

**Crisis Intervention Training (CIT)**

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### **Abstract**

The objective of this research is to examine the effectiveness the response police officers have with the implementation of the CIT Program. A systematic review of studies conducted to assess the impact of this policy stated outcomes indicates that the policy is an effective means of creating a better response to mentally ill individuals by police officers. In addition, this policy has also decreased use of force towards mentally ill individuals by police officers, created an increase in diversion of jails and prisons, and increased officers' knowledge, perceptions and understanding of mental illness. This paper reviews the background issues that led to the creation of the CIT Program policy, the policy itself including regulations and implementation uses, results of studies evaluating the policy, and the issues related to the policy.

*Keywords:* CIT Program, Mentally Ill Individuals, Mental Health, Police Officers

## **Introduction**

Deinstitutionalization was put forward as a policy to allow for the mentally ill to be integrated back into society; however, it has created a significant negative effect. Due to deinstitutionalization, individuals with severe mental illness have not been able to access treatment in the community and as a result criminalization of the mentally ill has taken effect. As a result of a lack of mental health resources and social services, police, as the only entity that cannot refuse service, became the first responders to the mentally ill. Police officers have been given the role of first responders to the mentally ill, when they are not adequately trained for this function. Officers do not have adequate or appropriate training for dealing with individuals of mental illness, creating instances of excessive force, injury, and even death. Crisis Intervention Training (CIT) teams have been implemented to hopefully allow for police officers to take proper and appropriate care and actions when dealing with crisis calls involving individuals of the mentally ill. The results from the studies conducted on the effectiveness of the CIT Program in terms of officers' perceptions, attitudes and understanding of mental illness, the diversion of jails and prisons, and use of force amongst police officers towards individuals with mental illness showed positive outcomes. The objective of this research is to critically examine the effectiveness of Crisis Intervention Training (CIT) teams for adequate training of police officers' interactions with individuals with mental illness.

## **Statement of the Problem**

In the mid-1950's American society, along with other industrialized nations, implemented deinstitutionalization and the removal of asylums (Lamb & Bachrach, 2001). With this policy change, many mentally ill individuals were released from care under the supervision of hospitals and integrated back into the community (Lamb & Bachrach, 2001). The aim of

deinstitutionalization was to create an integrated community, including mentally ill individuals, to aim for a more cost efficient plan for the federal and state government (Lamb & Weinberger, 1998). This created severe negative effects as individuals with severe mental illness were not able to be treated and long term care essentially disappeared (Lamb & Weinberger, 1998). With individuals not receiving care, symptoms progressively got worse and caused further problems in society, rather than create a better integrated society, which was the aim of deinstitutionalization.

Due to the way that deinstitutionalization occurred, many individuals who no longer had treatment options nor a social support network ended up among the homeless population (Lamb & Weinberger, 1998). According to Lamb & Bachrach (2001), it is evident that a third to a half of all homeless adults have some kind of severe mental illness and close to 75% have a severe mental illness in addition to substance use disorders. With a significant rise in the homeless population as a result of deinstitutionalization, individuals who were seriously mentally ill and in crisis or committing crimes of survival or nuisance increasingly came to the attention of police officers (Lamb & Weinberger, 1998). That being the case, officers have not been and are not equipped with the adequate and appropriate training and resources to deal with crises involving individuals with severe mental health. This created the idea of panacea, where officers put themselves in place of counselors and clinicians, due to them being the first responders to calls of crisis, involving severely mentally ill individuals. Due to lack of training and adequate resources given to law enforcement officers, the rise of excessive force, deaths and injuries involving individuals suffering from mental illness began (Ellis, 2014). Furthermore, due to police officers not having the resources or training to deal with individuals with severe mental illness, officers resort to the criminalization of the mentally ill (Lamb & Bachrach, 2001), subsequently causing prisons and jails to turn into psychiatric centers (Lamb & Bachrach, 2001).

## Policy Overview

Issues with the over-representation of the mentally ill among police use of excessive and deadly force have been noted. While this issue was noted, there were few changes proposed until a significant incident occurred in Memphis, Tennessee. During this police-involved incident, an African American male with a history of mental illness and substance abuse was fatally killed while holding a knife in 1987 (CIT Center, n.d.). After this incident, community outrage led to calls for a change in the approach of policing the mentally ill (Dupont & Cochran., 2002). The Mayor of Memphis immediately turned to the National Alliance for the Mentally Ill (NAMI) and was asked to create a task force including public officials, advocates, and mental health professionals in efforts to investigate mental health training for police officers, as well as intervention programs (Dupont & Cochran., 2002). This task force found that the Memphis Police Department had an over-average amount of training compared to the national standard; however, none of their training models were found to have provided resources to responses to critical mental health crisis calls (Dupont & Cochran., 2002). This led the task force to deploy a new crisis-specialized intervention and formed the Crisis Intervention Team model (Dupont & Cochran., 2002).

The University of Memphis created the Memphis Model, which was an experimental study that later became the model implemented by numerous police departments across the United States of America (CIT Center, n.d.). The University of Memphis pioneered a program that could be used to equip officers to appropriately handle crises involving individuals suffering from a mental illness (CIT Center, n.d.). Furthermore, the program was also designed to equip officers with the knowledge of resources such as mental health facilities or other appropriate facilities in order to create a diversion from arrests and jail (CIT Center, n.d.). The CIT model

was envisioned to be a specialized unit comprised of officers with specialized training to adequately respond to cases involving individuals suffering from mental illness (CIT Center, n.d.). These officers would serve as regular patrol and when needed, would be dispatched by specialized dispatchers to calls involving mentally ill individuals in crisis, instead of sending an officer that may not be equipped with the appropriate knowledge and skills required to help in cases of mental health crises (CIT Center, n.d.). The model was designed to decrease the likelihood of excessive force, injury or death of individuals of mental illness as well as equip officers with de-escalation skills (CIT Center, n.d.).

The curriculum for the CIT model is an experimental-based learning consisting of a 40-hour course (Dupont & Cochran., 2002). The training is designed to influence attitudes and perceptions of the mentally ill, understanding of mental illness, communication, and de-escalation skills, as well as high-intensity role-playing scenarios (Dupont & Cochran., 2002). This program is designed to positively influence officers' perceptions and attitudes towards individuals with mental illness creating more of an empathetic approach, rather than a militaristic policing approach (Dupont & Cochran., 2002). It allows officers to understand the severity of mental illness and understand the difficulties coming from mental illness, in hopes of creating a point of view for officers to understand that people with mental illness are the same as them. Rather than creating an "us versus them" perspective, and creating more of a "they are just like us" perspective (Dupont & Cochran., 2002). The high-intensity scenarios are used to incorporate the skills that they have learned by efficiently using them appropriately in numerous possible scenarios. Using these scenarios, the outcome is used to allow officers to use non-verbal and verbal de-escalation skills that they have learned through the program and prepare themselves to integrate the skills in real life for scene control, officer safety and citizen safety (Dupont &

Cochran., 2002). Furthermore, another aspect of this training is to provide officers with available resources to help individuals with diversion to psychiatric facilities or mental health facilities and any other appropriate resources instead of resulting in the arrest of individuals suffering from mental illness and diverting them away from jails and prisons.

### **Policy Analysis**

#### **Studies Demonstrating an Effective Impact of the Use of CIT Training for Police Officers' Response to the Mentally Ill**

There are a multitude of studies that evaluate the effectiveness of CIT training for police officers' responses to the mentally ill. Overall, the research has generally found positive outcomes related to the training goals. Many studies have argued that officers' perceptions, knowledge, and understanding of mental illness have increased for police officers who engage with this program. In fact, an experimental study by Compton et al. (2014), found that officers with CIT training had significantly better scores on knowledge, attitudes, and skills when interacting with individuals suffering from mental illness than scores by officers without CIT training. Police departments that have implemented the CIT program have had measurable success (Martinez, 2010). Having a great understanding of mental illness has been shown to help with the response that police officers have when responding to crisis calls. Another study by Ellis (2014), consisted of 25 police officers prior to completing this training and post completing this training. This study found that the CIT program has evidentiary improvement to an officers' knowledge, perception, and attitude in dealing with individuals suffering from severe mental illness (Ellis, 2014). Moreover, a focus group study by Hanafi et al., (2008), revealed a significant success in outcomes relating to the CIT program providing a strong gain of knowledge of mental illness and practical application in dealing with individuals of mental

illness. This increase in knowledge creates an ability to recognize and respond to situations involving mentally ill individuals, a decrease in stereotyping associated with severe mental illness, and greater empathy and patience with individuals of mental illness and their caretakers. Finally, a study conducted by Bonfine et al., (2014), assessed how officers' personal and professional exposure to mental health is associated with officers' perceptions towards the CIT program. The finding of this study found that the CIT program is rated positively by officers and found that attitudes about the impact of the CIT program improve the overall safety of all parties involved (Bonfine et al., 2014). It was also noted that CIT programs enhanced officers' confidence, abilities, and skills associated with dealing with situations involving individuals with mental illness (Bonfine et al., 2014).

### **Studies Demonstrating the Effectiveness of the CIT Training on Use of Force and De-escalation Skills**

With the research available, there is an overwhelming majority that has found significant positive outcomes related to police officers with CIT training in relation to the use of force. One thousand individuals were fatally shot by police in 2018, with 25% of those individuals suffering from some type of mental illness (Rogers et al., 2019). According to Rogers et al., (2019), CIT training is beneficial to officers by creating a reduction in the use of force in these scenarios. There has been a significant reduction in the use of force against the mentally ill. The article by Olivia et al., (2010), focused on de-escalation skills, skills that can be highly effective in crisis situations, especially involving individuals of mental health that can reduce injury and/or death. This article also stated that the Memphis Police Department has reported a dramatic decrease in subject and police injuries since the implementation of the CIT program. In addition, the article also found that there was a large reduction in the use of deadly force amongst individuals with



mental illness, reduced use of restraints with individuals with mental illness, and fewer injuries to officers and citizens (Olivia et al., 2010). Finally, Compton et al., (2014) conducted a study with 586 officers, about half the officers received the 40-hour CIT training and found major improvement in de-escalation skills than officers who did not receive the CIT training.

### **Studies Demonstrating the Effectiveness of the CIT Training on Diversion from Jails and Prisons**

There has also been a greater increase in the likelihood of mentally ill individuals being diverted away from jails and prisons and instead going into some form of psychiatric or mental facility, as well as fewer arrests and redirecting the individuals towards treatment and help. A longitudinal study conducted by Franz & Borum (2011), found that in 2001, there were 296 mental disturbance calls with only 22 arrests after the CIT program was implemented and a predicted 53 arrests before the CIT program. The same article shows how these numbers changed in 2005 with 307 mental disturbance calls that ended with 0 arrests with the implementation of the CIT program, but an estimated 70 that may have happened before the CIT program (Franz & Borum, 2011). This shows that in this study the CIT program caused a diversion of jails in mental health crisis calls showing a 7% arrest rate and 10% prevention rate in 2001, declining to a 0% arrest rate and a 23% prevention rate in 2005 (Franz & Borum, 2011). The article by Olivia et al. (2010), found that the Memphis Police Department reported a significant reduction in arrest rates and a significant reduction in the number of individuals with a severe mental illness being sent to jail. In fact, Steadman et al., (2000) found that out of the three departments they were studying, all of which had low arrest rates for mental health calls, the lowest at only 2%. Rogers et al., (2019), discuss how the CIT training has led to a higher likelihood of the reduction of the criminalization of the mentally ill by diverting these individuals

from jails and instead sending individuals with mental health illness to psychiatric facilities. Furthermore, a study by Teller et al., (2006) found that with a significant increase in the number and proportions of mental health crisis calls, there were significant increases in the rates of transport to emergency medical treatment facilities by CIT-trained officers and an increase of voluntary transports following the implementation of CIT training for police officers. With the implementation of CIT programs by police departments, it has been shown that there has been an increased amount of voluntary transports to the hospital, resulting from a linkage of the training and treatment availability (Watson, 2008).

### **Critical Analysis**

Due to the fact that the CIT training model is fairly new, there has not been enough time for a fair, appropriate, and adequate representation of the outcomes of the training. With that being said, the CIT training has been promising with the research that is available; however, there is a severe lack of research and evidence. Watson & Compton (2019) also provide a basis for understanding the lack of evidence surrounding the CIT program, stating that there is limited evidence on the impact of the CIT programs' outcomes on safety. A significant issue with this program, which is missed by many, is due to the lack of manpower in law enforcement (Skubby et al., 2013). A study focused on gaining a better understanding of the barriers associated with adopting this model into rural communities found that one of the major barriers is the difficulty of implementing this training due to a severe lack of manpower in smaller, more rural communities (Skubby et al., 2013). Another article supports this idea of lack of manpower affecting the implementation of the CIT program with data received by two surveys conducted on police chiefs and sheriffs reporting that they did not have enough officers to implement this program in their departments (Compton et al., 2015). Furthermore, many studies evaluate the

insufficient access to mental health services (Compton et al., 2015; Watson & Compton, 2019). These articles encourage research to further improve the model and hope for future partnerships that could improve the mental health systems approach to this matter and hopefully reduce the amount of law enforcement contact with these situations (Watson & Compton, 2019). Moreover, Cross et al., (2014) identify two major gaps in the CIT research, verifying the changes in officers' attitudes and skills translating into behavioral change and determining how criminal justice and mental health partnerships affect officers' behavior. This article states that bridging this gap could set an aim to improve the success of the program and increase the empirical data and research supporting the CIT program overall (Cross et al., 2014).

### **Conclusion**

In conclusion, the objective of this research was to critically review the CIT Program as a policy option for police departments to implement to better their officer's responses to mentally ill individuals. The CIT Program, developed in 1988, trains police officers to gain de-escalation skills, education regarding mental illness and scenarios used to practice the skills they have acquired through the program. The majority of the research reviewed in this document indicates that the CIT Program is an effective policy option for this issue, however, there are studies that suggest that the effectiveness of implementing program is impacted by several factors including lack of manpower, insufficient access to mental health services, and lack of evidence surrounding its outcomes that should be considered when implementing this policy.

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