

**Law Enforcement and Critical Incident Training**

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## **Dedication**

This dissertation is dedicated to my daughter Madison Grace. When she was around the age of three years she was diagnosed with Autism, and together we navigated a journey and made a great life for us. Madison, you have taught me so much, and I am proud to be your mom. I love you to the moon and back.

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### **Abstract**

This research study is a convergent mixed methods design study focusing on Critical Incident Training and Law Enforcement involvement with People with Mental Illness (PwMI). The Southern New Hampshire police department in this study has approximately 201 officers and the city has a population of around 114,00 citizens. The exact number of people with mental illness (PwMI) is unknown due to unreported illnesses.

Approximately 1,000 people in the United States were fatally shot by police officers during 2018, and people with mental illness (PwMI) were involved in 25 percent of these fatalities (Rogers MS, McNeil DE, Binder RL, 2019). Critical Incident Training (CIT) teaches law enforcement how to understand, interact, and aid a PwMI. CIT is a 40-hour training class taught by mental health professionals to aid officers with the tools they need. A CIT team is comprised of a mental health worker and a police officer and together they go into the community when needed and bring mental health aid to PwMI.

The CIT certified officers in this study completed a Qualtrics survey of 25 questions and eight of the CIT officers were interviewed to find out their thoughts to 14 questions. This was done to find out if CIT is good mental health training for this Southern NH police department. The CIT officers involved in this study were in favor of their coworkers being trained in CIT as it was deemed a useful tool to add to their skillset.

## **Chapter 1: Statement of the Problem**

This chapter will focus on the issues surrounding persons with mental illness (PwMI) and law enforcement. Also, the issues with overcrowding jails and jail diversion programs to reduce PwMI in jail will be covered. This chapter will discuss what Crisis Intervention Team (CIT) is, and what it does, and how it affects police officers' responses to PwMI.

### **Introduction**

Approximately 1,000 people in the United States were fatally shot by police officers during 2018, and people with mental illness (PwMI) were involved in 25 percent of these fatalities (Rogers MS, McNeil DE, Binder RL, 2019). Crisis Intervention Team (CIT) training is a specialized police curriculum that aims to reduce the risk of severe injury or death during an emergency interaction between PwMI and police officers (Rogers MS, McNeil DE, Binder RL, 2019).

The United States correction system has been experiencing a higher percentage of inmates with mental health illnesses than other inmates incarcerated in the United States Corrections System (National Alliance on Mental Illness, 2019). Approximately two million times each year, people with serious mental illness are booked into jail (NAMI, 2019). The population of incarcerated female offenders exhibiting and diagnosed with some form of mental illness is approximately 66 percent of the female population in the corrections system. The percentage of males incarcerated exhibiting and diagnosed with mental health illness is around half of the number of women imprisoned with mental illness. (NAMI, 2019)

Over the past few decades, the disproportionate involvement of persons with severe mental health illnesses in the criminal justice system has captured the attention of academics, advocates, policymakers, and practitioners as well as members of law enforcement. There has been a significant focus from news outlets and other media entities centered on issues involving police, police brutality, and offenders being treated inappropriately while in the public eye. The news and media outlets are reporting that police are not being held accountable for injuries and even the death of people in police custody. This focus is due to a high number of PwMI being injured or killed and police injuries or death during these events making national headline news coverage. Recent events making headline news involve PwMI, law enforcement and the unfortunate outcomes when police and PwMI are in a crisis resulting in death.

The CIT system was drafted, developed, and implemented to try and create a set of practices to help combat the awkward, aggressive approach officers were using when approaching PwMI. In 2008 the Crisis Intervention Teams (CIT) program was piloted in the Memphis Police Department by Major Sam Cochran and Dr. Randy DuPont. The program has gained national recognition and interest as a 'best-practice' for pre-booking diversion of PwMI or intellectual disability (ID). The CIT model mobilizes sworn officers who have received intensive mental health training to provide on-scene crisis intervention services and disposition (Franz & Borum, 2010). The Memphis Model CIT program was the first primary police-based response model and has served as an example for other cities developing their CIT programs (Franz & Borum, 2010).

Critical Incident Training is a 40-hour training class taught to law enforcement personnel to aid and provides them with skills, tactics, and resources when encountering a PwMI. After

completion of the 40-hour training class the officer becomes part of the CIT Team. CIT is used for both Critical Incident Training as well as Critical Incident Team. A CIT program should help PwMI, and law enforcement connect with services and treatment for the PwMI. Building a relationship between mental health professionals and law enforcement aids PwMI in getting the services and treatment they might otherwise not receive. CIT aims at redirecting PwMI from going into the judicial system and guiding them to the health care system.

The CIT method involves using CIT trained officers and mental health professionals such as mental health workers and counselors to assess and assist law enforcement in the de-escalation of a person exhibiting a mental health breakdown or an episode. Mental health workers, in conjunction with law enforcement, can utilize a trained group effort in contacting the PwMI when conversing, approaching, and de-escalating a PwMI in a time of need. Additional professionals, such as mental health workers, nurses, ambulance personnel, and other professional community partners can fill the void left when an officer lacks the knowledge of PwMI tactics. The use of the CIT model improves safety outcomes for officers as well as the subject suffering from mental health issues. Other benefits of using the CIT model include:

- Reduction in the number of arrests involving people with mental health issues (Jones & Sawyer, 2019).
- It is likelihood that the subject with mental illnesses will get the proper mental health and medical services they need (Jones & Sawyer, 2019).
- Improving officer attitude and knowledge about mental health illnesses through training (Jones & Sawyer, 2019).



- Additional references that provide law enforcement with more tools to do their jobs safely and effectively when dealing with a PwMI (Jones & Sawyer, 2019).
- Anticipated reduction in officer injuries when responding to mental health crisis calls (Jones & Sawyer, 2019).

### **Critical Incident Team (CIT)**

There are several advantages to the CIT program:

- Clarifies lines of responsibility (SAMSA, 2018)
- Increases health care referrals (Dupont, Cochran, 2000)
- Lowers arrest rates (Steadman et al., 2000)
- Changes attitudes/perception (Borum, et al., 1998)
- Reduces injuries to officers, use of force (Dupont, Cochran, 2000)

In summary, CIT is an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships. CIT provides law enforcement-based crisis intervention training for assisting those individuals with mental illness and improves the safety of patrol officers, people with mental illness, family members, and residents within the community (Almendarez, Jessica, Kunard, Laura, p.39, 7/2020).

CIT training can assist an officer in assessing if someone with whom the officer is interacting has a disability. There are three identifying characteristics: communication, behavior, and interaction. When identifying a disability in contact, an officer will be able to identify a lack of vocabulary, speech impairment, difficulty answering questions, and a short attention span. The second area is behavior. An officer may notice that the person stopped may misbehave, is easily

influenced, has difficulty with directions, has trouble with day-to-day tasks, such as dialing a phone for a phone call. Also, repetitive motions and motor impairment may be visual to the officer. When the officer is interacting with a person with a disability, the person may have an eagerness to please, communicate through others, bluffing greater understanding than they hold, and over-engagement or under-engagement (Almendarez & Kunard, p.121). Furthermore, a person who may have a disability may also show that they are unaware of social norms, have a low frustration tolerance, and have poor impulse control (Almendarez & Kunard, p.122). When conversing with a person who may have a disability, it is best not to argue about reality, acknowledge their frustrations, look for a medical bracelet, ask “yes” and “no” questions, be patient if the situation allows, and promote their sense for self-efficacy, even when aiding him/her (Almendarez & Kunard, p.126).

The following is a case study taken from the Effective Community-Based Responses to Mental Health Crisis: A National Curriculum for Law Enforcement (Almendarez & Kunard, 2020).

The emergency call came into the 911 call center and was reported by the caller as a person lurking around and peeking into windows of a house, also known as a “peeping tom” call in progress. A peeping tom call is when someone is peeking into windows or watching someone without their knowledge. Two units responded to the area, and the suspect was sitting on the porch. As the officer approaches, a teenage boy seems indifferent, like he is in his little world. Suddenly he reaches for one of the officers’ shiny badges. The police officers go hands-on, and the situation is escalated to out of control. When backup units arrive with lights and sirens as fast as they can to assist an officer,

confusion and noise might only make matters worse. The light bars are flashing, sirens wailing, everyone is screaming. The suspect is more than resistant, appears utterly oblivious to pain and attempts to flee. A responding medic notices a medical bracelet on the suspect's risk...he is autistic. Calls related to an autistic individual can be challenging at best. Recognizing autism, understanding the risks, and learning interaction methods are critical for a successful crisis resolution. (Almendarez, Jessica, Kunard, Laura, p.141).

The scenario above is just a small picture into the world of law enforcement and how having been trained in CIT could assist the officers in their knowledge of people's disabilities.

Not enough research has been completed and documented to declare CIT as an '*evidence-based practice*.' So, for now, CIT is labeled as '*Best practice*' until further research is done to determine otherwise. This research study has the potential to assist or deter others from CIT use at other police departments. The best practice label consists of judgment, knowledge, and critical reasoning acquired through training and expertise to show that this method is the best. CIT training integrates the best available knowledge until the research, knowledge, and evidence-based knowledge can prove it is the '*evidence best practice*' (Watson & Fullambarker 2012).

A triangle could be used to show the parts of the evidence-based method. The three external parts of the triangle: client perspectives, clinical expertise, and evidence (External and Internal), when combined and added together, represent the middle of the triangle, the EBP or evidence-based practice. And the evidence-based practice is based on all the input and output from the three external parts of the triangle to make the best evidence-based method. To be labeled evidence-based best practice, rigorous scientific evaluation has been done to show and validate the title. This research study can be utilized along with future research studies to add to

the literature in clinical expertise. For now, this lone research study can add to the current research to determine whether CIT is an evidence-based practice or not.

Furthermore, additional research needs to be conducted to prove CIT is a different practice than evidence-based practice. Not enough research has occurred to date; therefore, the CIT method is labeled best practice until proven otherwise. There is hope for future research to be done to aid and assist law enforcement in deciding the best way to safely de-escalate a highly emotional and volatile situation for all parties involved. When all three elements of EBP are present, clinicians can make knowledgeable, evidence-based decisions and deliver high-quality services signifying the needs and choices of persons with interaction disorders. The implementation of CIT teams in a law enforcement district attempts to improve the interactions between officers, PwMI, and ID individuals. The need to further develop and implement CIT teams and CIT-trained officers to work with professional mental health counselors is increasing every day. This is occurring due to a reported increase in individuals being exposed to tragic events, drug usage, parents under the influence of narcotics.

### **Statement of the Problem**

The purpose of this convergent mixed method research study is to see if officers who are trained in the method of CIT report gained confidence, knowledge, and effectiveness. The study will also explore when a CIT-trained officer approaches a PwMI if officers self-report approaching subjects differently than before they completed the CIT training. The study will also examine officers' interpretation of CIT training to determine if their approach has altered or changed since attending CIT training.

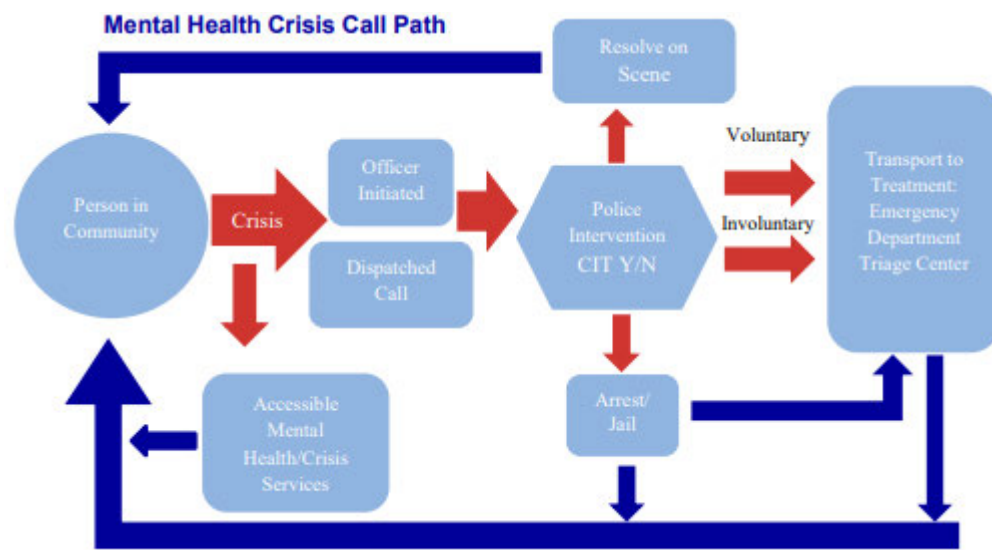
Officer safety and the safety of the community members are imperative, making the need for a strategic, safe, and thought-out approach that is needed now. The approach, interaction, and resolutions taught in CIT training are a solution to engaging with PwMI. Is this a “best evidence-based practice” for law enforcement at this agency, and whether jail the correct answer for PwMI instead of mental evaluations and services to assist them in their health and mental health needs.

The United States corrections system is overcrowded for several reasons. This may be the result of including court delays, mandatory sentencing guidelines, and drunk driving legislation, to name a few. With the overcrowding of the corrections system and an influx in the number of inmates suffering from some form of mental illness, there needs to be a change in policies regarding mental illness and the corrections system. Often, inmates with mental illness can slip through the cracks and not receive the services, assistance, diagnosis, and evaluations needed to address their mental health issues. Therefore, with a mentally ill offender being placed into the general population and not receiving the mental health services they need, their mental health prognosis is less likely to be treated. The first step is to train law enforcement to see that there are other options for PwMI than jail and to instruct first responders how to approach, resolve and seek the right choice for the PwMI they encountered.

Figure 1 is a diagram that shows the flow of a mental health crisis event and how the event can switch direction with any action by either the officer or the PwMI. The CIT call Process Map was taken from the *Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide*, published by SAMHSA (SAMHSA, 2018, p. 8). Figure 1 shows different paths and how the community, law enforcement and mental health workers can be included in any step along the way. Any intervention with mental health can be useful,

however the best possible time would be in the beginning before someone gets involved with law enforcement and the judicial system. Having clarity about the CIT process offers an established pathway providing transparency for parties involved and leaves room to implement new strategies, procedures, and potential new outcomes. CIT programs can help keep participants engaged, motivated, focused and support a consistent message about the purpose and function of the CIT program.

**Figure 1** CIT call process map for mental health situations



From. Substance Abuse and Mental Health Services Administration, Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide. HHS Pub. No. SMA-18-5065. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2018.

## Theoretical Framework

The theoretical framework for this research study utilizes three theories and one model. The theories utilized are the procedural justice theory, Lindemann's crisis theory, Greenleaf's servant leadership theory. The model being used is the sequential intercept model.

The procedural justice theory is defined as the fairness of the processes or methods used by those in positions of authority to reach a specific outcome or decision. Procedural justice focuses on the way law enforcement and other legal authorities interact with the public and how the characteristics of those interactions shape the public's views of law enforcement. The four pillars of the procedural justice theory are: being fair in the process, being transparent in actions, providing an opportunity for voice, and being impartial in decision making (Kunard & Moe, *Procedural Justice for Law Enforcement: An Overview* 2015). Procedural justice focuses on the idea of fairness in the processes that resolve disputes and allocate resources wherever they may be needed. The goal is to ensure that the person with mental illness will receive the services they may need and not be arrested because the officer is unsure what to do with them.

The first of the four pillars are being fair in the process, which can also mean being respected and treating all with respect and dignity. The second pillar is being transparent in actions or making the best decision conveying trustworthy motives that will impact those involved. The third pillar is providing everyone with a voice or a chance to tell their story. The fourth pillar is being impartial in decision making or, in other terms, being neutral. To remain neutral and unbiased, an officer must use transparent reasoning rather than relying on their biases. Evident reasoning is when an increase occurs de-escalates open communication when

discussing decisions and how we reached conclusions. When the officer withholds biased opinions, the PwMI can receive the attention, care, and treatment plan they need.

The Yale Law School website on procedural justice shows the four pillars in unity with the image. Each pillar works to encompass the approach of crafting procedural justice. The four central features are neutrality, respect, voice, and trustworthiness. Procedural justice can further an agency's struggle to restore strained community connections by laying the groundwork for legitimacy. The four pillars shown in Figure 3 on the next page show when used in conjunction with one another, the flow of information, communication, reasoning, and decision making is a continuous ebb and flow. When one pillar is weak, the complete system is accountable and compromised for integrity.

The Lindemann crisis theory is a psychological theory used to understand peoples' reactions to specific dilemmas. Lindemann "believes that man's internal stability is threatened by certain changes or 'crises' in his social environment which can cause acute disturbance" (Harrison, 1965, p.8). The utilization of the CIT method for law enforcement could help to calm the acute disturbance by talking calmly, approaching a person in a certain way to show compassion and that the officer is here to help rather than to create fear and unrest. According to Pilar Poal (2009), Lindemann believed that when people are in a state of crisis, they are jittery, fearful, uneasy, and not open to help or motivated to change. Lindemann's work can be considered the beginning foundation for crisis theories. Lindemann's theory can be used to educate officers on how a person may feel in a crisis. The methods used for CIT training may help the officer ease the jittery uneasiness and elevated emotions the PwMI may be experiencing. The connection to CIT training is the effort for law enforcement to help these individuals with



mental health needs receive services to help them change or learn to adapt to what is happening in their world in a safe, effective, and universal way.

Greenleaf's theory of servant leadership can be helpful to first responders/officers because they are a public servant first and their focus should be on the needs of others and within their team all before considering themselves. The emphasis is on serving others, whether they are a person of the community, customer, employee, or someone with a mental health issue having a tough day. Robert Greenleaf stated, "Servant leadership begins with the natural feeling that one wants to serve first. Then the conscious choice brings one to aspire to lead" (Greenleaf, Robert, *Servant Leadership*, p.1, 2002). Robert Greenleaf also stated, "One circumstance that brings on a crisis of institutional quality is that, without attending to the structure and modus operandi, we have suddenly shifted our standard of what is good. Robert Greenleaf first introduced servant leadership in 1970. Whereas, until recently, good was a rank order performance at or near the top of the field, now good has become doing what is reasonable and possible with available resources" (Greenleaf, Robert, *Servant Leadership*, p.1, 2002). Implementing training, knowledge, and the desire to serve the community are some of the factors included in serving your community and servant leadership.

**Figure 2:** Six principles of Servant Leadership

From Cecil, *6 Principles of Servant Leadership that can help you rise as an exceptional leader* 2019.

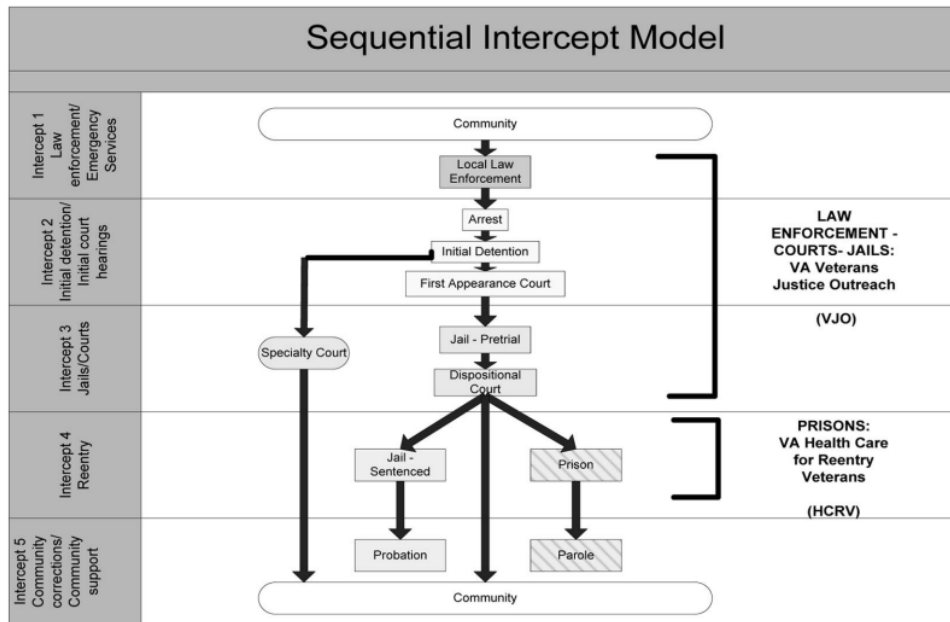
The sequential intercept model (SIM) is used to understand the way people with mental illness interact with the criminal justice system (CIT Programs, 2019). SIM is used in several communities to plan interventions to improve access to mental health treatment for individuals in contact with various points of the criminal justice system (Howells, Jessica & Clark, Sean, 2013). Individuals with mental illness who commit crimes with criminal intent unrelated to symptomatic mental illness should be held accountable for their actions, as anyone else would be (Griffin, Patricia & Munetz, Mark, 2006, p. 544). Ideally, if a PwMI were intercepted early and treated for their illness, that would be the best solution/situation for that individual and the community. In the SIM model, each intercept level can be considered a filter to stop the

penetration of their involvement further into the criminal justice system (Griffin & Munetz, 2006, p. 544).

Figure 3 shows the sequential path associated with when a PwMI calls 911 or is in contact with law enforcement and the stages of behavioral health that can be offered. The critical issues at each intercept are illustrated in the figure below. There is little continuity of care between corrections and mental health systems for individuals with mental illness once they leave the corrections system. The ideal situation would be to intercept the individual before they get too far into the corrections system.

The sequential intercept model provides a framework for communities to use when considering the crossing point between the criminal justice system and mental health systems as they seek to solve concerns about the alienation of people with mental illness. When regarding the separation of people with mental illness, law enforcement may not know what to do with a person having a mental health breakdown, so they arrest them. Therefore, they do not get the mental health services they need and may be prosecuted as criminals. The framework can help combine mental health law enforcement and present the need for disciplined CIT training. The revised Sequential Intercept Model. Intercept 0 is the best opportunity for PwMI to access community-based resources. Law enforcement can be a great asset in making this happen during an encounter.

**Figure 3** Sequential Intercept Model



From *Figure 3. Points of intervention along the criminal justice continuum. Adapted from: CMHS National GAINS Center. (2009). Developing a comprehensive plan for mental health and criminal justice collaboration: The **Sequential Intercept Model**. Delmar, NY: Policy Research Associates*

In summary, intercept zero (not shown in this diagram) is where mobile crisis outreach teams, emergency departments, and police-behavioral health collaborations to correspond with police, emergency room triage for behavioral health support, and mobile crisis teams as another form of support to PwMI. Intercept one shows dispatchers identifying mental health issues and passing the information along to crisis intervention teams to respond with officers to deescalate a situation. Intercept two offers support, pretrial supervision, and matching community-based behavioral health providers before first court appearances for PwMI. Intercept, three mental

health courts, jail-based behavioral health assessments, and treatment for detainees with mental health issues are talking lockup.

### **Definition of Terms**

Critical Incident Training/Team (CIT). A program designed to help people get connected to treatment and services when experiencing mental health situations involving law enforcement agencies and first responders. CIT stands for the critical incident team.

A Person with Mental Illness (PwMI). Mental illness refers to conditions that affect cognition, emotion, and behavior.

Intellectual Disability (ID). A disability is characterized by significant limitations in intellectual functioning and adaptive behavior, which cover many everyday social and practical skills.

Sequential Intercept Model (SIM). A model or system is used to allow PwMI access to mental health necessities at any stage of the criminal justice system.

### **Research Questions**

R1. Does Critical Incident Training (CIT) affect a first responders' approach when responding to calls involving a PwMI?

R2. Do the officers trained in CIT report this training as a practical approach for the police department involved in this research study?

R3. Do the officers trained in CIT report this training as an effective approach for the police department involved in this research study?

## **Significance of the Study**

The significance of this study is to analyze the outcomes with the study population and compare to see if CIT is affecting first responders' approaches. Approximately 1,000 people in the United States were fatally shot by police officers during 2018, and people with mental illness were involved in 25 percent of those fatalities. CIT training is a specialized police curriculum that aims to reduce the risk of severe injury or death during an emergency interaction between persons with mental illness and police officers. CIT has been implemented nationally and internationally, not at all police agencies. Given the increasing resources devoted to CIT, efforts to analyze its effectiveness and outcomes relative to other approaches are essential (Rogers MS, McNeil DE, Binder RL, 2019).

Furthermore, should officers report that CIT improves their interactions with PwMI, it might be beneficial for other police departments to implement this training program. The training and knowledge officers gain through the CIT classes, role-playing scenarios officers may encounter, how to utilize the CIT skill set, and talking with mental health personnel could be significantly purposeful.

## **General Procedures**

The study is designed as a convergent mixed methods design study. The procedures for this study included a survey distributed via Qualtrics to 98 officers certified in Critical Incident Training (CIT) at a southern New Hampshire police department. The researcher analyzed and interpreted the survey results for each participant. There are currently 201 sworn officers in the

police department involved in this study. Ninety-eight officers have taken the CIT course and are certified in CIT. The researcher sent out Qualtrics surveys to these 98 officers.

**Table 1** *Authorized number of Officers vs. Filled positions of Officers*

	<b>Grade</b>	<b>Auth</b>	<b>Present</b>	<b>Vacant</b>
<b>Police Chief</b>	<b>29</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Assistant Chief of Police</b>	<b>27</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Police Captain</b>	<b>26</b>	<b>6</b>	<b>6</b>	<b>0</b>
<b>Police Lieutenant</b>	<b>24</b>	<b>9</b>	<b>9</b>	<b>0</b>
<b>Police Sergeant</b>	<b>22</b>	<b>25</b>	<b>25</b>	<b>0</b>
<b>Police Officer- Budget</b>	<b>19</b>	<b>212</b>	<b>198</b>	<b>14</b>
<b>Police Officer- Weed Seed</b>	<b>19</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Police Officer- MHRA</b>	<b>19</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Police Officer- COPS</b>	<b>19</b>	<b>10</b>	<b>0</b>	<b>10</b>
<b>Total Police Officer Positions</b>	<b>19</b>	<b>225</b>	<b>201</b>	<b>24</b>

Note. This table shows the number of officers authorized in the budget compared to the actual number of filled positions presently.

Officers utilized a link in the email sent out via Qualtrics and answered the questionnaire/survey questions to the best of their knowledge and press submit. The results of each anonymous survey were sorted, coded using descriptive coding, and processed to take the coded analysis and use descriptive statistics to calculate the result of each category. The results

of the survey are presented in Chapter 4. The researcher also interviewed eight officers with open-ended questions about the survey, their thoughts, and experiences about CIT and law enforcement. This researcher was looking for common themes and took a pragmatic approach when sorting and reviewing the data from the interviews. During the final stage, results were analyzed so that this researcher can translate the thematic counts. After analyzing the quantitative and qualitative data, this researcher compared and synthesized the data into a table to determine the answer to the research questions.

Two methods of coding that were used are In Vivo coding for the interview portion of the research; and analyzing the Qualtrics survey data for the results. Each method is a form of coding introduced by Johnny Saldana. Descriptive coding, “assigns labels to data to summarize in a word or short phrase-most often as a noun-the basic topic of passage of qualitative data. This provides an inventory of topics for indexing and categorizing (Saldana, 2016, p.294). The second method of coding is In Vivo coding and was utilized in coding transcribed narratives from the interviews. In addition, In Vivo coding utilizes words or short phrases from the participant’s own language, and this researcher can place them into categories to find similarities.

The Qualtrics survey produces a final report of the data, and the report breaks down the data into graphs for a form of interpretation. The survey results were used to answer research questions.

### **Assumptions & Limitations**

#### **Assumptions**

The following assumptions were considered:



1. It is assumed that each participant will answer the survey questions honestly.
2. It is assumed that each participant knows about CIT training.
3. It is assumed that each participant has been trained in CIT training.
4. It is assumed that each participant will be truthful in the interviews conducted.
5. It is assumed that each participant's information will be kept confidential.

### Limitations

The following limitations were considered:

1. This study is limited to only one police department in southern New Hampshire.
2. This study is limited to officers needing to be honest about the CIT program.
3. This study is limited by the type of statistical analysis performed.
4. This study is limited to interviewing eight officers.

## Chapter 2: Literature Review

This chapter will explore research studies and articles related to CIT. The law enforcement community interacts with PwMI (Persons with Mental Illness) every day in multiple capacities. This section will speak of what CIT is and what it does. The section will focus on the literature surrounding CIT training and teams.

### Introduction

Every day, law enforcement officers interact with members of the public and members of the community they serve and protect. These interactions vary from community relations, traffic offenses and crimes involving people or businesses. There are instances where an officer may deal with an Individuals with Disabilities (ID) or Persons with Mental Illness (PwMI). A police officer may not be familiar with someone with these disabilities and consequently may not know how to handle the situation. In a crisis, the officer will need to know how to approach and speak to the subject, de-escalate the problem, and make the premise safe for the officer and all parties involved. Officer bias about the seriousness of people with mental illness can lead police officers to respond to individuals with mental illness with more force than is necessary (Peterson, Jillian, 2017).

The CIT program was first piloted in the Memphis Police Department by Major Sam Cochran and Dr. Randy DuPont and has gained national recognition and interest as a 'best-practice' for pre-booking diversion of PwMI (Borum & Franz, 2011) The Memphis Police Department collaborated with the National Alliance on Mental Illness (NAMI) in response to a shooting of a person with serious mental illness in 2008. The Memphis Model CIT program was

the first major police-based response model and has served as an example for other cities developing their CIT programs (Franz & Borum, 2011).

Dr. Ashley Yinger completed a study titled, “Experiences of Police Officers Who Have Received Crisis Intervention Team Training” in 2020. This study was one of the first of its kind to reference law enforcement and mental illness. The results of the study indicated that CIT training did improve police officer’s knowledge of mental illness and showed officers how to slow down a call involving a PwMI and show empathy towards PwMI. The data from this study showed that CIT should be utilized across police jurisdictions. This study was conducted in rural Pennsylvania.

### **Crisis Intervention Team/Training (CIT)**

The CIT program has become a globally recognized safety model and effectively assists people with mental illness and substance use disorder who experience crises in the community (SAMHSA, 2018, p.1). CIT is built on relationships, communication, and partnerships among law enforcement, the mental health systems, and advocacy organizations. The CIT model strives to utilize community assets and resources for a commitment to providing encounters with PwMI. According to NAMI (National Alliance on Mental Illness), a diversion program like CIT can allow PwMI to be directed towards mental health services and not jail time, depending on the nature of the issue. CIT is not a short-term commitment or a one-time training class, and there is the need for further training to develop skills and change community needs. For law enforcement officers to become CIT certified, they need to participate in a 40-hour training class. A vital section of the training class is geared toward educating the officer on recognizing when

individuals have mental illness and are symptomatic, de-escalating a crisis, and navigating people toward resources and help (NAMI, 2019).

### **Goals of a CIT Program**

The following are goals of a CIT program taken from '*A Best Practice Guide for Transforming Community Responses to Mental Health Crisis*' (CIT International, Aug 2019, p.5):

1. To improve safety during law enforcement encounters with people experiencing a mental health crisis for everyone involved.
2. To increase connections for effective and timely mental health services for people in a mental health crisis.
3. To use law enforcement strategically during crises such as when there is an imminent threat to safety or criminal concern-and increase the role of mental health professionals, peer support specialists, and other community supports.
4. To reduce the trauma that people experience during a mental health crisis and thus contribute to their long-term recovery.

### **Jail Diversion**

The CIT model can be utilized or placed in an area where a jail diversion program is a promising approach to PwMI medical assistance rather than going into the judicial system and getting lost in the system. CIT officers have shown increased effort to transport PwMI to receive mental health services rather than jail (McGuire, Alan; Bond, Gary, 2011). Transporting a PwMI to a mental/medical facility allows the officer to get back to patrol quicker due to the hospital

being part of the CIT collaboration. This is effective in three ways; first, the PwMI gets medical help, the officer can get back to patrolling the community, and the PwMI does not get lost in the correctional system (McGuire & Bond, 2010).

### **Accountability**

People with disabilities are more likely to interact with law enforcement than people without disabilities (Eadens & Cranston-Gingras, 2016). The likelihood of a PwMI being a victim of a crime is eleven times higher than someone without a disability (Franz & Borum, 2011). According to a study involving sexual abuse, a person with ID was 79.6% more likely to be a victim on more than one occasion (Modell & Mak, 2008). Individuals with ID are four to ten times more likely to become crime victims than individuals without ID.

Seven to ten percent of police contacts have involved PwMI, with a disproportionate number of encounters resulting in arrests, usually for minor offenses (Franz & Borum, 2011). Several studies from around the United States show that between 6% and 15% of all jail inmates have some form of a severe mental health illness. This means that nationally, there are more people with severe mental illness in the U.S. jails than in the state psychiatric hospital (Halls & Borum, 2003).

Franz and Borum (2011) investigated law enforcement officers trained in CIT and those who were not trained. The study asked officers to rate their preparedness, the amount of difficulty that PwMI posed for them, the helpfulness of the mental health system, the effectiveness of not arresting PwMI and keeping them out of jail while maintaining community and officer safety. The officers who were CIT trained stated they felt well prepared to deal with

PwMI, and the non-CIT officers did not feel the same. The benefits of having CIT-trained officers on the street are keeping PwMI out of jail, lowering time spent on calls, maintaining community safety, and meeting the needs of PwMI (Franz & Borum, 2011).

The need for law enforcement to have the training and a working knowledge of PwMI is greater now than ever before due to officers being injured or killed and PwMI being killed, incarcerated, or injured in a struggle with law enforcement. When an officer is unsure how to approach a subject, converse with or even handle a PwMI, this can quickly become a tragic situation. Each state is responsible for officers' training, and the system lacks specialized training for all officers in PwMI. Often police officers come upon a situation where they do not have time to call in a technical training team to deescalate an ID individually. Officer safety, community safety, and the ID subject's safety must be on the minds of officers. Officers often misinterpret the deficit in social skills, impaired communications, or circumscribed interests as criminal behavior when these are common characteristics of an autistic person (Chelley & Carpenter, 2011). Police officers before specialized training have minimal knowledge on how to identify and interact with people with ID.

Further training of law enforcement personnel to handle situations involving PwMI is necessary along with more community resources to aid officers. According to the *Police Practice and Research Journal*, "Prior research has shown that police officers often feel inadequately trained to deal with mental health crises and are frequently frustrated by the sluggish response times from mental health crisis teams" (Kelly et al., 2016, p.1).

The need for an officer to effectively communicate with a PwMI is vital in deciphering between their being the victim of a crime or the suspect in an incident or if they are just

experiencing a mental breakdown. Reciprocal communication between the officer and the PwMI is imperative in attempting to resolve a situation and assisting the PwMI in getting the services they need. As with every story, there are always two sides, and the officer requires the tools, skills, knowledge, and training to de-escalate and understand what may be happening. The officer can determine the best solution to this incident. Furthermore, individuals with disabilities appear more likely to be victimized repeatedly than individuals without disabilities. PwMI needs care, counseling, and services, and they require aid in their daily routine and help them become productive citizens in the community.

### **Officer Perceptions**

How police officers perceive and understand persons with intellectual disabilities (ID) plays a significant role in these cases and developing and evolving. Unfortunately, 97-99% of victims with ID are known and trusted by the victim (Modell & Mak, 2008). In a situation where there may be a victim and a suspect, the first point of contact at a scene will more than likely be a police officer. The first point of contact, the officer, should have a baseline knowledge of the least of ID individuals. When an officer arrives on the scene, some of the most familiar challenges were communication and gaining assistance and cooperation from other service providers (Henshaw & Thomas, 2012). The movements, mannerisms, and odd behaviors can be viewed as threatening to a law enforcement officer responding to a situation. Officers may base their knowledge on ID subjects with previous work law enforcement experiences. Some of the outcomes may not have been pleasant experiences, which could be another positive point in the direction for further training and knowledge of ID individuals.

In the study *Police Training and Specialized Approaches for Responding to People with Mental Illnesses* completed by Judy Hails and Randy Borum in 2003, police revealed that dealing with people with ID is part of the community policing role, and specialized training was necessary when dealing with ID individuals. Failing to provide officers with proper training when dealing with an ID individual may create or contribute to litigation or cause an issue in the department and form lawsuits from people feeling they were not treated with respect, improperly arrested, and further complications associated with an unnecessary arrest. This situation may create financial hardship in a department and bring the department into a negative light in the eyes of the community and public. The national result of this trend is that approximately 685,000 people with severe mental illness are admitted to U.S. jails every year (Hails, J, Borum, R, 2003, p. 53).

An arrest of a PwMI or ID may cause further issues personally for the subject. Considering that the corrections system is already overloaded (Jones & Sawyer, 2019), this type of arrest may contribute to overcrowding. The ID offender could be viewed as nonserious, but high maintenance which may also add to the pressure on the corrections system (“Publications | Prison Policy Initiative,” n.d.) prison overcrowding has always been a problem correlated with report of increased violence, lack of adequate health care, limited programming, and educational opportunities, and reduced visitation (Harris, 1984). “One major cause is the actual or perceived lack of dispositional options for responding officers. People are often called out in situations where a person is experiencing acute symptoms and feeling out of control, frightened, agitated, or threatened. Reversing requires solutions that address the encounter” (Franz & Borum, 2019, p. 2), and this is where necessary training comes in, so all involved parties are safe, and the situation is handled with the best outcome for all involved.



## **Impact**

The impact on training law enforcement officers to identify an ID individual and the safety of the community, officer, and ID individual is the number one goal. The second goal may be to reduce arrests due to officers' lack of handling an ID subject or the officer not knowing how to help them get the services they need.

The 40-hour CIT training program encompasses behavioral health disorders and treatment, experiential training on family and community supports, and scenario-based crisis intervention practice with feedback (Franz & Borum, 2011). The main priorities for using CIT programs are lower arrest rates for people with mental illnesses, community safety, and officer safety. (Franz & Borum, 2011). CIT is one of several collaboration models between law enforcement and mental health. Some police officers receive specialized training from a police-based program to enhance officer interactions with individuals with mental illness and ID (Compton & Bahora, 2008).

Training officers properly to handle ID subjects correctly will also reduce the time officers spend on a particular call and enhance the safety of responding officers and the community (Franz & Borum, 2011). Training should involve or incorporate a focus on diverse types of mental illnesses and intellectual disabilities. The techniques for enhancing identification and communication, and the hands-on scenario-based sessions involving interdisciplinary approach (Henshaw & Thomas, 2012). Often arresting or detaining a subject with ID is seen as being more efficient and less burdensome for police rather than waiting for a mental health facility or hospital to respond.

When an officer does arrive at the scene, some of the ID subject's movements may be viewed as social cues to danger, and their decreased motor skills may be seen as quirky moves. The inability to communicate may be interpreted as a threatening act of an individual on drugs or under the influence of alcohol (Henshaw & Thomas, 2012). In conjunction with quirky, odd, or inappropriate movements and not understanding what an individual is not saying due to ID, the result may be an arrest because the officer is uncertain where this person needs to go, whom they should call for assistance and what to do with the individual to help them.

Officers did acknowledge the need for increased awareness of the abilities and needs of individuals with ID among the public, and professionals, including police officers have been highlighted as requiring further development (Bailey et al., 2001). Acknowledgment that there is a need for additional training and scenario-based training is a significant step in the right direction for the safety of all parties involved in a police-involved situation. If professionals have negative eugenic attitudes (aim to eliminate), this may significantly impact their thinking and behavior concerning issues such as sexuality, sexual abuse, consent, trustworthiness, and perceived risks to society (Bailey & Barr, 2001).

In closing, the works above show the need for mental health training for law enforcement. PwMI interacts with police often enough for officers to utilize a specialized training program to strengthen their knowledge on how to handle the situation and provide them with the aid they need. Law enforcement professionals provide one-third of all the emergency mental health referrals.

In summary CIT is a program to be utilized by law enforcement to assist them in dealing with PwMI. The CIT method involves community mental health workers, law enforcement,

counseling services and puts them into a team like group to help PwMI get the service they need.

The services are brought into the community instead of making the PwMI find the services they need.

## Chapter 3-Methodology

This chapter focuses on how this study was set up to answer the research questions. The sample of a Southern New Hampshire police department and the way research was collected and analyzed.

### Introduction

The purpose of this convergent mixed methods study was to analyze the self-report of this study population and compare to see if CIT is affecting first responder approaches because the goal of CIT is to keep people safe (first responder and person with mental health issues/special needs). CIT is community-based and improves community responses to individuals with mental health issues/special needs (CIT Programs, 2019).

### Research Questions

R1. Does Critical Incident Training (CIT) affect a first responders' approach when responding to calls involving a PwMI?

R2. Do the officers trained in CIT report this training as a practical approach for the police department involved in this research study?

R3. Do the officers trained in CIT report this training as an effective approach for the police department involved in this research study?

### The Sample

The sample in this research study was law enforcement personnel from a police agency in southern New Hampshire. At the time this study was conducted, there were 98 sworn officers at the police department used in this study who were CIT certified. The sample included officers of all ranks, from police officer to administration. The officers' experience ranged from less than one year to numerous years' experience. All officers who had taken CIT training class and were

certified in the training were sent an email with a link to a Qualtrics survey. The Qualtrics survey contained a form in the beginning for officers to check as an informed consent to participate in the study. The officers were prompted to start the survey and answer 25 questions. Participants completed the survey electronically. The completed survey results were analyzed using descriptive statistics. While participants were completing the survey, another email was sent to each participant to see if they were willing to be interviewed to answer more questions. The researcher interviewed eight participants who indicated they were willing to be interviewed.

### **Data Collection**

In this convergent mixed methods research study, two types of data were collected. For the quantitative part of the study, a Qualtrics survey was sent to 98 police officers in a Southern New Hampshire Police department. The survey was designed using questions relating to CIT that would result in data to answer the three research questions for this study. In the Qualtrics survey, the CIT certified officers were asked to answer 25 questions. There are 98 CIT certified officers and with a confidence level of 95% and a margin of error of five percent, the ideal sample size (number of surveys needed to be returned to make valid inferences) is 89.

After the survey was completed, eight CIT certified officers were interviewed with open-ended questions to explore the officer's view, acceptance, or non-acceptance of the use of CIT training. In the interviewing stage, favorable or unfavorable opinions, feedback, and experiences of officers trained in CIT helped the researcher to gain further knowledge of whether the officers believed that CIT is a good practice for the department. The researcher developed an interview protocol that consisted of 14 questions. The questions were developed from research studies, journals and articles read by the researcher and noted in the reference page.

### **Convergent Mixed Method Design**

The methodology for the study is convergent mixed methods design. This researcher collected synthesized and evaluated from the survey questions and the interviews. The survey was open for 30 days. (Creswell,2013, p.149).

The benefits of using an online survey distributed by Qualtrics are accessibility, convenience, and confidence from a reputable internet-based company. Another benefit of developing an online survey is low costs, precise results, and easy accessibility. A survey is a research method used to accumulate data from a predefined group of respondents to secure data and visions into assorted topics of significance. This researcher utilized research reported in Dr. Ashley Yinger's Doctoral Thesis from Walden University as she permitted me to do so, to create Qualtrics survey questions. Survey questions three, four and twelve were adapted from her survey questions. (See Appendix 4).

When interviewing the eight CIT officers, the participants were asked to verbally consent to participate, which was audio recorded by the researcher. The purpose of the interviews was to gather officer's experiences to gain a firmer grasp of their experiences and knowledge as CIT trained officers. Using open-ended questions allowed for in-depth information to be relayed by the officer about their experiences. Microsoft Teams is a service provided by SNHU, and this researcher utilized this service to complete the interviews of eight CIT trained officers. Interviews are a fundamental data collection method used in qualitative research to help understand people's responses to situations (Hutchinson, Sally, Wilson, Margaret & Wilson, Holly, 1994).

## Data Analysis

The researcher inductively interpreted the data into patterns, themes, categories, with the sectioning of the data becoming increasingly more abstract. “This inductive process illustrates working back and forth between the themes and database until the researcher has established a comprehensive set of themes” (Creswell, 2013, p. 181). The researcher deductively rechecked the data from the themes to determine if there was more evidence supporting each theme or if there was a need to gather additional information. The interviews of eight participants utilized open-ended questions that sought views and opinions. Discussions were audio-recorded with permission from each officer during their interview time, and this researcher took notes to better understand the material discussed. After the meeting, the purpose of this study’s confidentiality standards was reiterated, described the next steps that the research will take, and thanked the participants for participating.

In this mixed-method research study, qualitative data was collected and analyzed quantitatively (Nassaji, Hossein, 2015, p. 130). “This happens when the researcher first examines the qualitative data thoroughly to find relevant themes and ideas and then converts them into numerical data for further comparison and evaluation” (Nassaji, p.130). This often entails an inductive assessment of the data to recognize repetitive themes, patterns, or concepts and then describing and interpreting those categories. Analysis of the interview results were broken down into codes, and then the codes were combined into themes. The final determination of the study was to see if CIT is the best form of training for this police department in dealing with PwMI.

In the analysis of the data from the Qualtrics survey, a report was produced by Qualtrics that broke each question down and showed the number of officers that submitted an answer for

each question. The possible answers were agreed, disagree and neutral. The report broke the results into percentages for each question to represent the number of officers that picked each result. The data results were then formatted into an Excel spreadsheet to show the results so the researcher could draw conclusions to the questions from the percentage shown.

Analysis of the eight interview transcripts was comprised of data, which was the transcription of each interview individually. The data (interview transcript) was broken down into codes, and then into categories and finally into themes and concepts. The themes and concepts were then used to answer the research questions. The qualitative data from the interviews was translated into quantitative data for the analysis.

When combining the data from the Qualtrics survey with the concepts and themes interpreted from the eight interviews, the research questions were answered. The data from each method of gathering was combined and used to prove that the officer strongly felt that CIT affected the first responders' approach when responding to calls involving PwMI in a positive way, also that CIT was a practical and effective approach for the officers within this study.

## **Summary**

This proposed research study attempted to analyze data received by law enforcement personnel through an online survey and interviews of eight participants. The data used helped determine if CIT training is the best practice for this department. However, more importantly, if this training method was effective for law enforcement involved in this study. The objective of CIT is to assist officers with knowledge and skills to interact with PwMI and assist them in



getting the mental health services they need. Furthermore, the safety of law enforcement is a top priority and the safety of the community and the PwMI.

The data utilized will help understand the thought processes, approach, and method used by officers when encountering a PwMI. The data and interview summaries were coupled together to understand better whether CIT is an effective training tool for this law enforcement department and if their perception of CIT training has changed in any way. This research study will help to determine if CIT training is the most effective tool for officers at this department and if all officers should be trained in CIT.

In closing, the goal of this research study was to see if CIT training was the best method for this police department. Can this method be effectively introduced and trained to all personnel to reduce the number of injuries, deaths, and PwMI prison time to receive mental health services? This study is about: safety, humanity, knowledge, power, rights, goals, and quality of life for police and PwMI.

## Chapter 4 Analysis of Data

This chapter will focus on the results of the Qualtrics survey and the eight interviews with CIT certified Officers. The results of the Qualtrics survey and the interviews are laid out individually right below each question.

### Introduction

The purpose of this study was to analyze the outcomes of the survey and interview responses from the study participants to see if CIT (Critical Incident Training) is affecting first responders' approaches to working with PwMI. The data showed whether the population of this study recommends that officers should be trained in CIT or not. The research questions addressed in this study are as follows:

R1. Does Critical Incident Training (CIT) affect a first responders' approach when responding to a call involving a PwMI (Persons with Mental Illness)?

R2. Does the officer trained in CIT report this training as a practical approach for the police department involved in this study?

R3. Do the officers trained in CIT report this training as an effective approach for the police department involved in this research study?

This researcher utilized two forms of gathering data to get the data needed to answer the research questions above. A survey was emailed out via Qualtrics to CIT-trained officers from a Southern New Hampshire Police Department. The second tool utilized was interviews with eight CIT-trained officers from this same Southern New Hampshire Police Department. The researcher

asked the CIT officers if they would be willing to be interviewed, eight CIT trained officers responded to the email with a yes and their contact information. The researcher reached out to these eight volunteers and set up an individual interview time for each officer. Each officer gave approximately 30 minutes of their time to be interviewed by the researcher.

### **Report of Analysis**

This researcher used Qualtrics for the survey. Through Qualtrics, an email with a link to the survey was sent to all the CIT trained officers in the police department being studied. The Qualtrics survey could be completed anonymously by the officers. The participants' responses were recorded by Qualtrics to share with the researcher. A few terms that are part of the statistical analysis provided by Qualtrics are standard deviation, mean and variance. Standard deviation is the measure of dispersion of data values from the mean. The mean is the sum of the data divided by the total amount of data. And the variance is the measure of dispersion from the mean. An example would be if there is low variance, this indicates the data points are similar and that they do not vary widely. The survey was sent to 98 officers who are trained in Crisis Intervention Training (CIT).

**Table 2** *Qualtrics Results*

Question	Total Responses	Agree (%)	Disagree (%)	Neutral	Mean	Standard deviation	Variance
Question 1: Do you consent to taking this survey?	72	100%	0	0	1	0	0
Question 2: I am aware that PwMI stands for People with Mental Illness.	66	76%	(24%)	24%	1.24	.43	.18
Question 3: I can utilize communication techniques effectively with PwMI.	73	96%	4%	4%	1.08	0.49	0.16
Question 4: I feel comfortable working with PwMI.	73	92%	0%	8.22%	1.16	0.55	0.30
Question 5: I feel confident in my skills involving mental illness.	73	92%	8%	8%	1.16	0.55	0.03
Question 6: I can tell if a person is autistic.	73	63%	1%	35%	1.73	0.95	0.91
Question 7: I can tell if someone is having a psychotic episode.	73	86%	0	13%	1.27	0.69	0.47
Question 8: I feel able to determine if a PwMI who has committed a crime should be taken to jail or to a hospital/emergency room.	73	86%	1%	12%	1.26	0.68	0.44
Question 11: Jail is a safe place for PwMI	73	10%	34%	56%	2.47	0.66	0.44
Question 12: I am familiar with treatment resources in the community for PwMI.	73	85%	7%	8%	1.23	0.59	0.34
Question 13: I have utilized mental health resources in the community in the past.	73	92%	4%	4%	1.12	0.44	0.19
Question 14: Mental health resources are easily accessible when I need them.	73	60%	12%	27%	1.67	0.88	0.77
Question 15: CIT training was worth my time.	72	94%	1%	4%	1.10	0.41	0.17
Question 16: I learned a new tactic to use when dealing with PwMI.	72	89%	6%	6%	1.17	0.50	0.25
Question 17: I would recommend CIT (training) to my coworkers.	72	94%	0%	5%	1.11	0.46	0.21
Question 18: A 40-hour week of training is enough to be CIT certified.	73	68%	14%	18%	1.49	0.78	0.61
Question 19: If my safety is challenged when interacting with a PwMI using force is OK.	72	92%	3%	6%	1.14	0.48	.023
Question 20: If the community is threatened it is OK to use force to neutralize the situation.	72	96%	0%	4%	1.08	0.40	0.16
Question 21: If the PwMI is threatening to harm themselves, using force is OK to keep them from harming themselves further.	67	92%	0%	8%	1.16	0.55	0.30
Question 22: I would be willing to become a CIT trainer for my PD.	72	61%	13%	26%	1.65	0.87	0.75
Question 23: A refresher class in CIT should be offered after so many years.	66	92%	3%	6%	1.14	0.48	0.23
Question 24: CIT is a valuable tool in my profession.	68	94%	1%	4%	1.10	0.41	0.17
Question 25: I would be willing to be interviewed by this researcher.	72	44%	19%	36%	1.92	0.89	0.80

There were 98 total CIT certified officers that the Qualtrics link was sent to for them to answer questions related to the research questions. The greatest number of responses to any of the questions was 77 for a 79% response rate, and the least number of responses to a question was 66 resulting in a 67% response rate. There was 100% consent by all respondents who logged into the survey for question one.

Question two: I am aware that PwMI stands for People with Mental Illness.

There were 66 respondents, 50 agreed with the statement, 16 disagreed with the statement. The mean for this question was 1.24, the standard deviation was 0.43, the variance was 0.18 resulting in 76% in agreement with the statement and 16% disagree with the statement that PwMI stands for People with Mental Illness. With a standard deviation and variance low, the data does not spread far from the mean, or the average of all data recorded in this question. The mean was in the low range indicating less dispersion in answers chosen.

Question three: I can utilize communication techniques effectively with PwMI.

There were 73 responses to this statement, 70 agreed with the statement, where zero did not agree with it and three responded neutrally to this statement. The mean for this question was 1.08, the standard deviation was 0.40 and the variance was 0.16, resulting in 96% agreeing with the statement and 4% neutral with the statement. The standard deviation and variance were both low, which indicates many of the answers agreed with the statement in the question. The mean was in the low range indicating a less dispersion in answers chosen.

Question four: I feel comfortable working with PwMI.

There were 73 responses to this statement, 67 agreed with the statement, zero disagreed with the statement and six responded neutrally to this statement. The mean for this question was 1.16, the standard deviation was 0.55, the variance was 0.30 resulting in 92% agreeing with the statement, and eight percent neutral with the statement. The standard deviation and the variance were low which indicates most agreed with the statement. The mean was in the low range indicating a less dispersion in answers chosen.

Question five: I feel confident in my skills involving mental illness.

There were 73 responses to this statement, 67 agreed with the statement, no one disagreed with the statement, and six responded neutrally to this statement. The mean was 1.16, the standard deviation was 0.55 and the variance was 0.30 resulting in 92% agreeing with the statement, and eight percent neutral with the statement. The standard deviation and variance were low, which indicated most agreed with the statement. The mean was in the low range indicating a less dispersion in answers chosen.

Question six: I can tell if a person is autistic.

There were 73 responses to this statement, 46 agreed with the statement, one disagreed with the statement and 26 responded neutrally to this statement. The mean was 1.73, the standard deviation was 0.95, the variance was 0.91 resulting in 63% agreeing with the statement, one percent disagreeing with the statement and 36% neutral with this statement. The standard deviation and variance are higher in this statement which means there is a wider gap in the answers to this statement. The officers were not as sure of this statement as the previous

statements above. The mean was in the higher range of 1, indicating a greater dispersion in answers chosen.

Question seven: I can tell if someone is having a psychotic episode.

There were 73 responses to this statement, 63 agreed with the statement, zero disagreed with the statement and 10 responded neutrally to this statement. The mean was 1.27, the standard deviation was 0.69, the variance was 0.47 resulting in 86% agreeing with the statement, and 14% neutral with this statement. The standard deviation and variance were both lower than one so there was less separation in the analysis. The mean was in the low range indicating a less dispersion in answers chosen.

Question eight: I feel able to determine if a PwMI who has committed a crime should be taken to jail or to a hospital/emergency room.

There were 73 responses to this statement, 63 agreed with the statement, one disagreed with the statement, and nine responded neutrally to this statement. The mean was 1.26, the standard deviation was 0.66, the variance was 0.44 resulting in 86% agreeing with the statement, one percent disagreeing with the statement, and 12% neutral with the statement. The standard deviation and the variance were low resulting in most agreeing with the statement. The mean was in the low range indicating a less dispersion in answers chosen.

Question nine and ten were not part of the numbering sequence in the Qualtrics survey which was a mishap by the researcher.

Question 11: Jail is a safe place for PwMI.

There were 73 responses to this statement, seven agreed with this statement, 25 disagreed with this statement and 41 responded neutrally to this statement. The mean was 2.47, the standard deviation was 0.66, the variance was 0.44 resulting in 10% agreeing with this statement, 34% disagreeing with the statement, and 56% neutral with the statement. The standard variation and variance were low resulting in most unsure or in disagreement with the statement. The mean was high, which indicates a larger dispersion of data results.

Question 12: I am familiar with treatment resources in the community for PwMI.

There were 73 responses to this statement, 62 agreed with this statement, five disagreed with this statement, and six responded neutrally to this statement. The mean was 1.23, the standard deviation was 0.59 and the variance was 0.34 resulting in 85% agreeing with this statement, seven percent disagreeing with the statement, and eight percent neutral with the statement. The standard deviation and variance were low resulting in less dispersion of result. The mean was in the low range indicating a less dispersion in answers chosen.

Question 13: I have utilized mental health resources in the community in the past.

There were 73 responses to this statement, 67 agreed with this statement, four disagreed with this statement and 4 responded neutrally to this statement. The mean was 1.12, the standard deviation was 0.44 and the variance was 0.19 resulting in 92 % agreeing with this statement, four percent disagreeing with this statement and four percent neutral with the statement. The standard deviation and the variance were low resulting in most officers choosing the same result. The mean was in the low range indicating a less dispersion in answers chosen.



Question 14: Mental health resources are easily accessible when I need them.

There were 73 responses to this statement, 44 agreed with this statement, nine disagreed with this statement and 20 responded neutrally to this statement. The mean was 1.57, the standard deviation was 0.88 and the variance was 0.77 resulting in 60 % agreeing with this statement, 12% disagreeing with this statement and 27% neutral with the statement. The standard deviation and the variance were in the higher range of closer to 1 indicating a larger spread of data on this statement. The mean was in the higher range indicating a greater dispersion in answers chosen.

Question 15: CIT training was worth my time.

There were 72 responses to this statement, 68 agreed with this statement, one disagreed with this statement, and three responded neutrally to this statement. The mean was 1.10, the standard deviation was 0.41 and the variance was 0.17 resulting in 94% agreeing with this statement, one percent disagreed with this statement and four percent neutral with this statement. The standard deviation and the variance were low indicating a low dispersion of the data. The mean was in the low range indicating a less dispersion in answers chosen.

Question 16: I learned a new tactic to use when dealing with PwMI.

There were 72 responses to this statement, 64 agreed with this statement, four disagreed with this statement and four responded neutrally to this statement. The mean was 1.17, the standard deviation was 0.50 and the variance was 0.25 resulting in 89% agreeing with this statement, six percent disagreeing with this statement and six percent neutral with this statement. The standard deviation and variance were low, indicating a low dispersion of data. The mean was in the low range indicating a less dispersion in answers chosen.

Question 17: I would recommend CIT (training) to my coworkers.

There were 72 responses to this statement, 68 agreed with this statement, zero disagreed with this statement and four responded neutrally to this statement. The mean was 1.11, the standard deviation was 0.46 and the variance was 0.21 resulting in 94% agreeing with this statement, zero percent disagreeing with this statement and six percent neutral with this statement. The standard deviation and variance were low indicating a low dispersion rate of data. The mean was in the low range indicating a less dispersion in answers chosen.

Question 18: A 40-hour week of training is enough to be CIT certified.

There were 73 responses to this statement, 50 agreed with this statement, 10 disagreed with this statement, and 13 responded neutrally to this statement. The mean was 1.49, the standard deviation was 0.78 and the variance was 0.61 resulting in 68% agreeing with this statement, 14% disagreeing with this statement and 18% neutral with this statement. The standard deviation and variance were higher in this statement results, indicating a greater spread of the data. The mean was in the higher range indicating a greater dispersion in answers chosen by officers.

Question 19: If my safety is challenged when interacting with a PwMI using force is OK.

There were 72 responses to this statement, 66 agreed to this statement, two disagreed with this statement and four responded neutrally to this statement. The mean was 1.14, the standard deviation was 0.48 and the variance was 0.23 resulting in 92% agreeing with this statement, three percent disagreeing with this statement and six percent responding neutrally with this statement. The standard deviation and variance were low indicating a low dispersion rate of data. The mean was in the low range indicating a less dispersion in answers chosen.

Question 20: If the community is threatened it is OK to use force to neutralize the situation.

There were 72 responses to this statement, 69 agreed with this statement, zero disagreed with this statement and three responded neutrally to this statement. The mean was 1.08, the standard deviation was 0.40 and the variance was 0.16 resulting in 96% agreeing with this statement, zero percent disagreeing with this statement and four percent responding neutrally to this statement. The standard deviation and variance were low indicating a low dispersion rate of data. The mean was in the low range indicating a less dispersion in answers chosen.

Question 21: If the PwMI is threatening to harm themself, using force is OK to keep them from harming themselves further.

There were 73 responses to this statement, 67 agreed with this statement, zero disagreed with this statement, and six responded neutrally to this statement. The mean was 1.16, the standard deviation was 0.55, and the variance was 0.30 resulting in 92% agreeing with this statement, zero percent disagreeing with this statement, and eight percent responding neutrally to this statement. The standard deviation and variance were low indicating a low dispersion rate of data. The mean was in the low range indicating a less dispersion in answers chosen.

Question 22: I would be willing to become a CIT trainer for my PD.

There were 72 responses to this statement, 44 agreed with this statement, nine disagreed with this statement, and 19 responded neutrally to this statement. The mean was 1.62, the standard deviation was 0.87, and the variance was 0.75 resulting in 61% agreeing with this statement, 13% disagreeing with this statement and 26% responding neutrally to this statement. The

standard deviation and variance are on the higher side, or close to one indicating a higher dispersion rate. The mean was in the high 1's indicating a higher dispersion of data also.

Question 23: A refresher class in CIT should be offered after so many years.

There were 72 responses to this statement, 66 agreed with this statement, two disagreed with this statement, and four responded neutrally to this statement. The mean was 1.14, the standard deviation was 0.48 and the variance was 0.23 resulting in 92% agreeing with this statement, three percent disagreeing with this statement, and six percent responding neutrally to this statement. The standard deviation and variance were low, indicating a low dispersion of data. The mean was in the low range indicating a less dispersion in answers chosen.

Question 24: CIT is a valuable tool in my profession.

There were 72 responses to this statement, 68 agreed to this statement, one disagreed with this statement and three responded neutrally to this statement. The mean was 1.10, the standard deviation was 0.41, and the variance was 0.17 resulting in 94% agreeing with this statement, one percent disagreeing with this statement, and four percent responding neutrally to this statement. The standard deviation and variance were low, indicating a low dispersion of data. The mean was in the low range indicating a less dispersion in answers chosen.

Question 25: I would be willing to be interviewed by this researcher.

There were 72 responses to this statement, 32 agreed with this statement, 14 disagreed with this statement and 26 responded neutrally to this statement. The mean was 1.92, the standard deviation was 0.89, and the variance was 0.80 resulting in 44% agreeing with this statement,

19% disagreeing with this statement and 36% responding neutrally to this statement. The standard deviation and variance are on the higher side, or close to one indicating a higher dispersion rate. The mean was in the high 1's indicating a higher dispersion of data also.

### **Qualtrics Summary**

The Qualtrics data results show that the CIT officers are in favor of CIT being offered to all officers at this police department. The training was worth their time, officers learned new tactics, they felt comfortable in their skills when dealing with PwMI, and they also felt confident recognizing someone having a psychotic episode. Officers felt confident in requesting mental health services for PwMI, working together with mental health providers in the community, and the officers are confident in their abilities to determine if a PwMI should go to jail or to a hospital. Officers were unsure if jail is a safe place for PwMI.

Officers felt that CIT class is a valuable tool in their profession, and that using force to neutralize a situation where the officer, the PwMI or the community was in danger was acceptable. A refresher CIT class was highly recommended after the initial training was completed. Overall, officers felt CIT was a good fit for this police department based on the results on the Qualtrics survey data. The spreadsheet is shown in Table 2 above.

### **Interviews**

The interviews were conducted in Microsoft Teams, where the interviewer and researcher could see each other to conduct the interviews. Each interviewee was told that their identity would be confidential and would not be used in the study. The researcher reminded each participant the only things needed from them were their thoughts, experiences, and answers to

the questions asked, not their identity. The audio from each interview was transcribed by the researcher into a word document to utilize in the coding process.

After each interview, the audio from each recorded interview was played back and typed verbatim into word documents by the researcher. These transcripts were saved onto an external drive for security. The external drive is in the researcher's possession. The word documents were then used to highlight data for codes, written onto a separate sheet of paper and then into categories and finally into themes.

The first round of coding utilized was descriptive coding. Descriptive coding “assigns basic labels to data to provide an inventory of their topics” (Saldana, 2016, p.97). Descriptive coding summarizes in a word or short phrase the basic topic of qualitative data. The transcripts from the eight interviewees were broken down into codes, then categories and then into themes or concepts and then utilized to answer the research questions. The initial coding was done in the method of using a highlighter to highlight the key data on the transcripts and then from there the codes were written down by pen and paper and then transferred to a word document. Next the codes were set up into an excel spreadsheet to utilize the organization of the codes to better analyze the data to move onto the next round of coding.

The first question in the interviews focused on a definition sense of what mental health illness is.

Question 1:

Tell me briefly what you know about mental illness? Or what does mental illness mean to you? In what ways, if any, did participating in the CIT training change your perspective on mental illness?

The question focusses on each officer's knowledge of what mental illness means to them not in a clinical sense but in their own terms. The eight officers interviewed had a wide array of answers however, all the descriptive terms stated by the officers fell under the generalized umbrella of describing what mental illness means to them. And the theme that came out of the second coding was mental health takes hold of the PwMI's life, and that they need help in numerous ways.

Interviewee number three stated that "there is a lot of stigmas behind mental illness and that mental illnesses differ in severity from person to person. It can really take a hold of your life and cause significant challenges in life."

Interviewee number four stated that "mental illness effects the brain and the way it is processing something, and there is a broad array of characteristics, outcomes and diagnoses that come from mental illness. I have some mental illness background because someone in my family had a mental illness, so I saw first-hand how this disease can affect them and their family."

## Question 2:

If I had accompanied you on your stops before you had CIT and after the training, what would I notice would be different about your stops?

The majority stated that I would notice a difference because after CIT training, the officers gained an understanding of how important patience is when dealing with someone with mental health illness. A few of the other more common answers were recognizing when an individual is in crisis, seeing things from their perspective, preparation knowledge, being knowledgeable and knowing there are resources that PwMI can be guided towards. The theme that came out of this question was knowing that there are resources an officer can utilize and can give the PwMI a direction in which to go and that the officer is there to assist them in starting that journey.

Interviewee number five stated “I am always trying to better on my stops in reference to PwMI, and I believe since CIT training, I have improved my listening skills, my tone when speaking with PwMI and CIT was the best training, it helped me in preparation of my interactions with an escalated PwMI.”

Interviewee number six who was trained in CIT prior to coming to this police department stated that “this CIT course introduced some refreshing techniques.” This officer also added some helpful tips that have developed through the years like “noticing my tone when speak with PwMI, and taking the aspect of mental illness into account when speaking to them was introduced in this CIT class. In other words, being more cognizant of what they are saying is something I noticed from this CIT class.”



## Question 3:

What was the most important concept, idea, or strategy that you learned in your CIT training?

Most of the officers answered that taking time to stop and recognize the situation was important and that the tone they used when conversing with a PwMI was important. The concept of acknowledging the PwMI issue may be a health concern and not a criminal one. And the purpose of this officer's presence is to calm the situation, make a connection, use the appropriate tone when conversing and knowledge again of the resources available to utilize. The theme that came out of question 3 was adding to the officer's toolbox, bridging the gap between police and services towards getting the PwMI help.

Interviewees number one, two, seven and eight all stated that one of the most important concepts they took from CIT class was not to put off asking questions about mental illness when conversing with the PwMI. Being honest and open with the conversation and letting them have a chance to speak and be heard were common responses to this question.

## Question 4:

Can you tell me one approach, if any, that you may have added or changed when you arrive at a call for service involving a PwMI (Persons with Mental Illness)?

Several officers expressed that they should not avoid asking any questions, even if it pertains to the PwMI illness. During the CIT class they learned the need to slow things down, make a personal connection. And if possible, let the PwMI know that there is immediate help

that can be accessed and brought to them on the street. There is no longer the need for the PwMI to go to mental health services as the CIT program bridges the gap and brings the services to them. The theme that came out of the answers to this question is let PwMI be heard and let them have a voice in the services being offered to them, which comes from talking with them and not to them.

Question 5:

Is the change you noted in the previous question something you learned in the CIT training class? If not, where did you learn it?

Officers reported that the changes in dealing with PwMI did come from their CIT training class. The class was beneficial to the officers, making them aware of mental illnesses, how to focus efforts on helping PwMI and not just sending them to jail where they enter the criminal justice system.

Question 6:

Are the concepts and strategies you learned during your CIT training ever discussed as part of your evaluation or your debriefings about incidents involving PwMI?

Seven of the officers have never had a debrief after a call for service involving a PwMI. One officer admitted to participating in a debrief.

## Question 7:

If you could go back to before your CIT training and give yourself advice about conducting stops for people with PwMI, what advice would you give yourself?

The common responses resulting from this question were patience, listening, and being equipped with the best knowledge to help PwMI. The officers reported that the CIT class provided each officer with some form of new tactic, approach or tool that was added to their ‘toolbox’ of useful knowledge. The theme that came from the interviews was building a working relationship and positive changes. Interviewee number six stated that they “would tell their younger self to slow down and gain as much knowledge, training, and experience as you can. The world is constantly changing, and the way police handle matters must adjust, and that’s why classes like CIT can help us evolve with the world’s needs.”

## Question 8:

In what ways, if any, did your CIT training help you gain that new perspective?

The CIT class provided the officers with knowledge about mental illness, resources available, different interaction tactics to utilize and the educational knowledge to improve their skills in interacting with PwMI. The class includes role playing or scenarios to apply the training tools spoken of in class. There were videos of different scenarios provided in class also, which provides the officers being trained with opportunities to different scenarios and to talk about them with other officers in the class. All the aspects of the class were to aid officers in providing them with knowledge and tools to break the endless cycle of dragging a PwMI to jail and not

getting them the services, they need. One officer stated that they could walk away feeling good knowing that they helped that PwMI.

Interviewee number seven stated that “the scenario training in class was valuable as there was a chance to participate in the scenario as well as other chances to watch other scenarios. So, the opportunity to watch and see new techniques and even old ones performed by other officers in scenarios was beneficial. This worked in a way to help me gain a better understanding of CIT training and PwMI.”

Question 9:

Do you feel all officers at the PD should be trained in CIT training?

Everyone that was interviewed stated that all officers should take the CIT training class. The more officers that are trained may prove to be beneficial to the department. Some of the key phrases from interviewees were “absolutely,” “agree,” “extremely helpful” and “yes to the training it is a winning situation.”

Question 10:

What would you tell someone who asked you about whether they should be trained in CIT?

The consensus was to encourage officers to attend the training. The officers indicated that the training could aid in making officers well-rounded, which provides them with another lifesaving tool. Also, the training class was described by the interviewed officers as good training, unbelievably valuable and can be an invaluable tool for officers.

Interviewee number three stated that they “would tell an officer yes to take the training because it will make you a better-rounded officer, and it is a valuable tool to add to your toolbox for this job.” Interviewee number two added that they would always tell someone to “put in for this training, it is a valuable class and tool.”

Question 11:

Since I have completed CIT training-I notice encounters with people with mental health issues have improved. Do you agree or disagree with this statement?

All participants agreed with the statement in question 11, and they all felt they had more knowledge than before CIT training class. The class makes officers better prepared for interactions with PwMI.

Interviewees four, five and eight stated that the knowledge gained from the CIT training class has added to their confidence, understanding and approach when dealing with PwMI. The class has added the concept of acting on what the person is going through and not necessarily who they are. Every person is different and not all PwMI handle a crisis the same.

Question 12:

I notice that I have been able to give people with mental health issues the help or services they need. Do you agree or disagree with this statement?

Again, 100 percent of the officers interviewed stated that they felt better equipped in where to point PwMI, and that services would be immediately available for them. They all

agreed that they can provide services to PwMI by having the service brought to them and not leaving them until their mental health providers are with the PwMI.

Question 13:

I have been able to work together with other professionals that assist with handling a situation with a person with mental health issues. Do you agree or disagree with this statement?

With the bridging of the gap between PwMI and mental health providers, law enforcement can work side by side with providers in getting the services to PwMI. The officer has the initial interaction with PwMI, and from this point on mental health providers are involved and brought to the scene to counsel and set up a treatment plane for the PwMI. All officers interviewed agreed with this statement.

Officers at this police department also have the possibility to take an extra after shift assignment, also known as a detail, where they work with a mental health team in the community in a needs-based situation. If someone is having an issue with mental health and they need assistance, they can call the police department, or a mental health provider and the team will respond out into the community to meet with them in a non-hospital setting. This is a professional mental health team comprised of a mental health counselor or two and a police officer.

Question 14:

I notice that trauma that could have resulted has been minimized. Do you agree or disagree with this statement?

All officers interviewed agreed with this statement and credited this with using influential conversation also known as verbal judo to de-escalate the situation rather than utilizing force with a PwMI. This conversation is used to persuade the PwMI into an agreement with the way the officer is thinking should happen. Having officers use less hands-on approach or less forceful approach benefits the officer by less injury and less paperwork. Also, a hands-off approach to PwMI was discussed and the benefits the PwMI as they have less chance of being injured during the interaction with law enforcement, and the same holds true for the officers, according to the interviewed officers.

### **Interview Summary**

The interview results can be summarized into key phrases such as mental illness takes a hold of your life, officers need to recognize, have patience, tone, let PwMI be heard, help is here, and officers can bring it to you. The officers trained in CIT report this is effective and practical training for their police department. The officers stated that all officers at this police department should be trained in CIT and that it is a valuable tool. “The days of loading people into ambulances is over as it should be because a lot of times these calls `use to go I am here and I do not want to be liable, and I do not want any more responsibility, so you are going to get into the ambulance and go to the hospital and in hindsight a lot of times that was not necessary, and we probably made the situation worse unintentionally” one officer stated. The training was deemed extremely valuable and an invaluable tool to officers by the officers interviewed in this research study.

*Findings and Conclusions*

R1. Does Critical Incident Training (CIT) affect a first responders' approach when responding to a call involving a PwMI (Persons with Mental Illness)?

- 96% of CIT officers can communicate effectively with PwMI.
- 92% of CIT trained officers feel comfortable working with PwMI.
- 86% of CIT officers can tell when someone is having a psychotic episode.
- Gave me a better understanding of mental illness.
- Quickly recognizing something is a metal health issue and not a criminal issue.
- Directing PwMI to appropriate services.
- Learned to maintain a level of calm, speak with them not at them, and to be cognizant of my tone.
- CIT officers state that CIT training does affect a first responders' approach when responding to a call involving a PwMI.
- CIT trained officers feel comfortable working with PwMI.
- CIT trained officers have confidence in their skills involving mental illness.
- CIT trained officers can tell if someone is having a psychotic episode.
- CIT trained officers feel jail is not a safe place for PwMI.
- CIT trained officers can access and utilize mental health resources in the community.
- CIT trained officers value the CIT training and have learned new skills for approaching PwMI.
- CIT trained officers believe that CIT training has improved the way they deal with PwMI.



R2. Does the officer trained in CIT report this training as a practical approach for the police department involved in this study?

- 86% of CIT trained officers can determine if a PwMI has committed a crime and should be taken to jail or to a hospital.
- 92% of CIT trained officers are confident in their skills involving PwMI.
- 94% of CIT trained officers feel CIT training is a valuable tool.
- Mental Health providers coming to PwMI, and not making the PwMI find the services.
- LE is the bridge between PwMI and mental health services.
- CIT provides knowledge on mental health services to officers.
- Makes officers well rounded and better prepared.
- CIT trained officers can determine when use of force is appropriate to utilize.
- CIT trained officers feel that they can determine if a PwMI who has committed should be taken to jail or to a hospital/emergency room.
- CIT trained officers report this training is a practical approach for the police department involved in this study.

R3. Do the officers trained in CIT report this training as an effective approach for the police department involved in this research study?

- 85% of CIT trained officers are familiar with treatment resources in the community for PwMI.
- 92% of CIT trained have utilized mental health resources in the community.
- 96% of CIT trained officers would use force to neutralize the situation if the community or the officers are threatened.

- CIT gave me the tools to provide PwMI the direction and assistance they need to get the services they need.
- CIT officers are utilizing a different approach when interacting with PwMI. They are slowing things down, noticing the struggles PwMI are going through.
- Aiding PwMI and not just arresting PwMI and shipping them to jail.
- CIT trained officers report this training is an effective approach for the police department involved in this research study.
- CIT trained officers can communicate effectively with PwMI.
- CIT trained officers recommend that all officers receive CIT training.

### Conclusion

The themes that emerged from the Qualtrics survey are effective, practical, affective, communication, bringing out, not bringing in, and tool. The themes that emerged from the interviews are better equipped, tone, patience, immediate help, recognition, knowledge, and valuable. When you compare the themes, the Qualtrics themes focus on the aspect of CIT training and how to utilize it, whereas the interview themes focus on the officer and their actions. The supporting evidence shows that the themes from the Qualtrics survey are how officers view CIT training, and the interview themes are an extensive of themselves and what they do and how they perceive situations

## **Chapter 5: Summary, Conclusion, Implications**

This chapter will focus on the implications due to the findings of this research study. CIT training is accepted as a practical and effective form of mental health training for the officers involved in this study. CIT training also affects the way officers perceive PwMI after taking this class according to the CIT certified officers in this study.

### **Introduction**

These results of this research study indicate that Critical Incident Training is a valuable tool for the police officers that are CIT certified at this police department. The CIT certified officers recommend that all officers at this police department be trained in CIT. CIT training was worth their time, and the tools and knowledge gained changed the way the CIT officers approach a call involving PwMI. Officers in this study report that how they approach the scene has changed by them taking the time to speak with the PwMI, and let them be heard. CIT officers let the PwMI know they are there to help them, and not just arrest them. The tone in which officers speak to PwMI is another noted change by officers. CIT training gives officers a better understanding of mental illness and how it affects PwMI. Some other common themes that came out of the interviews were patience and maintaining a calm approach, to not escalate the PwMI further.

The eight CIT certified officers that were interviewed stressed upon the fact that this training made them better equipped to handle PwMI, and to help them get the services the PwMI needs by mental health counselors being available as part of the CIT team in the community. The CIT officer in conjunction with trained mental health workers going out into the community

together lowers the risk of the PwMI not being able to get services. As one officer stated, “We are quickly recognizing something is a mental health issue and not a criminal issue.” Another officer stated, “I can at least walkaway feeling good about the fact that I at least tried to put them in the right place.” Another CIT trained officer stated, “My reaction in a lot of situations has been better, and that definitely minimizes the trauma that could be caused during a call for service by someone that doesn’t really have that understanding or willingness to take the time to figure out what is really happening.”

### **Implications**

The first implication based on the findings of this study is that CIT training should be offered to all officers. The second implication is that everyone should take the CIT training. The third implication is that a refresher course should be offered periodically to CIT trained officers. The fourth implication is that CIT is an effective, practical, and affective approach for officers at this police department. The fifth implication is that funding needs to be in the budget or a way to apply for a grant through mental health funding to support officers being trained in CIT.

Is CIT training recommended for this police department? The answer is yes, and the chart shows that the officers chose favorable to CIT training being worth their time with a 94% percentage rating. CIT is a valuable tool for their profession, and the development of new tactics were learned in class as well. A refresher course was highly recommended by the officers by a 92% voting percentage, and more than half would be interested in becoming a trainer at the police department to teach CIT training. The results of this study are favorable to this police department using CIT as a mental health training for their police officers. The Qualtrics survey results and the interview results both supplied positive feedback in favor of CIT training.

This research study adds to the future of CIT training for law enforcement as not enough research has been done in this field. The results of this study are positive in pushing forward to show that CIT is an effective form of mental health training for officers dealing with PwMI in the community. Whether an officer volunteers for CIT training or it is mandatory in the training of police officers, there is proof that CIT is beneficial and recommended.

### **Future Research**

A study like this one could be replicated in a larger police department in a highly populated area to see if the results would be similar and implement CIT for those officers if the results were favorable. Another future study could be focused with years on the job and if CIT is beneficial to all officers regardless of their years and experience.

A study like this one could be further broken down even further to include race, educational background, financial background, age, and childhood upbringing to see if there is a difference in any of these categories when using mental health training and CIT. There is a need for PwMI to continue to receive help in getting the services they need instead of jail time when possible. The more communities that implement mental health training to their police departments, and work in a partnership with mental health service providers, the greater the opportunity for PwMI to be aided in their fight against mental health illness.

### **Future Practice**

The need for further studies involving CIT and law enforcement is a practical one. As the world evolves, so does mental illness and other factors that affect the world's population and law

enforcement. Police officers are sworn to protect and serve the community they are hired in. CIT training can give them the tools to assist PwMI.

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**APPENDIX A: CONSENT FORM**

Southern New Hampshire University Institutional Review Board Informed Consent Form for *FIRST RESPONDERS AND CRITICAL INCIDENT TRAINING*. You are being invited to participate in a research project conducted by Jodiann K Gleason, who is a doctoral candidate at Southern New Hampshire University.

You are invited to participate in a research study about the benefits and non-benefits of CIT training. The survey is geared to find out more about officers' knowledge and thoughts about CIT training. You will be asked to answer questions on a Qualtrics survey that will take about five minutes of your time. The potential risks associated with this study are minimal if any at all. We expect this research study to benefit you in these ways: assist you and other officers with CIT training when interacting with a person with mental illness, officer safety, reduction in time spent on mental health calls, mental health agencies and community involvement, and getting mental health subjects the mental health care, they need.

If you decide to participate in this project, please understand that your participation is voluntary. You have the right to withdraw your consent or discontinue participation at any time with no penalty. You also have the right to refuse to answer any question(s) for any reason with no liability. In addition, your privacy will be maintained in all publications or presentations resulting from this study. The Qualtrics survey being utilized ensures to protect your confidentiality/anonymity.

I will be also looking for six to ten officers trained in CIT to agree to a multiple question interview with this researcher. Furthermore, please understand that your participation is

voluntary and that you have the right to withdraw your consent or discontinue participation at any time with no penalty. You also have the right to refuse to answer any question(s) for any reason with no harm. In addition, your privacy will be maintained in all publications or presentations resulting from this study.

If you have any questions regarding this project, you may contact the researcher at XXX-XXX-XXXX. Suppose you have questions regarding your rights as a research participant or any concerns regarding this project. In that case, you may report them – confidentially, if you wish – to the UC (University Campus) Institutional Review Board Chairperson at IRB@snhu.edu or the COCE Institutional Review Board Chairperson at COCEIRB@snhu.edu. A copy of this consent form will be provided to you.

I understand the above information and voluntarily consent to participate in the research.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

IRB (Institutional Review Board) Approval Number: \_\_\_\_\_ IRB Expiration

Date: \_\_\_\_\_

## **APPENDIX B: SURVEY QUESTIONS USED IN QUALTRICS**

Survey questions utilized from *A NATIONAL CURRICULUM FOR LAW ENFORCEMENT*

1. I feel comfortable working with people with mental illnesses.
2. I can tell if a person is psychotic.
3. Jail is a safe place for people with mental illness.
4. People with severe mental illness often require force to maintain officer safety.
5. I feel able to determine if a person with mental illness who has committed a crime should be taken to jail or the hospital/emergency room.
6. I feel confident in my skills to interact with people with mental illness or in crisis.
7. I can utilize communication techniques effectively with people with mental illnesses.

Note. National Curriculum for Law Enforcement (“A National Curriculum for Law Enforcement,” n.d.)



### **APPENDIX C: RESEARCH QUESTIONS**

R1. How does Critical Incident Training (CIT) affect a first responders' approach when responding to a call involving a PwMI?

R2. Do the officers trained in CIT report this training as a practical approach for the police department involved in this research study?

R3. Do the officers trained in CIT report this training as an effective approach for the police department involved in this research study?

**APPENDIX D: QUALTRICS QUESTIONS FOR CIT CERTIFIED OFFICERS**

Question 1: Do you consent to taking this survey?

Question 2: I am aware that PwMI stands for People with Mental Illness.

Question 3: I can utilize communication techniques effectively with PwMI.

Question 4: I feel comfortable working with PwMI.

Question 5: I feel confident in my skills involving mental illness.

Question 6: I can tell if a person is autistic.

Question 7: I can tell if someone is having a psychotic episode.

Question 8: I feel able to determine if a PwMI who has committed a crime should be taken to jail or to a hospital/emergency room.

Question 11: Jail is a safe place for PwMI

Question 12: I am familiar with treatment resources in the community for PwMI.

Question 13: I have utilized mental health resources in the community in the past.

Question 14: Mental health resources are easily accessible when I need them.

Question 15: CIT training was worth my time.

Question 16: I learned a new tactic to use when dealing with PwMI.

Question 17: I would recommend CIT (training) to my coworkers.

Question 18: A 40-hour week of training is enough to be CIT certified.

Question 19: If my safety is challenged when interacting with a PwMI using force is OK.

Question 20: If the community is threatened it is OK to use force to neutralize the situation.

Question 21: If the PwMI is threatening to harm themselves, using force is OK to keep them from harming themselves further.

Question 22: I would be willing to become a CIT trainer for my PD.

Question 23: A refresher class in CIT should be offered after so many years.

Question 24: CIT is a valuable tool in my profession.

Question 25: I would be willing to be interviewed by this researcher.

## **APPENDIX E: INTERVIEW QUESTIONS**

1. Tell me briefly what you know about mental illness? Or what does mental illness mean to you? In what ways, if any, did participating in the CIT training change your perspective on mental illness?

2. If I had accompanied you on your stops before you had CIT and after the training, what would I notice would be different about your stops?
  
3. What was the most important concept, idea, or strategy that you learned in your CIT training?
  
4. Can you tell me one approach, if any, that you may have added or changed when you arrive at a call for service involving a PwMI?
  
5. Is the change you noted in the previous question something you learned in the CIT training class? If not, where did you learn it?
  
6. Are the concepts and strategies you learned during your CIT training ever discussed as part of your evaluation or your debriefings about incidents involving PwMI?
  
7. If you could go back to before your CIT training and give yourself advice about conducting stops for people with PwMI, what advice would you give yourself?
  
8. In what ways, if any, did your CIT training help you gain that new perspective?
  
9. Do you feel all officers at the PD should be trained in CIT training?
  
10. What would you tell someone who asked you about whether they should be trained in CIT?
  
11. Since I have completed CIT training-I notice encounters with people with mental health issues have improved. Do you agree or disagree with this statement?

12. I notice that I have been able to give people with mental health issues the help or services they need. Do you agree or disagree with this statement?

13. I have been able to work together with other professionals that assist with handling a situation with a person with mental health issues. Do you agree or disagree with this statement?

14. I notice that trauma that could have resulted has been minimized. Do you agree or disagree with this statement?