactics such of use of force.

Knowles contended that learning should be a collaborative process between the educator and the adult student, allowing the adult learner to be an active and equal participant in the learning process (Knowles, 1970). “In andragogy, therefore, great emphasis is placed on the involvement of adult learners in a process of *self-diagnosis* of needs for learning” (Knowles, 1970, p. 67). This provided the framework for methods of this study. Directly interviewing officers allowed them to be active participants in the learning process by providing an opportunity for law enforcement to be part of the assessment process by engaging in self-diagnosis, which is also fundamental in establishing future learning objectives. This study provided such a diagnostic experience.

Two specific aspects of self-diagnosis presented by Knowles (1970), encompassed the ideas that this process involves: “providing diagnostic experiences in which the learner can assess his present level of competencies, “ which will aid in “helping the learner to measure the gaps between his present competences [and] experience a feeling of dissatisfaction about the distance between where he is and where he would like to be” (Knowles, 1970, p 58).

This study can also be viewed as a collaborative evaluation with the adult learner of the current learning of law enforcement officers on the topic of mental illness. During the interview, officers were asked to provide the value of the required department training. This offers data to assist in the evaluation of current department trainings in order to develop future training models that will meet the needs of law enforcement in ways traditional officer training models do not. This directly correlates to Knowles contention that “the strengths and weaknesses of the educational program itself must be

assessed in terms of how it has facilitated or inhibited the learning of the students. So evaluation is a mutual undertaking" (Knowles, 1970, p. 60).

Other significant components of Knowles (1970) learning theory were evident in the responses provided by the participants. Officers recalled and discussed life experiences that shaped their current level of knowledge of mental illness such as interactions they had with mentally ill persons both professionally and personally. Gathering data on the personal experiences of the participants provided an opportunity to establish internal factors that influenced interactions with people suffering from symptoms of mental illness. Knowles theory presents internal factors as significant to the learning process, thus such information was imperative in framework of the study (Knowles, 1990).

One key finding presented in the research results not confirmed in the literature review is the fact that personal experiences with people with mental illness impacted officer beliefs and attitudes towards people with mental illness, which in turn impacted the way they interacted with them professionally. Findings showed that officers were able to discuss an intimate personal experience with a person with mental illness, which indicated a more positive regard for people with mental illness and presented thoughts and feelings such as empathy, sympathy, care, and concern. In other words, the research findings suggest that when officers are able to experience mental illness on a personal level, they are better able to see the humanity in people with mental illness, This molds their beliefs and positively impacts their interactions with this population. Findings suggest that officers' personal and intimate knowledge of people with mental illness may

significantly and positively impact their interactions with them professionally, perhaps even more than professional training.

However, in the literature review, aspects of effective officer training regarding mental illness do correlate with the study findings that personal experiences are significant. Hands-on training that includes activities such as visiting acute psychiatric wards, going out on crisis calls, and experiencing virtual hallucinations are all cited as factors that positively influenced officer knowledge (Cummings & Jones 2010; Klein 2002). These have been proven as successful strategies in helping officers to be understanding and empathetic to those with mental illness (Boardman, 2010; Gentz & Goree, 2003).

Limitations of the Study

This study was limited to the experiences and beliefs of eight officers in southern California Law enforcement agencies. Thus, the geographic location utilized in this study is limited; therefore, information obtained may or may not be similar to information and experiences of officers in other geographic areas, especially in other states. Laws and policies vary by departments within the state and out of state thus the experiences, training, and beliefs of these eight participants may be correlated to the laws and policies of California or their specific agency. Given this fact, participants in other states and even other departments in California may provide different information, experiences, and data. Furthermore, as only eight law enforcement officials were interviewed, their thoughts and viewpoints, the data, may not be generalizable to even the same regions and agencies

represented in the study and do not represent the overall viewpoints of these departments or of law enforcement in general.

Another limitation in the conduction of this is that it focused only on officer knowledge as a possible factor contributing to negative interactions between officers and very often people with mental illness. However, there are numerous other factors that can contribute to negative interactions. But for the purposes of this study the only focus was on the aspect of officer knowledge including training and education (Nelson et al., 2013, p. 1).

Recommendations

As this study presented valuable information in numerous areas, there are various areas where recommendations can be made. The research results suggest that recommendations to increase the quantity and quality of officer training regarding mental illness would be appropriate. Specifically, according to study results, it would be recommended that this training be conducted by professionals who have knowledge in both mental health and law enforcement (as opposed to only law enforcement) and heavily inform officers on how to adequately assess symptoms of mental illness especially in comparison to drug use and people who are faking symptoms.

Future Research

Recommendations for future research would be to conduct studies with a larger number of participants as this study only consisted of eight participants. Studies focusing on one department at a time would also be useful. Researching other factors that may impact interactions between officers and people with mental illness would also be an

appropriate recommendation as the literature suggests other factors may impact interactions as well.

Implications

This study provides several positive implications for research in this area, the creation and implementation of policies and social change.

There has been significant documentation of the various negative interactions between law enforcement officers at all levels with people, many of which have mental illness. However there has been minimal research attempts to gather data on reasons why these negative interactions occur. This study serves as an initial step toward more empirical qualitative research being conducted on this topic, eventually leading to more effective policies and training models regarding law enforcement training on mental illness.

This study provides for numerous areas of possible positive social change, the most obvious being that with more information specifically on what knowledge law enforcement is or is not being provided, training models can be developed to increase their knowledge in areas in which they are deficient. Equipped with more knowledge (via education and training) perhaps officer beliefs, perceptions, and opinions will also be improved which will in turn improve interactions between officers and civilians in general but most importantly those with mental illness. This study provides some information on the baseline knowledge law enforcement has regarding mental illness and from here plans on how and in what areas to increase law enforcement knowledge can begin to emerge.

Other than the obvious positive possible outcome from this study (an increase in officer knowledge regarding mental illness and a decrease in the number of negative interactions between these two populations), there are other possibilities for positive social change. Improved interactions between officers and people with mental illness will improve conditions in prison and jail facilities, which will increase the success of treatment and rehabilitation for this population. Increased treatment success will decrease the number of mentally ill persons in prison and jail facilities. More successful treatment will also decrease recidivism rates and increase chances for success once they return to the community. Furthermore, with improved treatment, people with mental illness are less likely to be a danger to the community, which creates a safer community. Decreased recidivism rates and incarceration rates will also decrease the costs incurred by incarcerating such a large number of people. This will create revenue that can be utilized for other needs in the community.

Conclusion

Addressing the needs of people with mental illness is a significant and overwhelming task increasingly being handed over to law enforcement to handle as opposed to mental health professionals. Moreover, there is very little evidence to support that this dynamic will be changing any time soon especially when budgeting and funding issues are taken into consideration. Given this fact, coupled with such high instances of contact between law enforcement and mentally ill persons, it is imperative for both groups, that law enforcement is provided with the tools they need (knowledge) to effectively assist people with mental illness.

This study may initiate more empirical studies that attempt to explore reasons as to *why* many interactions are negative. The more information as to what factors influence negative interactions, the more can be done to mitigate those factors and decrease negative interactions.

References

American Civil Liberties Union. (2016). About us. Retrieved from https://www.aclu.org/about-aclu

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington VA.

Aron, H. (2016). Two California women's prison wardens "retire" in big housecleaning. *LA Weekly*. Retrieved from http://www.laweekly.com/news/two-california-female-prison-wardens-retire-in-big-housecleaning-7205711

Associated Press. (2015, Aug. 21). U.S. judge wants answers on backlog of mentally ill inmates. *The Washington Times*. Retrieved from http://www.washingtontimes.com/news/2015/aug/21/us-judge-wants-answers-on-backlog-of-mentally-ill-/

Associated Press. (2016). 1 in 5 psychiatric patients stuck in hospital, study shows. *St. Paul Pioneer Press*. Retrieved from http://www.twincities.com/2016/08/14/1-in-5-patients-in-minnesotas

Baker, D. (2009). Police confirmation of use of force in Australia: "To be or not to be?" *Crime Law and Social Change, 52*(2), 139–158. doi:10.1007/s10611-008-9180-y

Bellisle, M. (2016). Judge: Washington in contempt in mental health case. *The Washington Times*. Retrieved from http://www.washingtontimes.com/news/2016/jul/7/judges-washington-in-contempt-in-mental-health-cas/

Bernstein, S. (2016, September 29). California shooting show police ill-equipped to handle mentally ill. *Chicago Tribune*. Retrieved from http://www.reuters.com/article/us-usa-police-training-idUSKCN11Z14T

Birzer, M. L. (2004). Andragogy: Student centered classrooms in criminal justice programs. *Journal of Criminal Justice Education, 15*(2), 393-411 doi:10.1080/10511250400086041

Birzer, M.L. (2008). What makes a good police officer? Phenomenological reflections from the African-American community. *Police Practice and Research, 9*(3), 199-212. doi:10.1080/15614260701797488.

Birzer, M.L. & Tannehill, R. (2001). A more effective training approach for contemporary policing. *Police Quarterly, 4*(2), 233-252. Retrieved from http://pqx.sagepub .com/content/4/2/233

Blankstein, A. (2014, March 20). Family of gang member who died in police custody gets $3.2 million. *The Los Ángeles Times*. Retrieved from http://latimesblogs.latimes.com/lanow/2012/03/jury-awards-32-million-to-family-of-gang-member-who-died-in-lapd-custody.html

Boardman, L. (2010, May/June). First aid for mentally ill or emotionally disturbed persons. *Law Enforcement Publications and Conferences.* Deerfield, IL: Hendon Media Group. Retrieved from: http://www.hendonpub.com/resources/article_archive/results/details?id=1730

Bouman, Y. H. A., de Ruiter, C., & Schene, A. H. (2010). Social ties and short-term self-reported delinquent behaviour of personality disordered forensic outpatients.

Legal & Criminological Psychology, 15(2), 357-372. doi:10.1348/135532509X444528

Brown, J. (2015, May 19). Scalding shower death in Dade County prompts federal probe. *Miami Harold*. Retrieved from http://www.miamiherald.com/news/special-reports/florida-prisons/article21429693.html

California Department of Corrections & Rehabilitation. (2013, February). *CDCR's mental health treatment for inmates*. Retrieved from http://www.cdcr.ca.gov/DHCS/Mental_Health_Program.html

California Department of Mental Health. (2009). Office of strategic planning and policy (OSPP). Retrieved from http://www.dmh.ca.gov/OSPP/default.asp

Carey, B. (2016). An alternative form of mental health care gains a foothold. *The New York Times.* Retrieved from https://www.nytimes.com/2016/08/09/health/psychiatrist-holistic-mental-health.html?_r=0

Chan, Z. C. Y., Fung, Y., & Chien, W. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process? *Qualitative Report, 18*(59), 1–9.

Chang, C., & Rubin, J. (2015, August 5). After years of scandal, LA jails get federal oversight, sweeping reforms. *The Los Angeles Times*. Retrieved from: http://www.latimes.com/local/lanow/la-me-ln-federal-jail-oversight-20150804-story.html

Chenail, R. J. (2010). How to read and review a book like a qualitative researcher. *Qualitative Report*, *15*(6), 1643–1650. Retrieved from http://nsuworks.nova.edu/tqr/vol15/iss6/20

Chenail, R. J. (2011a). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *Qualitative Report*, *16*(1), 255–262. Retrieved from http://nsuworks.nova.edu/tqr/vol16/iss1/16

Chenail, R. J. (2011b). Ten steps for conceptualizing and conducting qualitative research studies in a pragmatically curious manner. *Qualitative Report*, *16*(6), 1715–1732. Retrieved from http://nsuworks.nova.edu/tqr/vol16/iss6/13

Chèze, M., Muckensturm, A., Hoizey, G., Pépin, G., & Deveaux, M. (2010). A tendency for re-offending in drug-facilitated crime. *Forensic Science International, 196,* 14-17. doi:10.1016/j.forsciint.2009.12.037

Clayton, J. (2012). Rehabilitation, recidivism, and the virtual world: A futures study. *American Jail, 25,* 33-38.

Cook, K. (2016, June 22). Bill takes risks with lives of people in mental health crisis: Guest commentary. *The Los Angeles Times*. Retrieved from http://www.dailynews.com/opinion/20160622/bill-takes-risks-with-lives-of-people-in-mental-health-crisis-guest-commentary

Countertransference. (2016). In *Merriam-Webster's online dictionary* (11th ed.). Retrieved from https://www.merriam-webster.com/dictionary/countertransference

Craissati, J., South, R., & Bierer, K. (2009). Exploring the effectiveness of community sex offender treatment in relation to risk and re-offending. *Journal of Forensic Psychiatry & Psychology, 20*(6), 769-784. doi:10.1080/14789940903174105

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Cummings, I., & Jones, S. (2010). Blue remembered skills: Mental health awareness training for police officers. *Journal of Adult Protection, 12*(3), 14-19. doi:10.5042/jap.2010.0410

Edmonds, W., & Kennedy, T. (2017). *An applied guide to research designs quantitative, qualitative, and mixed designs* (2nd ed.). Los Angeles, CA: Sage Publications.

Eide, P., & Kahn, D. (2008). *Ethical issues in the qualitative researcher–Participant relationship*. Thousand Oaks, CA: Sage Publications.

Espinoza, M., & Johnson, J. (2016). *Sonoma county jail officials acknowledge mental health shortcomings, defend care*. Retrieved from http://www.pressdemocrat.com/news/5627391-181/sonoma-county-jail-acknowledges-some?artslide=0

Evans, E., Longshore, D., Prendergast, M., & Urada, D. (2006). Evaluation of the substance abuse and crime prevention act: Client characteristics, treatment

completion and re-offending three years after implementation. *Journal of Psychoactive Drugs, Suppl 3*(38), 357-367.

Farabee, D., Bennett, D., Garcia, D., Warda, U., & Yang, J. (2006, June 30). Final report on the mental health services continuum program of the California Department of Corrections and Rehabilitation—Parole Division. Retrieved from http://www.cdcr.ca.gov/Adult_Research_Branch/Research_Documents/MHSCP%20Final%20Report%20(3).pdf

Faturechi, R., & Leonard, J. (2012, September 28). LA county jail violence sheriffs' fault, panel says. *The Los Angeles Times*. Retrieved from http://articles.latimes.com/2012/sep/28/local/la-me-jails-20120929

Feemster, S. (2010). Addressing the urgent need for multi-dimensional training in law enforcement. *Forensic Examiner, Fall*, 44-49.

Fellner, J. (2016). How to keep the mentally ill from getting behind bars. *The New York Times*. Retrieved from https://www.nytimes.com/roomfordebate/2016/05/09/getting-the-mentally-ill-out-of-jail-and-off-the-streets/how-to-keep-the-mentally-ill-from-getting-behind-bars

Fisher, W. H., Packer, I. K., Banks, S. M., Smith, D., Simon, L. J., & Roy-Bujnowski, K. (2002). Self-reported lifetime psychiatric hospitalization histories of jail detainees with mental disorders: Comparison with a non-incarcerated national sample. *Journal of Behavioral Health Services and Research, 29*(4), 458-465. doi:10.1007/bf02287351

Gaines, L. K., & Kappeler, V. E. (2008). *Policing in America*. New York, NY: Routledge.

Gaum, G., Hoffman, S., & Venter, J. (2006). Factors that influence adult recidivism: An exploratory study in Pollsmoor prison. *South African Journal of Psychology, 36*(2), 407-424. doi:10.1177/008124630603600212

Gentz, D., & Goree, N. (2003). Moving past what to how: The next step in responding to individuals with mental illness. *FBI Law Enforcement Bulletin*, *72*(11), 14-18. doi:10.1037/e314602004-001

Gibbons, J. J., & Katzenbach, N. (2011). Confronting confinement: A report of the commission on safety and abuse in America's prisons. *Federal Sentencing Reporter, 24*(1), 36-41. doi:/10.1525/fsr.2011.24.1.36

Gould, J. (2011, September 29). As California fights prison overcrowding some see a golden opportunity. *Time Magazine*. Retrieved from http://www.time.com/time/nation/article/0,8599,2099,209484,00.html

Grann, M., Danesh, J., & Fazel, S. (2008). The association between psychiatric diagnosis and violent re-offending in adult offenders in the community. *BMC Psychiatry, Suppl 1*(8), 92-98. doi:10.1186/1471-244X-8-92

Hare, B., & Rose, L. (2016, September 26). Pop. 17,049: Welcome to America largest jail. *CNN: This is Life with Lisa Ling*. Retrieved from http://www.cnn.com/2016/09/22/us/lisa-ling-this-is-life-la-county-jail-by-the-numbers/

Hicks, J. (2016). Mental-health advocates say Maryland desperately needs more hospital staff. *The Washington Post*. Retrieved from https://www.washingtonpost.com/ local/md-politics/mental-health-advocates-say-maryland-desperately-needs-more-hospital-staff/2016/08/08/b258ce6a-5d08-11e6-af8e-54aa2e849447_story.html?utm_term=.6141688907ce

Jacewicz, N. (2016). With no insanity defense, seriously ill people end up in prison. Retrieved from http://www.npr.org/sections/health-shots/2016/08/05/487909967/with-no-insanity-defense-seriously-ill-people-end-up-in-prison

Jamieson, S. (2016, September 22). Staff were 'desensitized to self-harm at psychiatric hospital where boy, 15, died. Retrieved http://www.telegraph.co.uk/news/2016/09/22/staff-were-desensitised-to-self-harm-at-psychiatric-hospital-whe/

Kearney, K. (2013, April). *California defies court-ordered prison population reduction*. International Committee of the Fourth International. Retrieved from https://www.wsws.org/en/articles/2013/04/25/pris-a25.html

Kim, V. (2014, May 15). Court told of inmate's letter. *The Los Angeles Times*, AA1, AA6.

Kita, E. (2010). Potential and possibility: Psychodynamic psychotherapy and social change with incarcerated patients. *Clinical Social Work Journal, 39*(1), 9-17. doi:10.1007/s10615-010-0268-3

Kjelsberg, E., Rustad, Å., & Karnik, N. (2009). Low internalized restraint predicts criminal recidivism in young female prisoners. *Criminal Behaviour & Mental Health, 19*(5), 298-307.

Klein, M. (2002, Feb). Law enforcement response to people with mental illness. *Law Enforcement Bulletin, 71*(2), 11.

Knowles, M. (1970). *The modern practice of adult education: From pedagogy no andragogy.* Cambridge, NY: Cambridge Book Company.

Knowles, M. (1975). *Self-directed learning: A guide for learners and teachers.* Chicago: Follett Publishing Company.

Knowles, M. (1980). *The modern practice of adult education: Andragogy versus pedagogy. Rev. and updated ed.* Englewood Cliffs, NJ: Cambridge Adult Education.

Knowles, M. and Associates (1984). *Andragogy in action: Applying modern principles of adult learning.* San Francisco: Jossey-Bass.

Knowles, M. S., Holton, E. F., & Swanson, R. A. (2012). *The adult learner.* (7th ed). New York, NY: Routledge.

La Fond, J., & Durham, M. (1992). *Back to the asylum*. New York, NY: Oxford University Press.

Lopez, G. (2015, November 25). The Chicago police shooting of Laquan McDonald: 5 cops could be fired over killing of black man. *Vox.* Retrieved from http://www.Vox.com/explainers/2015/11/24/9796704/Laquan-McDonald-police-shooting-Chicago

Mahler, T., & Gerard, B. (2001). The recovery model: A conceptual framework and implementation plan, *Contra Costa County Mental Health Recovery Task Force*, *October, 2001*, 1-8.

Martin, A., Hernandez, B., Hernandez-Fernaud, E., Arregui, J., & Hernandez, J. (2010). The enhancement effect of social and employment integration on the delay of recidivism of released offenders trained with the R&R program. *Psychology, Crime & Law, 16*(5), 401-413.

McDougal, D. (1996). *The anatomy of a true tragedy: In the best of families*. New York, NY: Warner Bros.

Reaves, B. A. (2010). *Local police departments, 2007*. Retrieved from http://www.bjs.gov/content/pub/pdf/lpd07.pdf

Risley, L., & McKee, S. (2013). Andragogical Methods Applied to Adult Learning Environments: Adult Education for Adult Learners in and out of the Traditional Classroom. Presented at the Research-to Practice Conference in Adult and Higher Education, Lindenwood University, St. Charles, MO

McPherson, W. (2008). Managing the mental health population at the Broward sheriff office. *Corrections Today, 70*(3), 62–67.

Medina, J. (2011, September 28). Report details wide abuse in Los Angeles Jail system. *The New York Times.* Retrieved from http://www.nytimes.com/2011/09/28/us/aclu-suit-details-wide-abuse-in-los-angeles-jail-system.html

Merriam, S. B., & Associates. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.

Miami-Dade uses advanced training for responding to mentally ill. (2006, September). *Crime Control Digest, 40*(35), 1-2.

Miner-Romanoff, K. (2012). Interpretive and critical phenomenological crime studies: A model design. *Qualitative Report, 17*(54), 1-32.

Modestin, J., & Wuermle, O. (2005). Criminality in men with major mental disorder with and without comorbid substance abuse. *Psychiatry and Clinical Neurosciences, 59*(1), 25-29. doi:10.1111/j.1440-1819.2005.01327.x

Moraff, C. (2016). The worst way to address mental illness. *The Crime Report.* Retrieved from https://thecrimereport.org/2016/08/09/the-worst-way-to-address-mental-illness/

Morse, S. (2011). Mental disorder and criminal law. *Journal of Criminal Law and Criminology, 101*(3), 885-943.

Murphy, E. (1996). The past and future of special hospitals. *Journal of Mental Health, 5*(5), 475-482. doi:10.1080/09638239619158

Nelson, J. A., Onwuegbuzie, A. J., Wines, L, A., & Frels, R. K. (2003). The therapeutic interview process in qualitative research studies. *Qualitative Report, 18*(79), 1-17

Office of the Inspector General (2011). Special Report. Retrieved from http://www.ca.allgov.com/departments/office-of-the-governor/office_of_the_inspector_general

Ono, N. (2016, September 15). *CA Fwd jail study on mentally ill offenders in Riverside County receive high marks*. Retrieved from http://cafwd.org/reporting/entry/ca-fwd-jail-study-on-mentally-ill-offenders-in-riverside-county-receives-hi

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Pedersen, T. (2015). Psychosis seldom leads to violence. *Psych Central*. Retrieved from http://psychcentral.com/news/2015/05/13/ psychosis-seldom-leads-to-violence/84572.html

Phelps, M. (2011). Rehabilitation in the punitive era: The gap between rhetoric and reality in US prison programs. *Law and Society Review, 45*(1), 33-68. doi:10.1111/j.1540-5893.2011.00427.x

Pinion-Whitt, M. (2013, March 14). Rialto police officer cleared in shooting. *The San Bernardino County Sun*. Retrieved from http://www.sbsun.com/article/ ZZ/20130314/NEWS/130318424

Pishko, J. (2016). The system failed her; behind a suicide spike at a California women's prison. *The Guardian*. Retrieved from https://www.theguardian.com/us-news/2016/may/10/suicide-california-womens-prison-mental-health https://www.theguardian.com/us-news/2016/may/10/suicide-california-womens-prison-mental-health

Reginald Doucet Jr., 25. (2011, January 18). *The Los Angeles Times*. Retrieved from http://homicide.latimes.com/post/ reginald-doucet-jr-jr/

Rocha, V., Paravini, S., & Winton, R. (2016, September 28). El Cajon police say black man was holding vape smoking device in hand when officers fatally shot him. *Los Angeles Times.* Retrieved from http://www.latimes.com/local/lanow/la-me-ln-unarmed-el-cajon-fatal-shooting-20160928-snap-story.html

Roth, M. (2005). *Crime and punishment: A history of the criminal justice system*. Belmont, CA: Wadsworth, Thomson Learning.

Ruane, C. (2014, July 5). California highway patrol officer accused of police brutality. *Atlanta Journal Constitution*. Retrieved from http://www.ajc.com/news/crime-law/california-highwat-patrol-officer-accused-police-b/ngZQS

Rubin, J. (2012, October 2). Jury awards $3.2 million to woman shot by LAPD. *The Los Angeles Times*. Retrieved from http://latimesblogs.latimes.com/lanow/2012/10/jury-awards-32-million-to-woman-shot-by-lapd.html

Rubin, J. (2014, May 15). Report raises doubts about ambush of 2 LAPD officers. *The Los Ángeles Times,* AA1-AA2.

Ruth, H., & Reitz, K. (2003). *The challenge of crime; Rethinking our response*. Cambridge MA: Harvard University Press.

Rydell, J. (2016). *Judge demands answers about delayed commitment of inmates ordered to psychiatric hospitals*. Retrieved from http://foxbaltimore.com/news/local/judge-demands-answers-about-delayed-commitment-of-inmates-ordered-to-psychiatric-hospitals

Salvo, C., & Frère, E. (2016, September 28). *Knott's closes Halloween attraction after complaints from mental health advocates*. Retrieved from http://abc7.com/news/knotts-closes-halloween-ride-after-mental-health-advocates-protest/1530097/

Sederer, L. I. (2016). A prescription for mental health in America. *The Huffington Post.* Retrieved from http://www.huffingtonpost.com/lloyd-i-sederer-md/a-prescription-for-mental-health-in-america_b_7156966.html

Sewell, A. (2013, March 7). Court won't toss charges against ex-cop in Kelly Thomas death. *The Los Angeles Times*. Retrieved from http://latimesblogs.latimes.com/lanow/2013/03/kelly-thomas-officer-appeal-denied.html

Sewell, A. (2015, August 18). County supervisors to revisit jail plan after outcry over surprise vote. *The Los Angeles Times*. Retrieved from http://www.latimes.com/local/lanow/la-me-ln-jail-plan-brown-act-20150818-story.html

Sims, G. L. (2009) The criminalization of mental illness: How theoretical failures create problems in the criminal justice system. *Vanderbilt Law Review, 62*(3), 1053-1083.

Sircar-Ramsewak, F. (2010). Qualitative health research: A beginner's guide. *Qualitative Reports, 15*(6), 1602–1605.

St. John, P. (2013, October 31). Tapes show inmates forced from cells by guards using pepper spray. *The Los Angeles Times*. Retrieved from http://www.latimes.com/local/political/la-me-pc-prison-inmate-pepper-spray-20131031-story.html

St. John, P. (2014, January 10). Population of prisons to increase. *The Los Angeles Times*, A1–A2. Retrieved from http://articles.latimes.com/2014/jan/10/local/la-me-ff-prisons-20140110

St. John, P. (2015). Judge tells California to explain empty psychiatric beds while prisoners wait for care. *The Los Angeles Times*. Retrieved from http://www.latimes.com/local/political/la-me-judge-orders-california-explain-empty-psych-beds-mentally-ill-prisoners-20150821-story.html

St. John, P. (2016, January 5a). A revealing look at California's death row. *The Los Angeles Times.* Retrieved from http://www.latimes.com/local/lanow/la-me-ln-death-row-html-20160104-htmlstory.html

St. John, P. (2016, June 5b) On California's death row too insane to execute. *The Los Angeles Times.* Retrieved from http://www.latimes.com/projects/la-me-ln-death-row/

Teaching Excellence in Adult Literacy. (2011). TEAL Center Fact Sheet No. 11: Adult Learning Theories. *Adapted from the CALPRO Fact Sheet No. 5, Adult Learning Theories. Author: Mary Ann Corley*

Thompson, D. (2016). California wardens retire amid prison abuse, suicide claims. *Associated Press.* Retrieved from https://www.democraticunderground.com/11681774

Tilsen, J., & Nylund, D. (2008). Psychotherapy research, the recovery movement and practice-based evidence in psychiatric rehabilitation. *Journal of Social Work in Disability & Rehabilitation 7*(3/4), 340-354.

Timpf, J. L. (2014). Training police officers to meet the demands of public expectations. *The Bill Blackwood Law Enforcement Management Institute of Texas.* Irving TX.

Unluer, S. (2012). Being an inside researcher while conducting case study research. *Qualitative Report, 17*(58), 1-14.

U.S. Department of Health and Human Services. (2015). *National consensus statement on mental health recovery*. Retrieved from http://www.samhsa.gov

U.S. Department of Justice (2012). *FY 2012 Performance and accountability report*. Retrieved from https://www.justice.gov/ag/fy-2012-performance-and-accountability-report

Vives, R., Mahler, K., & Winton, R. (2014, August 14). LAPD shooting of mentally ill man stirs criticism, questions. *The Los Angeles Times*, AA1, AA4.

Warburton, K. (2014, July). The new mission of forensic mental health systems: Managing violence as a medical syndrome in an environment that balances treatment and safety. *CNS Spectrums, 19*(5), 368-373. doi:10,1017/S109285291400025X

Webb, J. (2009). Now is the time to reform our criminal justice system. *Criminal Justice Ethics, 28*(2), 163-167.

Wellborn. (1999). Coping with the mentally ill: A problem law enforcement must confront. *ProQuest Criminal Justice, 47*(10), 105.

Williams, W., Mewse, A., Tonks, J., Mills, S., Burgess, C.. & Cordan, G. (2010). Traumatic brain injury in a prison population: Prevalence and risk for re-offending. *Brain Injury, 24*(10), 1184–1188. doi:10.3109/02699052.2010.495697

Winerip, M. (2015, January 21). Rikers officers who hogtied and beat an inmate in 2012 are fired. *The New York Times*. Retrieved from https://www.nytimes.com/2015/01/22/nyregion/rikers-officers-who-beat-an-inmate-in-2012-are-fired.html

Winton, R. (2012, September, 18) Fullerton police to declare Kelly Thomas innocent of wrongdoing. *The Los Angeles Time*s. Retrieved from

http://latimesblogs.latimes.com/ lanow/2012/09/fullerton-pd-to-declare-kelly-thomas-innocent-of-wrongdoing-.html

Xu, M., & Storr, G. (2012). Learning the concept of researcher as instrument in qualitative research. *Qualitative Report, 17*(42), 1-181

Young, A. T., Fuller, J., & Riley, B. (2008). On-scene mental counseling provided through police departments. *Journal of Mental Health Counseling, 30*(4), 345-361. doi:10.17744/mehc.30.4.m125r35864213208

Young, D. S. (2003). Co-occurring disorders among jail inmates: Bridging the treatment gap. *Journal of Social Work Practice in the Addictions, 3*(3), 63-85. doi:10.1300/j160v03n03_05

Appendix A: Qualitative Interview Assessment

Law Enforcement Knowledge Regarding Mental Illness & People w/ Mental Illness

1. What are your overall personal beliefs regarding people with mental illness? Do you believe mental illness exists? If so what types do you believe exist?
2. How often do you think you come into contact with people with mental illness?
3. Do you think special considerations should be made for people w/ mental health concerns as compared to those that do not have mental health concerns?
4. Did your officer training include training regarding mental illness? If so, what areas were presented (symptoms, behaviors, tactics to address persons with mental illness, etc.)? (content of training)
5. In your training, were you instructed to handle situations with mentally ill persons differently than other offenders? If so, what were those instructions? If not, do you think there should have been or needs to be?
6. Do you feel you were given enough/adequate education and training regarding handling offenders with mental illness? Why or why not? If not, what do you think should be added?
7. How many hours/days of training in this area were provided to you prior to starting your job? How often do you participate in training regarding this subject?
8. Do you have any personal experience (other than professional experience) with mentally ill persons? Please explain.

9. Overall, in your agency, what do you think are officers' beliefs regarding mental illness/people with mental illness? How do you know (Are these beliefs actually stated or implied)? (cultural)
10. What type of interactions have you observed between officers and mentally ill offenders?
11. In your opinion, are there any stigmas concerning people with mental illness? If so, please explain what they are. If so, are these discussed during training?
12. Does mental illness affect behavior/criminality? If so, how?
13. How do you address dangers associated with mental illness? Have you been trained regarding this? If so, what is the instruction?
14. How do you respond to family members of those with mental illness? Have you been trained regarding this? If so, what is the instruction?
15. What are the use of force guidelines regarding people with mental illness in your department?
16. Do you think your knowledge of mental illness has increased since you have been on your job? If so, what have you learned?
17. Have you been taught specific techniques/ interventions to utilize with people with mental illness? If so what types of interventions/techniques?
18. Do you think your opinion of mental illness and people with mental illness has changed since you have been on your job? If so, what have you learned? If so Please describe.

19. Do you believe officers should handle situations involving people with mental illness? Please explain.

Appendix B: Invitation to Participate

Greetings!

My name is Nashira Funn. I am a doctoral candidate in the school of Public Policy and Administration with a Specialization in Criminal Justice at Walden University. I am an alumnus of Loma Linda University's Masters of Social Work program. Currently I am a Licensed Clinical Social Worker (LCSW) with the State of California at Patton State Hospital. I provide forensic clinical mental health treatment for individuals who have been deemed Incompetent to Stand Trial (PC 1370) or convicted of crimes but deemed Not Guilty by Reason of Insanity (PC 1026) and other similar codes that require them to be treated in a state mental hospital instead of being placed in a county jail facility, a state correctional facility (CDCR), or parole.

I am doing a research study on law enforcement officers' self-reported knowledge regarding mental illness in general and people with mental illness. Specifically, I am interested in identifying the thoughts, beliefs and education law enforcement officers have that impacts their interactions with this population. There has been recent national attention on the policing profession regarding negative interactions between law enforcement and people in the community. However there has been little opportunity for law enforcement officials to provide their thoughts on the subject. Given the prevalence of criminals with mental illness, I think that it is important to look at aspects concerning how these two factors are connected and what better people to ask than those in law enforcement themselves. I hope this research will decrease negative interactions between these two populations and start a productive collaborative relationship between law enforcement agencies, mental health and people with mental illness. I would like to focus on local law enforcement agencies here in Southern California.

I am contacting you because I would like you to consider participating in this study. Participants will include 8 - 11 law enforcement officers, preferably from various agencies in Southern California. I expect recorded interviews to last approximately 45 minutes. All interviews will be conducted at a time and location that is convenient to each participant; by phone or in person. The identities of all participants will remain completely anonymous. Participants will be provided with more information prior to beginning the study and provide consent in writing. At any point one wishes to no longer participate in the study they may do so. I anticipate starting interviews in March 2017.

If you approve, I would request that you provide me with the attached information by email or in person. I am happy to answer any questions you may have, and can be reached at (909) 685 6224 or nashira.funn@waldenu.edu. I look forward to your response.

Thanks you for your time,
Nashira Funn, LCSW

Appendix C: Participant Demographic Form

Information from this form will only be used to provide general information regarding the people interviewed for this study. All information is confidential. Please do not put any identifying information on this form.

1. Please list all law enforcement agencies you have been employed with starting with the most recent/current agency:

_____

2. Total number of years you have been in the field of law enforcement:

_____

3. Please state your current title or most recent title (e.g. officer, sheriff, chief, etc.):

_____ _____

4. Current age:

_____

5. Please circle highest level of education:

a. GED
b. High school
c. Trade school
d. Some college
e. 4 year degree
f. Some graduate school
g. Completed graduate school

6. Are you currently retired from law enforcement (please circle one): a. Yes b. No

7. Please list the ethnicity/culture(s) that you most closely identify with:

_____

8. Please list the gender you most closely identify with:

_____

9. If applicable, please list the religion/spiritual group you most closely identify with:

_____