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Police Officers and Mental Health: The Efficacy of CIT Training

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Police Officers and Mental Health: The Efficacy of CIT Training

by:

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MSW Clinical Research Paper

Presented to the Faculty of the

School of Social Work

St. Catherine University and the University of St. Thomas

St. Paul, Minnesota

In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University – University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This study provides an analysis of the interaction between people with SPMI (Serious and Persistent Mental Illness) and police officers who have undergone CIT (Crisis Intervention Team) Training, an intervention aimed at equipping law enforcement officers with knowledge and training about mental illness. The researcher utilized an open-ended, qualitative interview research design consisting of 11 interviews, each lasting approximately 30-45 minutes. Research participants were identified via purposive sampling. Utilizing open coding, four themes were identified during this study: 1.) CIT Training challenges old and ingrained ways of thinking about police work. 2.) CIT Training teaches the importance of building rapport. 3.) CIT Training teaches the value of slowing down and thinking before acting. 4.) CIT Training and officer safety do not have to be mutually exclusive. Following inductive analysis, the researcher concluded that CIT Training was effective in teaching police officers applicable skills and concepts conducive to improved interactions with people with SPMI.

Keywords: CIT, police, mental illness, crisis intervention, community.

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Introduction

The men and women in law enforcement interact with people from every walk of life, including the parts of society to which many would rather turn a blind eye. Police officers thus find themselves frequently interacting with people with untreated mental illness. People with serious and persistent mental illness (SPMI) face numerous challenges throughout their lives, and society is often ill-equipped to assist them. On average, their life expectancy is 8 to 32 years shorter than the general population (Bartels et al., 2013). They are at an increased risk for sexual and domestic violence (Khalifeh et al., 2015), they often have difficulty accessing proper care due to stigma and discrimination (Bartels et al., 2013; Ostrow, Mandersheid & Mojtabi, 2014; Skosireva et al., 2014), they are frequently homeless or in temporary living situations, and they often end up in jail or prison (Compton et al., 2014). In addition, many people with SPMI are not in contact with their families, and those that are may not be in sustainable living situations (Chen, 2010; Kaufman, Scogin, MacNeil, Leeper, & Wimberly, 2010). The challenges and risks people with SPMI face are immense.

Police Officers are often the first point of contact when people with SPMI are experiencing a mental health crisis or psychological decompensation. In many instances, the police officer in such an encounter with a person with SPMI does not have the proper training and education about mental illness to be able to handle the situation safely and appropriately; they may not even recognize they are dealing with SPMI. Crisis Intervention Team (CIT) training was developed in 1988 to address this concern and has been adopted by police at variable rates ever since. What is CIT training? In short, it is an intervention aimed at equipping law enforcement officers with knowledge and training about mental illness (Compton et al., 2010). Compton et al. (2014) expounds:

The CIT model is a collaborative effort among the law enforcement, advocacy, and mental health communities, designed to improve outcomes of encounters between individuals with serious mental illnesses and the police. Key goals are improving the safety of the officer and the subject, minimizing use of force, and facilitating referral to treatment in lieu of incarceration, when appropriate. A fundamental aspect of the CIT model is a 40-hour training that provides officers with knowledge and techniques essential to identifying signs and symptoms of mental illnesses, deescalating crisis situations, and making appropriate dispositions. (p. 524)

Since its inception, CIT training has been shown to have an effect on officer's beliefs and knowledge about SPMI (Demir, Broussard, Goulding, & Compton, 2009; Ellis, 2014), an effect on the levels of force used by officers towards individuals with SPMI (Compton et al., 2014), and to promote preparedness and practical application of learned skills (Hanafi, Bahora, Demir, & Compton, 2008; Ritter, Teller, Munetz, & Bonfine, 2010).

The manner in which people with SPMI are currently treated is a social justice issue, and ensuring that people are treated fairly and ethically in the criminal justice system is important to the social work practice. CIT training has proven to be effective in accomplishing its stated objectives over the years, but additional research into its continuing efficacy is needed. In this research project, the researcher aims to answer the research question: How effective has CIT training been in improving the interactions between police officers and people with SPMI?

The purpose of this study is to gain additional perspective on the relationship between police officers and their community, particularly when it comes to community members with SPMI. CIT Training has become increasingly widespread in recent years, and this study aims to find out how helpful it is for police officers in their encounters with people with SPMI. After

reviewing a selection of the available academic literature, the researcher has come to hypothesize that it is indeed effective. However, the researcher wanted to hear the opinions of those outside of academia; the researcher wanted to hear the stories of police officers and their first-hand experience. By doing so, the researcher hopes to give people in different professional fields the opportunity to gain perspective that they may otherwise be unable to access.

Literature Review

The literature examined in this review focuses on mental illness, homelessness, accessing healthcare, potential solutions, police response, and CIT training.

Mental Illness

What challenges do adults with SPMI face in their daily lives? In a study by Khalifeh et al. (2015), the authors analyzed the survey data of 303 psychiatric patients that had been in contact with community services for over a year. They found that patients with SPMI experienced much higher rates of sexual and domestic violence relative to the rest of the population. Men and women with SPMI under the care of psychiatric services were 2-8 times more likely than the control group to report having experienced sexual or domestic violence (Khalifeh et al., 2015). Women were also more likely to experience psychological issues and attempt suicide following sexual assault when compared to the general population (Khalifeh et al., 2015). This research shows that adults with SPMI are at an increased risk for sexual and domestic violence, which needs to be considered when interacting with and planning care for this population. Traumatic experiences such as these can greatly impact someone's life.

Mental illness can have profoundly negative effects on people's lives, but the symptoms can be managed or mitigated in many cases with effective treatment (Bartels et al., 2013;

Ostrow, Mandersheid & Mojtabi, 2014). When left untreated, however, symptoms often worsen and the person's quality of life continues to deteriorate over time, especially in the case of SPMI. So, if effective treatment exists and is available, why does SPMI continue to be a pervasive issue? Many adults with SPMI do not get the help that they need due to several barriers, including discrimination and stigma.

Homelessness

Barriers to accessing care is especially prevalent when it comes to homeless people. Homeless people are already one of society's most marginalized groups, and homeless people with SPMI face even more challenges. Skosireva et al. (2014) analyzed survey data from 550 homeless people in Toronto. According to their research, 80% of respondents had clinically significant mental health symptoms, and almost 2/3 of respondents reported lifelong substance use. 42% of respondents reported feeling that they had been discriminated against when seeking health care (Skosireva et al., 2014). Discrimination against homeless people with SPMI is a serious issue in health care and stands as a barrier to them receiving the help that they need.

Accessing Healthcare

In addition to discrimination, adults with SPMI also experience difficulties accessing medical care due to stigma. Ostrow, Mandersheid, and Mojtabi (2014) analyzed the self-reported survey data of 1670 adults with SPMI in mental health service settings. Twenty-eight percent of respondents reported having difficulty accessing health care, and 45% of these respondents attributed this difficulty to perceived stigma. These figures are of individuals currently in a mental health service setting, and one can reasonably assume that adults with SPMI not currently in a mental health service setting would report higher numbers. Many adults with SPMI feel that

stigma is present when they are seeking health care, which can dissuade people from seeking much needed help.

Potential Solutions

Knowing the barriers that adults with SPMI face when it comes to accessing health care, what can be done? Bartels et al. (2013) offer some insight into this question, having conducted research on "patient activation" in their "CAT-PC" program. Their pilot study focused on improving primary care visits by adults with SPMI by having participants engage in nine 90-minute mediated peer co-led sessions over two months. 17 adults with SPMI participated in the study, as did six medical providers. Results were strong, with patient communication skills showing significant improvement in simulated primary care visits (Bartels et al., 2013). This research indicates that mediated peer co-led sessions can help adults with SPMI learn communication skills and be better able to self-advocate. Increasing the agency of people with SPMI is one way to knock down the barriers that they face when it comes to accessing health care.

It is clear that adults with mental illness face challenges when it comes to accessing health care, especially once they become homeless. In many cases, people face these struggles on their own. Why do their friends and family not provide assistance? It is important to understand why adults with mental illness often end up becoming homeless and isolated from potential support systems. Mental illness can often be draining on families, which leads to additional risks and challenges. While many people with SPMI have little to no contact with their families, some remain at home with their parents continuing to act as caregivers. Due to the challenging nature of caring for someone with SPMI, parental caregivers often experience adverse effects in later life as continuing to care for their children into adulthood obstructs their own later-in-life

development (Chen, 2010; Kaufman et al., 2010). Kaufman et al. (2010) pilot-tested an in-home intervention aimed at supporting and improving the lives of the parental caregivers by providing education and emotional support. After ten sessions, participants in the study reported increased emotional well-being and life-satisfaction relative to the control group (Kaufman et al., 2010). This study shows that in-home care by parents under this intervention may be a workable option for some adults with SPMI. This is unfortunately not an option for many adults with SPMI, particularly those who are already homeless or otherwise estranged from their families.

Independent living is sometimes an option for adult children with SPMI whose parents are still caring for them. Chen (2010) studied the transition of adult children with mental illness as they moved from their parents' home to an independent living situation. This was done by interviewing 24 Assertive Community Treatment (ACT) case managers working in the homes of caregivers with adult children with SPMI. Independent living is seen as desirable by both parents and in-home care professionals (Chen, 2010; Kaufman et al., 2010). By fostering healthy boundaries between the parents and the adult child with SPMI and helping build emotional support systems for both parties, independent living can have positive effects on the psychological well-being of adults with SPMI (Chen, 2010). Transitioning adults with SPMI that are still living at home and being cared for by their parents into a more independent situation may be a viable option for some people in this situation. Adult foster care is newer option that seeks to address these difficulties by housing adults with SPMI in a semi-independent living situation with 24/7 in-home staff support, but this option is not always available. When there is no intervention, becoming homeless and isolated often becomes the reality for adults with SPMI after their parents burn out or are no longer able to care for them.

Police Response

When adults with SPMI lose the last of their support systems, police officers and law enforcement often come into the picture. How does the use of force by police and suspect resistance measure in arrests involving adults with SPMI? Mulvey & White (2014) studied 942 interviews of arrestees gathered via the Arizona Arrestee Reporting Information Network (AARIN) project from 6/1/10 – 12/31/10. Upon analyzing these interviews, the authors found that arrestees with SPMI were more likely to resist arrest, but their likelihood to experience higher levels of force by police was mixed. Arrestees identified the level of force used differed depending on how the question was phrased (Mulvey & White, 2014). It is also worth noting that the only arrestees with SPMI interviewed were those who acted in ways that drew the attention of police and ended in arrest; it is likely that many adults with SPMI remain out of sight and do not often get involved with the police (Mulvey & White, 2014). While the level of force used by police officers on adults with SPMI needs further study, Mulvey & White (2014) were able to conclude that adults with SPMI were more likely to resist arrest than neuro-typical people. This is important to recognize when trying to understand why interactions between police and adults with SPMI often end in an escalated state.

CIT Training

There is a growing body of evidence vouching for the efficacy of CIT training (Compton et al., 2014; Ellis, 2014; Hanafi et al., 2008; Ritter et al., 2014; Skubby, Bonfine, Novisky, Munetz, & Ritter, 2013). One of the biggest goals of CIT training is to educate police officers about mental health and SPMI (Ellis, 2014; Ritter et al., 2014). Ellis (2014) conducted a quasi-experimental study of 25 officers to determine the effects of CIT training on officers' beliefs towards SPMI. He conducted a pre-test and post-test questionnaire measuring participants'

beliefs towards SPMI before and after undergoing CIT training. Analysis of the results indicated improved knowledge, perception, and attitude towards individuals with SPMI after undergoing CIT training (Ellis, 2014). Limitations of this study included a small sample size and the fact that participants were directed to participate by their departments. CIT training aims for participation to be voluntary, for reasons similar to the fact that voluntary therapy is more effective than court-ordered therapy.

Research by Ritter et al. (2014) examines a similar issue. In this study, the authors conducted a study of 110 officers to assess how CIT training affects officer perception of SPMI and the current mental health system. They evaluated survey data from 110 police officers who were either about to undergo CIT training or chose not to undergo CIT training (Ritter et al., 2014). The authors compared survey data from the participants to those of officers who had undergone CIT training. Upon conducting an exploratory analysis, the authors found that officers felt more prepared to handle a crisis involving mental illness (Ritter et al., 2014). The authors also found that initial department knowledge of SPMI was important in determining CIT success (Ritter et al., 2014). CIT training looks to be an effective way to educate police officers about SPMI.

While education about SPMI is important and valuable, how effective is CIT training in reducing the level of force used by officers in situations involving adults with SPMI? Compton et al. (2014) examined the effects of CIT training on the levels of force used by officers on suspects with SPMI. 180 officers were examined: 91 of whom had undergone CIT training, and 89 of whom had not. While the authors found that there was no significant difference between the two groups in regards to frequency of times physical force was used, analysis indicated that officers that had undergone CIT training were more likely than their non-CIT trained colleagues

to report using verbal confrontation and negotiation skills as their highest level of force used, as well as more likely to refer and transport individuals with SPMI to mental health services as opposed to resorting to arrest (Compton et al., 2014). The authors also found that CIT-trained officers were more likely to recognize mental illness as such, as opposed to an alcohol or drug problem (Compton et al., 2014). Reducing the level of force used by officers during encounters with adults who have SPMI is crucial, and CIT training looks to be effective in accomplishing this objective.

What other effects can CIT training have on officers who undergo this training? Hanafi et al. (2008) conducted a study to evaluate the effectiveness of CIT training for police officers. Four focus groups totaling 25 officers were formed and participants were encouraged to freely discuss their experiences and what was important to them (Hanafi et al., 2008). Thematic analysis of focus group transcripts revealed that CIT training resulted in improved knowledge of SPMI, and the feeling that participants had learned practical skills to use in their line of work (Hanafi et al., 2008). Limitations of this study include a small sample size, possible lack of generalizability, and the freeform manner that the study used to collect data. Despite these limitations, officers stating that they feel as if they have learned practical tools to use out in the field is valuable.

There is support for the efficacy of CIT training in the literature, but how do officers view undergoing CIT training itself? Morabito, Watson, & Draine (2013) offer some insight into this question, having surveyed 216 officers in four districts within the Chicago Police Department. In their research, the authors found that police officers tended to view CIT training in a positive light as it aids them in their existing duties (Morabito et al., 2013). Previous social welfare initiatives such as community policing were met with widespread resistance by law

enforcement when introduced and eventually fell by the wayside (Morabito et al., 2013). A limitation of this study is that it only surveyed officers within a few select districts within an urban police department, so it may not be generalizable or applicable to other communities. Research by Skubby et al. (2013) suggests this limitation is minimal and CIT training can be effective in rural environments as well. Knowing that CIT training is seen as useful by officers is important, as it shows that widespread implementation of the program may be possible and worthwhile.

On that note, how effective is CIT training implementation in a variety of environments? In their research, Skubby et al. (2013) noted that while CIT training was originally developed as an urban model of intervention, it could also be useful in rural communities despite issues that could inhibit such implementations. The authors conducted thematic analysis of a focus group consisting of 70 community members: 37 mental health professionals, 29 criminal justice personnel, and four consumers/advocates (Skubby et al., 2013). The main barriers to rural CIT training implementation were identified by this focus group as a belief that mental health professionals and law enforcement viewed people with SPMI in different ways, and the lack of resources available to rural police departments (Skubby et al., 2013). After discussing these barriers, the focus group came to the conclusion that investing in CIT training was worthwhile, as the high rates of incarceration for individuals with SPMI was inappropriate (Skubby et al., 2013). Limitations of this study also include a small sample size, possible lack of generalizability, and the freeform manner that the study used to collect data. Despite these limitations, this study provides support for the idea that CIT training can be implemented in a variety of environments and contexts.

While CIT training can be beneficial when implemented well, there are obstacles and difficulties inherent to empirically measuring its effects. Blevins, Lord, & Bjerregaard (2014) analyzed the CIT procedures used by police in North Carolina. To facilitate this analysis, the authors examined routinely collected CIT data by conducting a statewide survey and utilizing a focus group (Blevins et al., 2014). The authors identified five issues: a lack of official data, poor implementation of the data collection, an inability to follow an individual with SPMI through the system, a lack of written procedure, and CIT forms that did not include all important information (Blevins et al., 2014). From these findings, it is clear that documentation by CIT officers needs to be thorough in order to properly evaluate the efficacy of CIT training in the long term. While this study only looked at one state and may not necessarily be generalizable to every department, thorough documentation is almost always imperative in order to conduct effective research.

Conceptual Framework

The researcher utilized Grounded Theory and inductive analysis in this research design. Themes were identified by looking at prevalent patterns in the data in order to help ensure the data receiving focus was in fact the ideas most commonly put forth by the research participants. This helped ensure that the researcher presented themes that were important to the research participants, as opposed to any preconceived ideas the researcher may have had.

Systems Theory was utilized by the researcher throughout the research process as well. Having had personal experience with both the mental health and criminal justice fields, the researcher was aware of the ways each field was both interconnected and otherwise connected to greater social systems. Having Systems Theory in the back of his mind helped the researcher identify connections between disciplines.

Methods

Research Design

The researcher conducted a qualitative study using in-person interviews. The research design was retrospective and exploratory. Participants were asked open-ended questions about their experiences with people with SPMI and their thoughts on CIT training. Thematic analysis was then conducted, including identifying themes, coding, and synthesizing evidence. Eleven in-person qualitative interviews were conducted, lasting an average of 30-45 minutes.

Sample

Purposive sampling was used to identify police officers to participate in this study. To begin his purposive sampling, the researcher met with the Chief of Police of a Twin Cities suburb and explained the research study. He agreed to help identify police officers both in and outside of his precinct who might be interested in participating and later provided the researcher with their professional contact information. The researcher emailed each person some information about the study and asked if they would be willing to be a participant. Recruitment was not done through any particular precinct and drew on professional contact information available to the public.

Participants.

Eleven police officers replied to the researcher's email and were interviewed during this study; nine participants were male and two were female. All participants were officers employed by the police departments of Twin Cities suburbs. Eight participants were patrol officers, two participants were detectives, and one participant was a school resource officer. All participants

had completed the full 40 hour CIT Training Program per their own report, per inclusion criteria. There were no explicit exclusion criteria.

To protect the identity of each participant, pseudonyms were assigned for the purposes of discussion in this report. The pseudonyms are as follows: Officer Johnson, Officer McDonald, Officer Smith, Officer Garcia, Officer Davidson, Officer Peterson, Officer Bishop, Officer Scott, Officer Williams, Officer Green, and Officer Jones.

Protection of Human Rights

Prior to beginning data collection, approval of the research design was secured by the University of St. Thomas' Institutional Review Board. Identifying information was not present in any submitted draft of this assignment. All interview recordings were stored safely in a cloud storage account with strong password protection. Any identifying information present in these recordings was removed at the point of transcription. Following transcription, the original recordings were destroyed.

Each interview was conducted in a private and secure location of the participant's choosing. In most cases, this was a secured questioning room. Prior to beginning each interview, the researcher handed the participant a consent form and discussed privacy, confidentiality, and informed consent. The participant was then asked if he or she had any questions, which the researcher answered. When the participant had no further questions, they signed the consent form and were given a copy for their records. If, at any time, a participant wished to withdraw, their wishes would have been respected and all data collected to that point would have been destroyed.

To avoid any sense of pressure or coercion, the police chief suggested potential participants but was not directly involved in the recruitment process. The researcher also did not inform the police chief who had or had not participated in the study. This process helped ensure that each participant gave informed consent, felt safe being interviewed, and knew the privacy and confidentiality measures that were in place.

Data Collection

Interviews were captured on a digital recording device, and followed a semi-structured format. The researcher asked a series of prepared questions (see Appendix A), but kept the atmosphere free and open-ended. If a participant brought up a topic they wanted to discuss, the researcher explored it with them. This was done to help ensure that participants were able to have their voice heard – a core objective of this research project.

Aside from any special topics that came up or other deviations, each interview followed a similarly structured path that touched on several concepts and facets of CIT Training. Participants were initially asked about their overall impression of CIT Training, as well as any similarities or differences with any previous mental health training they may have had. Participants were then asked what they thought CIT Training did well, what they would change about it to improve it, and if they had experienced any discrepancies between training and life experience. Following this, participants were asked to share any experiences they have had with individuals who have SPMI and whether they wished they had learned anything additionally in CIT Training to help in these situations. Finally, participants were asked about and given a chance to talk about the police and their portrayal in the media.

Data Analysis

Once all interviews were completed, the researcher hired a company and two other individuals to transcribe the interviews. The company hired specializes in transcribing confidential research data, PHI (protected health information), and HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance. The company provided a security statement that was approved by a member of the University of St. Thomas' Institutional Review Board prior to beginning transcription. Both other individuals hired to transcribe interviews signed a standard Transcriber Confidentiality Agreement provided by the University of St. Thomas' Institutional Review Board.

Upon receiving completed transcriptions for all 11 interviews, the researcher read through each transcript and identified general themes found in each document. The researcher then utilized open coding and coded for themes. Once coding was complete, the researcher identified and isolated the four most prolific themes. Upon doing so, the researcher extracted supporting evidence in the form of quotes, and organized them according to each major theme. This information is reported below.

Findings

Four primary themes were determined:

1. CIT Training challenges old and ingrained ways of thinking about police work.
2. CIT Training teaches the importance of building rapport.
3. CIT Training teaches the value of slowing down and thinking before acting.
4. CIT Training and officer safety do not have to be mutually exclusive.

The following sections describe each theme and provide quoted evidence to support them.

Challenging Traditional Thought

Traditional police training and CIT Training do not always mesh; introducing a new way of thinking inevitably brings with it a host of challenges. Nine out of 11 participants conveyed ideas consistent with Theme #1: CIT Training challenges old and ingrained ways of thinking about police work. While several quotes in this theme contain elements of later themes, a primary concept did surface: adopting CIT strategies requires revisiting traditional police methods and looking at them in a different light.

Several officers spoke about the differences in approach between officers that have completed CIT Training and those who have not. Officer Garcia explained:

I've used [CIT skills] many times over since the training. ...I see it working and my partners, who haven't been through the training, see it working and rely on officers like me and those who have been through the training to really kind of help them through difficult calls [with people] who may be suffering from ... mental health crisis.

According to Officer Garcia, the viability of CIT skills becomes clearer upon seeing it in action.

Officer Williams has had similar experiences with his partners. After talking about his experiences post-CIT, he said:

A lot ... of what we run into now is convincing our partners that this is -- it's new, and it's not necessarily how law enforcement dealt with situations before. To make your partner realize ... we might be on this call an extra half hour. But what we are going to try to do is prevent [us] from [having to] be back here multiple times in the future. Getting them on board with this is how it works because it is something new. I think the newer [generation of] officers ... is a little less likely to go hands on. The older officers are old school: Some

of them might be a little harder to convince that this is the right thing to do. ...There are officers out there that are saying by doing this, we are putting ourselves in harm's way by taking that extra time to make that decision. Back in the day, if someone had a gun, they had a gun and you did what you had to do. ...[At CIT Training], they said this doesn't replace your firearm.

In Officer Williams' experience, younger officers are more likely to be willing to try new methods than older officers. To that effect, one of the biggest barriers in place surrounding CIT Training is the concept of officer buy-in. If an officer does not view and accept CIT as a potentially practical skill set, they will reject it. Officer Bishop described this concept:

[If you don't have buy-in], you're just going to be ... talking to a wall or they're just ... dispelling the information. ...If you don't get that buy-in upfront, then all you're doing, all that student is doing the whole time is like digging their heels in against you. ...You can talk to them for 40 hours and the whole time, they're just rejecting it, so they're not learning. They're literally building this ... subconscious case in their head [for] how dumb your subject matter is.

Why might this happen? According to Officer Davidson:

I think one of the things that officers were concerned about [in CIT training] is an over-emphasis on talking when immediate action is needed. I think maybe the mental health practitioners ... started to understand that part of it as well. There's a time to talk and slow things down, [and] there's a time to immediately act. So, I think there may have been a little bit of head butting on that part, because you have your hands-on use of force, which is a science. Then you have the mental health aspect of it, part of that's more of an art, so,

theory work. I think that's the thing that I think a lot of people were worried about but ended up working out pretty well.

From Officer Davidson's experience, bridging the gap between theory and practicality is an important step for buy-in. So, how could one help facilitate officer buy-in? Officer Peterson, a CIT Training supervisor, talked about empathy and recognizing its nature as an innate ability:

You can't teach empathy: You either have it or you don't. But, if [officers] understand that, they have the ability to carry that with them. That's one thing I like about the philosophy of [CIT Training organization]: They really do understand. You're asking officers to be in a vulnerable spot. ...Normally we deal with the high stress and the bravado and the defense mechanisms. We're asking them to listen; We're asking them to be vulnerable to themselves and learn, and we're asking them to care about people. In reality, most of them do and they already have that, but it's just a reminder of it. When we start out our 40 hour class, we spend the first hour talking about that. We really aren't teaching the skills you don't already have; All these were skills you were taught in your field training and in your academy setting. Why did you want to become a police officer? [We all] check back in and we talk about that.

Framing the methods of CIT as an extension of one's existing skill set has been helpful for Officer Peterson. He then talked about how to apply that concept practically:

When you start [having a dialogue, as opposed to a monologue], then you address how you're looking at it and you also look at some of the inefficiencies we as police do. We address that elephant in the room, too. What do we do as cops? We're very accustomed to fixing things. We fix it and we move on ... and we're very good at that. ...We're great at

dealing with those needs but that's not active listener de-escalation: the active listening de-escalation's a complete opposite. I come in and what do I need to do? I need to listen. I need to identify those feelings. Hit the mid-brain not the cognitive.... I need to identify those feelings, validate those feelings, bring those out, and once we've done that exchange for a while, ...maybe you could start sowing some seeds. They'll open. ...Then, we can probably get some successful things done.

Becoming mindful of the role one might be playing in existing challenges has been eye-opening in Officer Peterson's experience. Focusing on and developing skills such as active listening and de-escalation can be useful for any number of different situations, and these skills become especially helpful when mental illness become a factor. After talking about the increasing number of mental health calls in recent years, Officer Smith said:

I think we're getting better at understanding [mental health]. A lot of times, it used to be: You'd just grab somebody if they didn't do what you wanted them to do. You'd grab them and physically manhandle them and put them in the back of an ambulance and say "See you later." ...Cops are getting better at slowing it down and walking through it with them, instead of just moving them.

Approaching a situation with a person who has mental illness in the former way is likely to contribute to greater difficulties in the future. Slowing down to help guide them through the process can help to mitigate these difficulties. For example, consider mental illness during the following scenario: During the researcher's initial conversation with a Chief of Police, a hypothetical situation was created to highlight the differences in approach between CIT Training and traditional police training. In this hypothetical scenario, an officer enters a domicile during the regular course of his or her duties. Upon entering, the resident panics at the police officer's

presence, grabs a knife off of the table, and starts inching towards them while demanding that they leave. Traditional police training dictates that ground should not be given up once taken, while CIT training posits that a tactical retreat could be beneficial. The researcher brought this hypothetical situation up with several officers. After talking about this hypothetical situation, Officer Smith said:

Tactically, you're right. [Holding your ground] is exactly what we're taught. For me, I'll say this: I'll give up space as long as I keep my eyes on them. Even now, there is the line of the officer safety. You're not going to let them out of your sight. I'll go as far back as the front door and somehow propping that front door and if I can back up? Fine. That's where the officer safety piece does come in. ...I completely agree at face value with that officer. Yeah, back it up a little bit. [For] how many ... hundreds of years, cops have been taught to do it this way: For a long time, we've been taught to maintain. That's almost a military tactic. That's law enforcement; law enforcement is paramilitary. Those same general rules and guidelines are what started law enforcement. As far as chain of command, obviously, using a weapon, dealing with people and using force. Some of those techniques are the same. That would be a good statement. I would agree with it.

Changing the officer approach to a common situation that has been taught the same way for a substantial period of time is no small undertaking. However, it seems that newer ways of thinking can be very beneficial in a situation such as this. After talking about this hypothetical situation, Officer McDonald said:

Where, y'know someone might have a gun and you wanna limit their - wandering, 'cause you know what room they might be in if you need to make a tactical entry or whatever,

but, like for that scenario, as long as you feel like, if you had the patio or a deck covered and there's only the front door in the apartment - depending on the situation - um, like let's say he doesn't have a gun, he's just in a mental crisis and there was no harm to the neighbors or whatever - there should be no reason you should be - y'know, you can put door stops in - Break the door handle so he can't lock it again, break the key off in the door, so he can't lock it. ... You need to be fluid. You can give up ground. That's fine.

After asking if he would have approached it this way prior to CIT, Officer McDonald continued:

It'd be less likely just because I've never [thought] "Okay. He's in a mental crisis. What does he need? Does he need space? Is he in the fight or flight stage? Does he just need to walk around for a little bit and waste his energy and then he'll be out of energy and he's gonna sit down?" It was more of like, "Okay. How are we gonna contain this guy? Contain, contain, contain." And, I would've been like, "Well we're already in the apartment, so why would we back out? Because then he'll have access to knives," or whatever. ...You can't control everything or know everything. Should you put yourself between him and a knife in his own house? ...If he wants to go grab one, then you'll deal with it afterwards.

Introducing new ideas will inevitably clash with older ideas in some way, regardless of the topic at hand. Likewise, introducing new methods to any profession will inevitably clash with the practitioners of older methods to some extent. Policing is no different, and nine out of 11 participants specifically endorsed experiencing such a clash in some way.

Rapport

Human relationships are complex and powerful. A person's behavior and demeanor towards another will change as they become more familiar, influenced by the nature of the relationship and the context within which it exists. Police officers know this dynamic well, as they often find themselves in the role of an authority figure and a stranger when interacting with the public during their duties. In the field of policing, establishing rapport with someone can have a drastic effect on how a situation will play out. Eight out of 11 participants conveyed ideas consistent with Theme #2: CIT Training teaches the importance of building rapport.

During the course of a police interaction, there will likely come a time when the officer will want or need the other person to comply with their request or command. Officer Davidson explained the difference that building rapport can have on a person's willingness to comply with an officer's request:

The big hook that comes with it [when interacting with a CIT-Trained officer] is when all of a sudden you're dealing with a police officer in uniform and ... the police officer is able to identify what's going on. For instance, you have somebody that is experiencing ... some depression, not sleeping, [and] just going up to him and saying, "Hey, ...what's going on?" They tell you their symptoms of depression and just they're so tired..., [and the officer] goes, "Man, you must not have slept for days." "Yeah, how'd you know?" Because we deal with this stuff all of the time. Or they throw out a medication. "Why did you stop taking that medication?" "I haven't taken it for like three weeks." "So, you're noticing a big change in your moods right now. It's tough on you because the medication is leaving your blood system." "Yeah, man, you know exactly." ...So, they see that as a police officer, that's understanding. There's that hook that develops the trust. So, it's

easier to [then] say, “Yeah, the only way you’re going to be able to get some help from here and some relief is if we get an ambulance for you. You go to the hospital, talk to the doctor. You’re able to just relax for the night so you’ll be able to sleep and then get back on your meds and stuff.” No problem. That’s been the biggest success I’ve seen with people and understanding. Once you develop [rapport] they understand that you understand what they’re going through, [and] compliance and getting them to go to the hospital for treatment is a piece of cake.

There exists a multitude of preconceptions surrounding police officers and how one could expect them to react. In this theoretical interaction, Officer Davidson was able to remind this person that he is a human being too, and able to understand this person’s situation on that level. Officer Smith had a similar view of these interactions:

As a person, how do you talk to somebody? Yes, I can order somebody to do something, but [if you] yell and order at somebody who is in a low point, they’re not going to do it. You’ve got to convince them that they want to do it.

Officer Smith brought up the idea that people are often not in the best place when interacting with police. This has been Officer Garcia’s experience as well:

You don’t do it for the income, you do it for the outcome. Just like teachers, right? For me, I like to help people. There’s not another job like this. ...The problem is that nobody calls the police when they’re having a good day. ...People call us when they’re hurting, they’re in trouble, [or] they need help, right? And, so for us, people aren’t typically happy to see us. So, ... we have to work ... with our community and try to find positive interactions, ...like in our schools and with the youth and help people when they’re

hurting. And, then see them on a good day as well ... to [maybe hear them] say, “You know what? You helped me.” So, I’m all about community.

While an interaction with police may start in a rough position, Officer Garcia believes there are ways to make these interactions smoother for everyone involved. To that point, Officer Johnson explained the value of rapport elegantly:

The biggest thing is that conversation, that rapport—making that individual feel actually [and] honestly cared about. ...They’re not just another person you’re dealing with.

They’re not an object. They’re not somebody who’s just going to be another name on a piece of paper at the hospital.

Officer Johnson’s comment about being “just another name” touched on a topic of importance for several officers: involvement with police and hospitals can be cyclical in nature, akin to a “revolving door.” Officer Garcia was one such officer, and had this to say:

[Getting sent to the hospital] is hard for people. ...Even if somebody goes voluntarily, this whole process is very ugly.... If they’re not voluntary, sometimes it’s done with force, they are forced to go.... [Then], when they get to the hospital, they don’t want to be there. We’re forcing help, and that never goes well. So oftentimes, they’re out in a matter of hours because maybe they know what to say or what not to say, right? They’re lucid enough to ... say the right thing. And, then ... here we are dealing with them again within the same shift. ...That happens a lot.

Following a discussion on this topic, Officer Johnson spoke about the power that building rapport can have on someone in that situation:

You want to be able to develop that relationship, because two hours might go by and all a sudden they might be feeling down again [and think]: “Hey you know what, officer [name] was just here. We’ll call him, he left me his card.” So you know, being able to establish that [rapport] is huge. ...Afterwards, you’ll still be able to check in with them, [say] “Hey, how’s it going?” even after they have it under control. I think that that goes a long way. ...[Then, when] you run into them elsewhere? Maybe it’s a good day for them; develop that rapport there. So when you do need that rapport later, they may have been through that process so many times and weren’t open to it the first time, but because you’ve taken time out of your day to actually socialize with them or have a conversation outside of that, when you come it’s a familiar face.

For someone who feels that they are “just another name” on a piece of paper, the relationship and rapport built with an officer can be quite powerful. By seeing and experiencing a different way of interacting with these systems, that person might eventually be able to break out of the cycle of hospitals and crisis situations. People can find themselves in crisis situations for any number of reasons, and there is an equally large number of ways to react to each one as a police officer. Officer McDonald spoke about the importance of the way you approach an individual in crisis, highlighting the role that life experience plays in these encounters:

I feel CIT is very beneficial to younger cops with no life experience. [These] cops [have] difficulties maintaining an open conversation when ... the crisis individual starts talking about things. ...Like, [the crisis individual will say] “Oh, you know, I’m getting divorced and I have two kids and I’m losing the house” and a twenty-four-year-old cop goes “Oh, I, I understand.” It’s impossible, and they teach you to say it. If you don’t understand, don’t ever say you understand. But, I feel the older cops, even if they’ve never been

divorced, they understand. “You know, I’m married, I have two kids, I couldn’t even imagine. You know, I’m not in your situation.” ...I thought they did a good job about [explaining that] it’s not really about life experience, it’s about being able to gain rapport - with the caveat that it’s not easy to do that without life experience.

Younger police officers and older police officers can differ in their approach to police work. This presents a number of challenges, and the concept came up with several officers. While talking about the difficulties of teaching CIT skills to older officers, Officer Smith said:

Not everybody’s on board with [CIT]. You still have some old school “I’m an old-school cop;” you have some officers who have been around for a long time that don’t necessarily believe [in it.] ...In my experience, [they] just grab them and [say] “Let’s go. We’ve got things to do.” Okay, but we are going to deal with this person again and they’re going to remember that we just grabbed them. Instead of mending it or helping that wound heal, you’re really just tearing the scab off and starting all over for the next time.

Officer Jones added:

You can diffuse a situation by talking with people. ...You need to learn that not everybody comes in on the same wavelength as you, and take [into account] other people’s ... backgrounds, mental health, that sort of thing. ...You need the whole picture in [these situations]: Whatever you can take in.

Rapport becomes especially important when dealing with people experiencing mental illness. After talking about a man with schizophrenia experiencing paranoid delusions in a food court, Officer Johnson spoke about how one can build trust despite these obstacles:

Regardless if you know that person or not, just walking in and developing that conversation, that rapport, relationship [is important.] ... Somebody thinks their food is bad, well you're not going to try to force them to eat it but you show them "Hey, you have nothing to worry about." If it's something like crackers, [say] "Hey look, I'll eat a couple, it's fine." That way, it kind of takes that worry away and then you can focus on having that conversation.

Establishing rapport with people with SPMI such as schizophrenia is especially important, but is no less important when interacting with mental illness such as PTSD and depression. After talking about the complexity of calls involving PTSD, depression, and suicidal people, Officer Bishop said:

[When] dealing with people that are feeling depressed, suicidal, whatever the case is, I think those core skills ... are just building the rapport, empathy and active listening skills -- really asking the correct questions to build the connection with someone. I find that those are the most useful, because so many of us walk into these situations: ...I'll watch my partners if they decide to be the lead contact person with someone on a suicidal call. And, they'll just ask these really rigid questions, and it's the same thing every time. Like, "Do you want to harm yourself?" If they say no, "Would you call 911 if you did want to harm yourself?" And, if they say no to that, they pretty much say, "All right. We're out of here." Like, we tried, give us a call if you want to, we'll come back, whatever.

Most people can tell when someone is not invested in the situation and only putting in the minimum amount of effort. When dealing with mental illnesses such as PTSD and depression, showing someone you care about them and their well-being becomes that much more important. After talking about the importance of showing someone you care and are not going anywhere

until you know they're going to be alright, Officer Green gave an example of the impact establishing rapport can have with someone who is suicidal:

[There] was a girl. Someone calls in and says my friend is suicidal. So, I knock on the door. I can hear someone in there, but no one's answering. And then I forgot what her name was but I'm like, "Hey, I'm here. I'm not going to leave. I can't leave. I'm not leaving you." And then the door opened. She was just ignoring me completely and I say that. And then she was saying, "Oh no, I'm fine. Get out of here, you're good." I was like, "Well, I can tell you're not fine and I want to help you." Again, I was there for her and by the end of it, I had her walking out to the ambulance, and she didn't want to go initially. Then I even had a supervisor that showed up with me and he was like, "Come on, let's go," and she got all mad. [The supervisor] was kind of bringing me back from the progress I had made with her, rapport. Then I just said [to the girl], "Yeah, he's the grumpy sergeant. Don't mind him," and I kind of took her side and we actually ended up helping, just the rapport with her.

Officer Green's encounter may have gone much differently had he not "taken her side" and shown her that he cared. This is true for encounters of any kind, as mental illnesses such as depression and PTSD affect people of all ages. Establishing rapport with a veteran suffering from PTSD was especially useful for Officer Bishop. After recalling a story about working with a veteran, Officer Bishop added:

Well, I think the most rewarding part of it for me ... [was], after an hour and a half of talking to him, he broke down crying to me. ...My partner and I had sat there and had listened to him and talked with him and shown him that we cared, and that we wanted to

affect his life in a positive way that night. So, I mean, he literally just [expletive]ing broke down. He lost it. ...He still didn't want to go anywhere, but that was fine; that was ... beside the point, where ... he sold us on the fact that nothing bad was going to happen that night. But, we didn't want him to feel that [expletive]ing pain that you could see in his face; his life was just hell that night, and to try to share that moment with him, and show him that while I'm not you, I don't understand what you're feeling, ... I can't feel those feelings, I haven't gone through your experiences. But, that I'm there to listen to him and to try to take any weight off his shoulders that I could. It made such a strong connection with him, and I see him sometimes still. I actually just saw him yesterday and this was about a year and a half ago that that originally happened, and we still remember each other. ...I've had a similar experience to that where I walked away and the veteran killed himself, almost immediately after I left. [But, this other] guy is still there today and I still see him.

Officer Bishop's ability to establish rapport likely saved that veteran's life. Regardless of the severity of the situation, rapport can have a strong positive influence on the outcome of a situation. For example, Officer Johnson was able to use the rapport he had established with a young student as a D.A.R.E. Officer:

...Following that incident, he actually ran from school maybe a month later, and other officers had showed up. ...Nothing against these officers, but the kid was just yelling at them. He wanted nothing to do with them, and they're like "Oh no, you've gotta go back to school!" ...I literally walked up, kept a good distance, probably from here to the door, you know, five feet to ten feet or whatever. ...I just lifted my sunglasses and I knew him by first name, and I said "Hey." ...He looked at me, and it was like it was just me and

him; he wasn't focusing on anything else. He was still upset, and I said "Look, I just want to talk to you buddy. It's cold outside. Why don't we go sit in my car?" "I'm not going back to school!" I said "We'll just pull right off into a parking lot then." He had a conversation with me. I called his mom, she talked to him ... and we brought him back to school that day. He understood what was going to happen. I mean, [this was] not necessarily a mental health crisis, but certainly a behavioral issue that CIT applies to. And it speaks to that the core of it can be applied to whatever.

The outcomes of these situations would have been quite different had each officer not worked to build a strong rapport with each person. CIT Training teaches the value of rapport and the importance of trying to build rapport with people while on duty. Eight out of 11 officers spoke to this idea, and many had experienced the benefits of doing so firsthand.

Slowing Down

When a crisis is playing out, emotions are often running high and people are not thinking clearly; this is often the time that police are called and enter the scene. When entering a crisis situation, it is easy to get caught up in the hectic atmosphere and match its pace. The situation is not likely to improve, and may even escalate when this happens. Slowing down enough to breathe and rationally approach the situation is important. Seven out of 11 participants conveyed ideas consistent with Theme #3: CIT Training teaches the value of slowing down and thinking before acting.

When entering a crisis situation, instinct can kick in and the situation can escalate. Officer Williams spoke about how CIT Training made him think about his approach to police work in a new light:

[CIT Training] made me think a little bit about: Are we maybe shooting some people we don't need to shoot? Yes, he's got a gun. But, do we need to make a split second decision to determine to take this person's life or is there something we can talk this person out of. ...Obviously, no one wants to take a human life, but is that extra time that you are taking to assess, is this something that I can talk him out of or is this something I need to shoot my way out of? Is it maybe a bad thing? Is that extra thought maybe going to give them the extra time they need to get a round off?

Officer Williams raised some interesting questions, especially when lives are on the line. Officer Johnson spoke about a similar shift in perspective and recognized the importance of staying calm and mentally in control:

You look at incidents. You can hear it on the radio if you have a scanner or even at another cop. You can tell when an officer is not mentally in control of that. You know, growing up as a kid, I think anybody could say "You know what? I reacted emotionally." [People can be] very reactionary to certain comments, actions that were done because they were so worked up. ...I think that if you can calm it down, regardless of the conversation or anything you're dealing with, and give yourself that extra second to think -- and literally it is just a second -- think about what you're going to say over the radio before you pick up that radio, and it's going to come out a lot calmer. It's the same thing when you're dealing with this. Think about what you're going to say, then say it. And sometimes when you think about what you're going to say, you also have to think about, if I say this what might happen? So it's a two-part process and again it goes back to that—you can't rush this.

Being mindful of one's own temperament, and consciously trying to slow down in a crisis situation can be invaluable. According to Officer Johnson, stopping to think about what you will say next before speaking can make all the difference. This is especially true when mental illness comes into play. Officer Scott elaborated:

You have to ... take some time with people; that's happened a few times. A lot of times it's been ... a domestic type situation, but ... the person also has some sort of mental illness going on, too. You just [have] to take your time and not worry about the next call, because somebody is going to be able to take that call. You [just have] to take your time with them and ... wait them out a little bit and use what they taught us.

Officer McDonald applied this aspect of CIT Training to mental illness as well:

After CIT training, I pay attention to [SPMI] more. ... They teach you to slow down [and] just pay attention. They use the term "hone in on the skills." Whereas we're [traditionally] taught: Get there. Control it. What does he need? ...Get on the next call. Move on. ...They teach you slow down: Tell everybody your department: "Hey. We're gonna be here for a while. Everybody relax. ...Get things settled. Get north. Get less lethal just in case. I'm gonna stay here and talk to this guy."

Officer McDonald then discussed what is missed when an officer is too distracted to effectively slow down and listen:

[CIT Trainers] are good at teaching you what to say. Slow down; let the person in crisis talk and actually have the cop listen. Stand there; don't do anything. Actually listen to what they're telling you because ... [if] I'm already thinking - I'm not even listening. I'm thinking, "How am I going to get this guy to do what I want him to do? ...Am I gonna

fight with this guy? Is he - why is he reaching behind his back?" Where ... CIT [says], "Take all of that away. Just physically look at him and actually listen to what he's talking about." And that's very hard, because you can't multitask and ... do multi-things great. You do them all half-assed. But if I can physically just watch you and listen to you talk, I can do that [well]. But if now if I'm watching your hands, looking behind you, watching those guys out the door and listening to you talk, you can't do that effectively.

While it can certainly be difficult, trying to be fully present with someone can make a difference. Knowing that you have the person's full attention can be comforting. Officer Garcia had similar views and added:

You want to do it very systematically [according to traditional police training], and then it's like, "You know what?" Let's just do it differently this time. Let's sit down ... with somebody. Let's pray with somebody ... if that's what they need right now. ...Let's just do it very case-by-case as opposed to ... just doing it very objectively. ...I've seen it work.... I'm honored to have gone through it and I wish more people could go through it as well.

While valuable, this is absolutely an approach that takes some time to get used to. Stopping to do something such as praying with someone is far from what is taught in traditional police training, where controlling the situation is seen as paramount. Officer Bishop acknowledged how common it is to feel the need to maintain control in a conversation as a police officer:

[Learning to] really take a step back [was helpful], especially in this position of being a law enforcement officer where so many people try to take absolute control of every situation. They want to fill the air with them speaking, their voice being heard, their ideas

being verbalized. And, really realizing that we need to step back and kind of take that moment to listen to other people -- take in what they're saying and really the content of it, ... not just the things that they're saying to us, but the meaning behind it. And, trying to find a way to use that ... links up with active listening and ... having that ability to take that step back and do that [was helpful].

After sharing a story of a particularly difficult encounter that ended peacefully due to being able to slow down, Officer Bishop added:

So, CIT really emphasizes taking that time to slow things down so ... you don't force anyone's hand -- our hand or the other person's -- into whether it be a use of force or whatever the scenario is. ...People tend to fight back. ...I remember [in CIT training], ...[some officers] said, "Well, logistically, it just doesn't work. If we have cause impending, ... we can't take that time to slow things down." The fact is, you just have to act and you make it work and we made it work that night. I probably have partners that are pissed at me because they were taking all my calls [because] ...I spent about an hour to an hour and a half with this guy. [I was] just communicating with him, trying to get through what was going on, showing him that I was there truly in his best interests, and I wasn't going to force him to do anything he didn't want to.

Fighting back is a natural instinct, and several officers spoke about it. Officer Garcia shared a story in which he was similarly able to avoid a deadly force confrontation in a situation involving juveniles:

[A recent case involving justified deadly force] involved [a pair of] juveniles who were ... armed with knives in each case [and] in mental health crisis. We've had ... a lot of

dealings with ... each of these kids and it was a very clear deadly force ... incident that was turned around because we were able to slow down. Was the criteria there for a justified deadly force encounter? Yes. We ... have the means [and] ... somebody who's armed. ... They've said they're going to ... attack us. They said they were going to attack their family. I mean, that ... just kind of spells out the picture of what a justified deadly force incident might look like. However, we know we're working with a juvenile, we have a history with this juvenile and these juveniles in separate incidents. And, we are able to slow down. You know, our minds, ... our training, not CIT, but our ... police training kind of tells us, "Okay, we need ... to meet this with force," right? We need to disarm and take this person into custody. And, it's a crime, right? This looks like a crime, but it's really something very different. So, we were able to slow down, ... keep a barrier in place, [and] speak to somebody in very close proximity who was armed [and] ... made very clear threats. [We were able to] actually talk them down without any force – not even the less-than-lethal force options and some of those tools that we have.

While quickly moving to contain and control a situation has its advantages, CIT Training teaches that slowing down and thinking has its own advantages. Seven out of 11 participants spoke about this, and several experienced positive outcomes after trying it themselves.

Officer Safety

Being a police officer is inherently dangerous work, and entering situations where quite literally anything can happen is a daily occurrence. Be it a routine traffic stop, welfare check, or a burglary in progress, the threat of bodily harm is very real; it should come as no surprise that ensuring personal safety is of paramount importance to every police officer. Acknowledging this and addressing it head on is an important aspect of CIT Training. Five out of 11 participants

conveyed ideas consistent with Theme #4: CIT Training and officer safety do not have to be mutually exclusive.

While CIT Training was developed some time ago, it has recently picked up significant traction. Therefore, as a “new” program in the eyes of many, CIT Training has its fair share of preconceptions and rumors. Officer Peterson, a CIT Training supervisor, emphasized the importance of acknowledging and addressing these preconceptions about CIT head-on in training:

Some of the myths we see when we come into the training is that [CIT] is a substitute for officer safety skills. It’s ... absolutely not: We debunk that right away. This is designed to work in conjunction with officer safety skills. If we can prevent the use of force, that is a goal. If we can prevent anyone from being harmed on either side of that equation, that is a goal.

Officer Scott’s CIT class addressed officer safety in a similar fashion to Officer Peterson’s approach:

They told us [that CIT skills and officer safety are not mutually exclusive] right way, and throughout the whole week they kept stressing it: ...We are not asking you to lower your officer safety or put your guard down at all. We understand you need to keep yourself and others safe still. They stressed that, which I thought was good. ...They didn’t try to make us not do that.

Officer McDonald echoed that experience, emphasizing that force is always an option when necessary:

[His CIT Training taught] “Hey. [Force] is an option, it’s always on the table. And use it when necessary. Always. Never sacrifice your own life for somebody in mental illness.”

The reassurance that force is always an option reduced the level of concern for several officers. As with any population, some people are more receptive to new ideas and methods than others. Officer Bishop spoke about the importance of personality when it comes to an officer’s approach to CIT Training:

From what I’ve seen, ...the people who go through the training tend to ... get on board with the actual CIT methodology and training. ...By the end, a lot of them were very much so in agreement with it. So, what I tend to see more is: My partners that haven’t been there ... think it’s just ... a bunch of garbage. “You give up your officer safety. It’s free hugs for the whole world. [You’re] not doing our job the way that it’s meant to be: not keeping people safe.” So, there is ... a ton of ... those thoughts in the air with people that haven’t had that experience. And, I think at the training, some people were just too rigid to understand that you ... don’t have to compromise your safety. ...First of all, there’s all sorts of strategies you can use, like not approaching someone, ...hanging back. Wait for all of your partners, get cover on someone. If it’s a suicidal person with a weapon, ...let’s stay way the hell back to not force [a potentially lethal confrontation]. ...Then get lethal cover all over this person, so that you, you are safe, they’re safe, like everyone’s as safe as possible, and then don’t ... make an approach within physical danger area. There’s no need to. You can try to use your imagination to come up with a better way to contact, whether it’s by phone or yelling back and forth. You’re behind a barrier, ...having the ability to retreat if they come at you. So, you see guys who go

through the training [have] ...the ability to utilize the skills safely. It's just probably a small percentage of the people that go through [are] too rigid to understand that.

Officer Smith had a similar experience regarding the personalities of officers and their approach to CIT Training, and described how his CIT Training instructor worked to bridge that divide:

[CIT] was really good [at] sharing what works and what doesn't work, and techniques on how to work with people that are in crisis. There are sometimes, obviously, personalities with different cops that play into it: If you are more of an abrupt or more of a directive, "Do this, do this, do this" [type of person], that can do more damage than help. I think the way they were able to maintain officer safety while also coming across as somebody who is concerned and compassionate and not giving up the safety end of things was very helpful. [The CIT Training organization that conducted his training] is taught by cops who are licensed mental health professionals. They understand the importance of maintaining officer safety while still being compassionate and willing and able to talk with people in crisis. I felt comfortable; I felt reassured being taught by another cop who understood that there are certain lines that I cannot cross. That was helpful.

Knowing that their instructor was a fellow police officer and knew the challenges they face was especially helpful. Officer McDonald's experience with training was not as smooth, and he spoke about the difficulty some people had stepping outside of their comfort zones regarding officer safety:

They tell you push the boundaries of space. ...There could be an officer standing right behind the individual in crisis, and [the instructor says they] want you to get as close as possible within your safety zone. They tell you, "Oh, if you were to pull a gun, don't

worry, you'll be safe." I don't know if that's just to get people out of their own comfort zone a little bit. Because, if you and I are having this conversation I might -- well we have a pretty good communication barrier between us -- but I might not sit in that chair right next to you if you're in crisis. I mean it's probably not going to happen, but they ask, "Just do it so you know what it's like." I didn't have a problem with it because it's training, but some people have ... the attitude of "No, I can't do that." ...They couldn't separate ... training versus [reality]: "Well I would never do that." It's like, "Well just do it" [and they will say] "Well no, I won't."

Some officers had difficulty suspending disbelief and stepping outside of their comfort zones for training. The conversation then moved to when de-escalation techniques aren't effective and the situation escalates. Officer McDonald felt that this could have been covered more extensively and said:

What are their expectations between officer safety versus clinical safety? At some point they're not going to meet [and] it's not going to mesh. You know, we're going to [do what we have to do] to make sure we're safe and get them in custody versus thinking "Why did you do that? ... They teach us ... "Try everything. ...Exhaust all your resources." But when your ... resources are exhausted and you think "You know what? No. We're done talking. It's not going anywhere." Do they have an expectation of "We would really like you to try ... to [not] hurt them." ...Do they want us to ... try pepper first? Or, try tasing and just get it done with? Or try the new, well not new but, the 40 mm impact rounds? ...We're gonna do what we do, no matter what.

Officer Smith also identified with the idea of needing to know when to escalate force. While talking about when and where "soft skills" and "hard skills" come into play, he said:

That's the thing, the situation dictates. Officer safety comes into play there too. I [am] a field training officer: I train new officers as well. Realistically, I tell them, "I'm not trying to sound like a jack wagon, but crazy people can kill. If somebody who's in crisis or has a mental health issue, and they've got a knife, you've still got to maintain your safety skills because they are very unpredictable, they are very unstable." You can use your skills that you've learned, whether they are formal skills or not formal skills, but you still have to have some kind of lethal cover; it's good to have a second officer.

Maintaining officer safety is important to everyone, and on the forefront of the minds of many police officers. Five out of 11 participants spoke about it specifically, and felt that their concerns were addressed to varying degrees of success. The perception that the instructor truly understood the nature of the job and its inherent risks were appreciated, while ambiguity about how to respond to practical threats was not received positively. Different CIT Training providers likely approach this topic in different ways, and some are received more positively by officers than others.

Discussion

Implications for Social Work Practice

The results of this study provide evidence for the efficacy of CIT Training and its ability to improve the interactions between police officers and people with SPMI. As more police officers participate in CIT programs and strengthen the skills and mindsets taught by CIT Training, an increase in positive outcomes for people with SPMI could follow. The skills and concepts honed in CIT Training have value outside of the scope of mental health as well, and could help facilitate better interactions between police officers and the general public. On the

other side of that coin, the data collected in this study brought to light some of the difficulties that all police officers face due to the actions of a relative minority in their profession. There are actions that both police officers and the general public could take in order to improve their relations with each other. As several officers in these interviews pointed out: police officers are in fact members of their communities as well.

Implications for Policy

Without exception, each participant in this study spoke favorably about CIT Training, finding it to be worthwhile and valuable in some way. A topic that came up several times, however, was the prohibitive cost involved with sending officers to CIT Training. Being a 40-hour-long course conducted over a one week period, each officer that attends is spending a week away from their regular duties as police officers. This gap in coverage must be compensated for in some way, be it overtime from other officers or a smaller police presence. Financially, this is functionally equivalent to each officer taking a week of paid vacation, plus any direct costs associated with the training organization. CIT Training is expensive, but valuable. Increased funding via the implementation of a new policy has the potential to greatly off-set this cost, thus enabling more police departments to send more police officers to CIT training.

Implications for Research

The results of this study were largely consistent with the results of previous studies, especially those covered in the literature review. For example, research by Ellis (2014) indicated that officers had improved knowledge, perception, and attitude towards individuals with SPMI after undergoing CIT training. Research by Ritter et al. (2014) found that officers felt more prepared to handle a crisis involving mental illness following CIT training. Research by

Compton et al. (2014) reported that CIT-trained officers were more likely to recognize mental illness as such, and were more likely than their non-CIT trained colleagues to report using verbal confrontation and negotiation skills as their highest level of force used. Research by (Morabito et al., 2013) discovered police officers tended to view CIT training in a positive light as it aided them in their existing duties. Each of these findings came to light in this researcher's study as well.

There is an increasingly large body of evidence forming that speaks to the efficacy of CIT Training, and its deployment appears to be beneficial in almost all settings when implemented properly. Researching ways to help propagate CIT Training while mitigating its limitations, such as cost and accessibility, would be a worthwhile next step in the realm of research.

The results of this study delineate several aspects of CIT that officers found to be especially helpful in their duties. Specifically, building rapport and slowing down proved especially useful in improving the quality of interactions with the public while on duty. Additionally, once maintaining officer safety was known to be a priority in CIT Training, officers were more likely to be willing to try out this new approach. Continuing to focus on these topics is likely to help police officers accept new ideas in a field rich with traditions.

On that note, several participants in this study highlighted a selection of difficulties associated with convincing some officers to try the concepts encouraged by CIT. Further research is needed in order to discover ways to better bridge this gap. There is a long cultural history in police work, and it is no small task to promote ideas that are perceived by some as conflicting with traditional policing.

Strengths and Limitations

A major strength of this study is its open-ended qualitative design. This allowed participants to speak their minds and introduce topics that may not have occurred to the researcher. In a more directed research design, these topics would have a much smaller chance of being discussed. Additionally, participants had as much time as they needed to discuss the topics that were important to them. This resulted in strong data that was better able to highlight the information that is important to these police officers.

This study shared a limitation found in many of the studies analyzed in the literature review: The officers that were willing to be interviewed in a study of this nature likely possessed qualities that CIT Training promotes, such as open-mindedness, a strong sense of empathy, and strong interpersonal skills. Some participants in CIT Training volunteer to attend, while others do not feel they have a choice. These two groups of people likely possess different qualities, and every research participant interviewed in this study attended CIT Training voluntarily. In light of this, the generalizability of this study is limited. Instead, it demonstrates CIT's potential when participants keep an open mind and are willing to give it a chance.

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Appendix A

Interview Questions

1. What was your overall impression of CIT training?
2. Have you had any other mental health training prior to CIT? If so, what was different about CIT training?
3. To what extent did you find CIT training to be effective?
 - a. What do you think CIT training did well?
 - b. What would you change about CIT training in order to improve it?
4. Were there any discrepancies between training and what you've experienced on duty?
5. If any, what kinds of experiences have you had with SPMI (serious and persistent mental illness) while on duty?
6. What kinds of issues pertaining to SPMI have you encountered while on duty that you wish you had learned more about?
7. How are police encounters with people with SPMI portrayed by the media?
 - a. How do you think that CIT training will change law enforcement's relationship with the public?
 - b. In what ways could the public better understand police officers and their perspective on interacting with people with SPMI?
8. From your experience, what should the police response to situations involving people with SPMI be?