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Research Paper

Effects of a Crisis Intervention Team (CIT) Training Program Upon Police Officers Before and After Crisis Intervention Team Training

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A B S T R A C T

In communities across the United States and internationally, police officers frequently come into contact with individuals experiencing mental health crisis despite not having the skills to safely intervene. This often results in officers resorting to excessive or even deadly force. The Crisis Intervention Team (CIT) is heralded as a revolutionary and transformative intervention to correct this gap in practice. Several previous interdisciplinary national and international studies, including criminology and sociology, have examined these concepts using quantitative and qualitative methodological designs, however, no prior nursing studies have been done on this topic. The purpose of this study was to determine the effect of CIT training on police officers' knowledge, perception, and attitude toward persons with mental illness. Twenty five police officers participated. An explorative, quasi experimental, descriptive design was used to collect the data on the three major concepts. Results on knowledge about mental illness improved at $p < .0125$ ($p < .05$ after Bonferroni correction). Perception scores improved at $p < .0125$ ($p < .05$ after Bonferroni correction), and attitudes were more favorable at $p < .0125$ ($p < .05$ after Bonferroni correction). The results of this study validated the CIT program as an innovative community health program that benefits law enforcement, consumers, mental health professionals, and stakeholders.

The deinstitutionalization of patients in American psychiatric hospitals in the 1970s was meant to help re-integrate chronically-ill patients back into the community (Burris, 2004). The theory behind deinstitutionalization consists of three components: the release of patients in state psychiatric hospitals back into the community; the diversion of potential new admissions to alternative community mental health facilities; and the development of specialized services and training for the care of non-institutionalized, mentally ill persons (Lamb & Bachrach, 2001).

One negative consequence of the deinstitutionalization movement has been the marked increase in contact between persons with mental illness and the criminal justice system (Hartford, Heslop, Stitt, & Hoch, 2005). Studies show that many of the patients who were released from state hospitals had difficulties reintegrating into society, due to their long periods of institutionalization (Hartford et al., 2005). Many patients lacked the social skills, social support, or access to resources needed to successfully reestablish themselves outside of the hospital setting, and many were in need of continued multidisciplinary, coordinated, and comprehensive services (Watson, 2010). With limited available resources, large numbers of these former patients ended up homeless with untreated serious mental illness (SMI) and co-occurring disorders, and co-morbid medical conditions, and large numbers of these former patients have emerged in major cities throughout the country, including Miami (Deas-Nesmith & McLeod-Bryant, 1992).

Homelessness and lack of ability to function in the community have also resulted in increased contact with law enforcement personnel, most of who are inadequately trained in working with people experiencing psychiatric crises (Deas-Nesmith & McLeod-Bryant, 1992). This poses many challenges to law enforcement personnel in communities across the country.

Challenges between law enforcement and the mentally ill have also been identified as a global issue. Studies from Great Britain, Australia, and Canada (Durbin, Lin, & Zaslavska, 2010; Hollander, Lee, Tahtalian, Young, & Kulkarni, 2011; Lee, Brunero, Fairbrother, & Cowan, 2008; Short, McDonald, Luebbers, Ogloff, & Thomas, 2012) have highlighted these concerns and identified the need for law enforcement mental health training, greater collaboration between police, mental health professionals, and citizens; and the preference to divert to treatment rather than jail. These are educational, practice, and policy initiatives aimed at bridging gaps while achieving quality outcomes across disciplines. Globally, contemporary psychiatric nurses are at the forefront of cordoning and implementing these core caring principles.

These challenges have also generated much concern from mental health professionals, as well as from legislative and public health officials.

The purpose of this study is to determine what impact a Crisis Intervention Team (CIT) training would have on police officers'

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knowledge, perceptions, and attitudes toward mental illness from pre-CIT training to post-CIT training in Miami-Dade County, Florida. The study examined whether a 40-hour, 1 week CIT training program positively influences the knowledge, perceptions, and attitudes of police officers toward persons with mental illness and those experiencing mental health crisis. Additionally, this study demonstrates how psychiatric nurses can use collaboration, integration, and expansion of services with other disciplines to eradicate perceptual and attitudinal barriers to persons with SMI.

THE CIT MODEL

CIT is the newest and the most innovative approach to bridge the disparity gaps between the mental health and the criminal justice systems. It was established in order to develop a more intelligent, understandable, and safe approach to mental health crisis events (Eleventh Judicial Circuit Criminal Mental Health Project, 2010). Multiple studies in criminal justice, criminology, and sociology show CIT as an effective law enforcement tool when intervening with persons with mental illness (Ellis, 2011). However, a literature search revealed that very little on CIT has been addressed by the discipline of nursing, hence the attention to this study. Nurses, particularly psychiatric nurses, could contribute significantly to CITs by drawing on their clinical expertise in acute care and community health, nursing theoretical frameworks and practice models, and education and research. Psychiatric mental health nursing expertise can serve as an important component to future CITs from the standpoint of ongoing community mental health program development and evaluation, and evidence-based best practices that result in quality health outcomes.

The CIT model is a specialized police-based program intended to enhance police officers' interactions with individuals with mental illness and improve the safety of all parties involved in mental health crises (Compton, Bahora, Watson, & Oliva, 2008). CIT is a systematic response intervention model requiring the use of specialized skills when responding to calls involving persons with mental illness. These may include assessing for the likely presence of mental illness, using communication and de-escalation techniques, communicating with mental health providers, and completing emergency evaluation petitions (Watson, Morabito, Draine, & Ottati, 2008).

The standard CIT training is a 40-hour course consisting of classroom didactics on the disease process as well as signs and symptoms of mental illness and substance use disorders (see Table 1).

Table 1
Standard Crisis Intervention Team (CIT) 40 – Hour Course.

Summary of standard CIT 40 – hour class didactics model	Summary of standard CIT 40 – hour course content model
• Mental health disease processes	• Signs & symptoms of mental illness
• Signs & symptoms of mental illness	• Schizophrenia and psychotic disorders
• De-escalation techniques	• Mood – depressive & bipolar disorders
• Situational role play scenarios	• Cognitive disorders
• Film vignettes	• Substance abuse & co-occurring disorders
• Live testimonials from cit officers & consumers/families	• Anxiety & other brain disorders – PTSD
• Field trips to local jails	• Disorders in children & adolescents
• Field trips to local psychiatric facilities	• Risks to self & others
	• Psychotropic medications
	• Involuntary treatment
	• Community resources
	• Communication techniques
	• Needs of mental health consumers
	• Community perspective
	• Resiliency for the officers on how to prevent PTSD
	• Cultural sensitivity & mental illness

CIT is a revolutionary approach aimed at transforming mental health treatment for a segment of society with a long history of social stigma and mental health service disparity. The psychiatric mental health nursing model has the potential to radically improve care of the severe and persistently mentally ill in the community by partnering with law enforcement.

The first CIT training was developed and implemented in Memphis, Tennessee in 1988 in conjunction with mental health professionals, local advocates, and the National Alliance on Mental Illness (NAMI), and has evolved into a specialized program supported by evidence from multiple studies (Bahora, Hanafi, Chien, & Compton, 2008). The leaders of CITs identified eight core elements that serve as anchoring pillars to the program: (1) partnerships between law enforcement and mental health advocacy; (2) community ownership through dedicated planning, implementing, and networking; (3) law enforcement policies and procedures; (4) recognitions and honors of CIT officers' accomplishments; (5) availability of mental health facilities; (6) basic and advanced training for officers and dispatchers; (7) evaluation and research; and (8) outreach to other communities (Compton, Broussard, Hankerson-Dyson, Krisham, & Stewart-Hutto, 2011; Hanafi, Bahora, Nemir, & Compton, 2008).

IMPACT ON THE COMMUNITY

Over the years, several authors (e.g. Bahora et al., 2008; Broussard, McGriff, Neubert, D'Orio, & Compton, 2010; Compton, Esterberg, McGee, Kotwicki, & Oliva, 2006; Compton et al., 2011) have reported on the disproportionate number of mentally ill individuals who are admitted to the criminal justice system instead of to psychiatric treatment facilities. Hartford et al. (2005) reported that, in 1995, 3% of the U.S. population were mentally ill and residing in mental institutions, whereas, in 1999, 3% of the national population were mentally ill but incarcerated in criminal justice facilities. In their study, Hails and Broum (2003) reported that approximately 685,000 people with SMI are taken to U.S. jails every year, and between 6% and 15% of all jailed inmates have SMI.

At any given time, between 800–1200 people with SMI are in Miami-Dade County jails. This is a reflection of the fact that Miami-Dade County has a rate of homeless persons with SMI approximately 2–3 times the national average, the highest rate in the country (Eleventh Judicial Circuit Criminal Mental Health Project, 2012). Of the approximately 6,500 patrol officers who make up the 35 police municipalities throughout Miami-Dade County, 3,700 (57%) have been trained in CIT since 2000. The Eleventh Judicial Circuit Criminal Mental Health Project (2012) found that during 2011 there were 10,000 mental health-related emergency calls throughout Miami Dade County but only 500 arrests made compared to more than 4,000 in previous years. Likewise, a total of 21 people with SMI have been killed by police from 1999 to the present, a striking decrease from the average of 25 per year prior to the initiation of the CIT training. These are evidence that support the value and effectiveness of a successful CIT program.

MAJOR CONCEPTS

Knowledge

In an historical study on the "Effect of a Mental Health Educational Program upon Police Officers," Godschalx (1984) defined knowledge as "the learning of new concepts and behaviors that can be applied to solve, or help to solve an identified problem." Inability to use the correct psychiatric etymology and understand symptomology is a consequence of lack of knowledge (Aydin, Yigit, Inandi, & Kirpinar, 2003).