Crisis Intervention Team (CIT) International

Research Committee

Bibliography of Reports on CIT Published in the Scholarly Literature

1999

Deane, M., Steadman, H. J., Borum, R., Veysey, B. M., & Morrissey, J. P. (1999). Emerging partnership between mental health and law enforcement. *Psychiatric Services, 50,* 99-101.

Police departments in the 194 US cities with a population of 100,000 or more were surveyed to identify strategies they used to obtain input from the mental health system about interactions with persons with mental illnesses. A total of 174 departments responded (90%). 96 departments had no specialized response for persons with mental illnesses. Among the 78 departments with special programs, three basic strategies were found: a police-based specialized police response, a police-based specialized mental health response, and a mental-health-based specialized mental health response. At least two-thirds of all departments, even those with no specialized response program, rated themselves as moderately or very effective in dealing with mentally ill persons in crisis.

2000

Cochran, S., Williams D. M., & Borum, R. (2000). Improving police response to mentally ill people. *Psychiatric Services, 51*(10), 1315-1316.

This article is a short piece that provides a detailed description of CIT and the makeup of the CIT team in Memphis, Tennessee. It briefly discusses the relationship with the mental health system and one early study conducted, providing some of the earliest empirical support for the CIT model.

Dupont, R., & Cochran, S. (2000). Police response to mental health emergencies—Barriers to change. *Journal of the American Academy of Psychiatry and the Law, 28,* **338-344.**

This article discusses the development, implementation, and evaluation of Crisis Intervention Team (CIT) programs. The CIT model originated in Memphis in 1998. It was developed in response to a crisis in which an individual with a history of mental illness and substance abuse was fatally shot while holding a knife. The CIT program focuses on the need for advanced training and specialization for patrol officers, immediacy of the crisis response, emphasis on officer and consumer safety, and proper referral for those in crisis. The authors note that, while the CIT model appears to be an effective intervention strategy, communities can have a difficult time implementing the program. Many of the requirements of a program seem basic in theory, but are often difficult to meet in practice.

Steadman, H. J., Deane, M. W., Borum, R., & Morrissey, J. P. (2000). Comparing outcomes of major models of police responses to mental health emergencies. *Psychiatric Services, 51*, **645-649.**

This study compared 3 models of police responses to incidents involving people thought to have mental illnesses to determine how often specialized professionals responded and how often they were able to resolve cases without arrest. Three study sites representing distinct approaches were examined: Birmingham, Alabama; and Knoxville and Memphis, Tennessee. At each site, records were examined for approximately 100 police dispatch calls for "emotionally disturbed persons" to examine the extent to which the specially trained professionals responded. Records were also examined for 100 incidents at each site that involved a specialized response. Results show differences across sites in the proportion of calls that resulted in a specialized response: 28% for Birmingham, 40% for Knoxville, and 95% for Memphis. All 3 programs had relatively low arrest rates when a specialized response was made. Birmingham's program was most likely to resolve an

incident on the scene, and Knoxville's program predominantly referred individuals to mental health specialists.

2001

Lee-Griffin, P. A. (2001). The criminalization of individuals suffering from symptoms of mental illness: An exploratory study. *Dissertation Abstracts International Section B: The Sciences and Engineering, 62*(1-B), 156.

The purpose of this study was to explore the criminalization of individuals suffering from symptoms of mental illness. This study was designed to gather the following: (a) the knowledge and perceptions of experts in the field of mental health and jail diversion programs, (b) perceptions and experiences of police officers handling incidents involving people with symptoms of mental illness, and (c) the knowledge and perceptions of mental health consumers who have experienced an arrest, incarceration, and jail diversion services. Three data collection methods were used in this study: (a) a survey questionnaire mailed to experts in the field of mental health and jail diversion programs, (b) face-to-face individual interviews with mental health consumers, and (c) a focus group discussion with police officers. Five major themes emerged from all three participant groups: (a) the preferred use of both medication and therapy as treatment modalities, (b) the perceived value of jail diversion services, (c) the perceived value of Crisis Intervention Team (CIT) training of police officers, (d) the perceived necessity for the coordination of services for mental health treatment, and (e) the perceived need for additional available resources for mental health treatment. This study points to the need for further investigation into the criminalization of individuals suffering from symptoms of mental illness and the need for CIT training of police officers who are becoming the first line in handling mental health crises.

Steadman, H. J., Stainbrook, K. A., Griffin, P., Draine, J., Dupont, R., & Horey, C. (2001). A specialized crisis response site as a core element of police-based diversion programs. *Psychiatric Services, 52,* 219-222.

Transporting an individual in psychiatric crisis to an emergency department is often frustrating for both law enforcement and mental health professionals. To facilitate collaboration between police and mental health professionals in crisis cases, some communities have developed pre-booking diversion programs that rely on specialized crisis response sites where police can drop off individuals in psychiatric crisis and return to their regular patrol duties. These programs identify detainees with mental disorders and work with diversion staff, community-based providers, and the courts to produce a mental health disposition in lieu of jail. This paper describes three of the diversion programs participating in the Substance Abuse and Mental Health Services Administration jail diversion knowledge development application initiative that demonstrate the importance of specialized crisis response sites. The article describes important principles in the operation of these programs: being a highly visible, single point of entry; having a no-refusal policy and streamlined intake for police cases; establishing legal foundations to detain certain individuals; ensuring innovative, intensive cross-training; and linking clients to community services.

2005

Addy, C. (2005). An examination of the development of standardized training protocols for law enforcement Crisis Intervention Teams for the mental health consumer. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 65*(11-A), 4111.

This study provides an overview of the development of the Memphis Crisis Intervention Team (CIT) program, evaluates the program based on the relevance of the training material in today's world, and assesses whether or not the program has contemporary validity. The research provides the established standards of five national law enforcement agencies and one state agency, as well as the current protocols used by 13 law enforcement agencies around the United States, as well as comments provided by some of the developers and trainers of the Memphis CIT program and eight current CIT

officers from the eight precincts around the City of Memphis. Conclusions reached indicated that the Memphis program was found to lack contemporary validity. Subsequent recommendations were made to provide standardized training protocols in order to prepare the training program for accreditation with the Commission on Accreditation of Law Enforcement Agencies, which the Memphis Police Department is currently seeking.

Strauss, G., Glenn, M., Reddi, P., Afaq, I., Podolskaya, A., Rybakova, T., Saeed, O., Shah, V., Singh, B., Skinner, A., & El-Mallakh, R. S. (2005). Psychiatric disposition of patients brought in by Crisis Intervention Team police officers. *Community Mental Health Journal, 41*(2), 223-228.

In an effort to determine the characteristics of the individuals brought to the emergency psychiatric service (EPS) by CIT officers, a comparative (CIT vs. mental inquest warrant [MIW, a citizen-initiated court order to bring someone for psychiatric evaluation because of concerns regarding dangerousness] vs. non-CIT/non-MIW), descriptive evaluation was performed. With the exception of a higher rate of schizophrenic subjects brought in by CIT (43.0% vs. 22.1% P = .002), the demographics, diagnosis, and disposition of CIT-referred subjects were not different in any way from non-CIT patients. Subjects referred on MIWs were more likely to be admitted to a psychiatric hospital than non-MIW patients (71.6% vs. 34.8%, P < .0001), but CIT-referred hospitalization rates were not significantly different from hospitalization rates of self-referred subjects (20.7% vs. 33.3%). CIT officers appear to do a good job at identifying patients in need of psychiatric care.

2006

Compton M. T., Esterberg M. L., McGee R., Kotwicki R. J., & Oliva J. R. (2006) Brief reports: Crisis intervention team training: Changes in knowledge, attitudes, and stigma related to schizophrenia. *Psychiatric Services,* **57:1199–1202.**

In this pre-training / post-training survey involving 159 officers going through CIT trainings in the metropolitan Atlanta area, CIT training was found to lead to improved knowledge, better attitudes, and less social distance stigma pertaining to schizophrenia.

Compton M. T., & Kotwicki R. J. (Eds.). (2006). *Responding to Individuals with Mental Illnesses*. Sudbury, Massachusetts: Jones and Bartlett Publishers.

This book was written as a study guide and manual for CIT officers and other law enforcement and public safety officials, based partly on the Georgia CIT curriculum.

Teller, J. L. S., Munetz, M. R., Gil, K. G., & Ritter, C. (2006). Crisis Intervention Team training for police officers responding to mental disturbance calls. *Psychiatric Services, 57, 232-237.*

In recognition of the fact that police officers are often the first responders for individuals who are experiencing a mental illness crisis, police departments nationally are incorporating specialized training for officers in collaboration with local mental health systems. This study examined police dispatch data before and after implementation of a Crisis Intervention Team (CIT) program to assess the effect of the training on officers' disposition of calls. The authors analyzed police dispatch logs for two years before and four years after implementation of the CIT program in Akron, Ohio, to determine monthly average rates of mental disturbance calls compared with the overall rate of calls to the police, disposition of mental disturbance calls by time and training, and the effects of techniques on voluntariness of disposition. Since the training program was implemented, there has been an increase in the number and proportion of calls involving possible mental illness, an increased rate of transport by CIT-trained officers of persons experiencing mental illness crises to emergency treatment facilities, an increase in transport on a voluntary status, and no significant changes in the rate of arrests by time or training. The results of this study suggest that a CIT partnership between the police department, the mental health system, consumers of services, and their family members

can help in efforts to assist persons who are experiencing a mental illness crisis to gain access to the treatment system, where such individuals most often are best served.

2008

Bahora M., Hanafi S., Chien V. H., & Compton M. T. (2008). Preliminary evidence of effects of Crisis Intervention Team training on self-efficacy and social distance. *Administration and Policy in Mental Health and Mental Health Services Research*, **35:159–167.**

In this pre-training / post-training survey involving 58 officers before training and 40 officers after training, as well as a group of 34 non-CIT control officers, CIT training was shown to bring about better confidence in interacting with, and less social distance stigma related to, persons with schizophrenia, depression, alcohol abuse, and drug abuse, as depicted in brief vignettes. Pre-CIT officers did not differ from controls before entering training, indicating that the training, not selection bias, accounted for the differences.

Compton M. T., Bahora M, Watson A. C., & Oliva, J. (2008). A comprehensive review of extant research on Crisis Intervention Team (CIT) programs. *Journal of the American Academy of Psychiatry & the Law*, **36:47–55.**

In this review article, an in-depth overview was given, summarizing all published research on CIT conducted to date.

Compton M. T., & Chien, V. H. (2008). Factors related to knowledge retention after Crisis Intervention Team (CIT) training for police officers. *Psychiatric Services*, **59:1049–1051.**

In this online survey of 88 trained CIT officers, knowledge about mental illnesses was found to decrease slightly but significantly in the months following CIT training, though officers with more years of service as an officer had a lesser decline in knowledge scores.

The study suggested a need for continuing education for CIT officers, and that more experienced officers may be more appropriate for CIT, at least in terms of knowledge retention.

Geller, J. L. (2008). Commentary: Is CIT today's lobotomy? *Journal of the American Academy of Psychiatry and the Law, 36*(1), 56-58.

This brief commentary discusses the issues surrounding CIT as it relates to current research findings and social influences.

Hanafi S., Bahora M., Demir B. N., & Compton, M. T. (2008). Incorporating Crisis Intervention Team (CIT) knowledge and skills into the daily work of police officers: A focus group study. *Community Mental Health Journal*, **44:427–432.**

In this focus group study, officers' positive comments about CIT training and their use of CIT-related knowledge and skills during routine patrol interactions were reported.

Oliva J. R., Compton M. T. (2008). A statewide Crisis Intervention Team (CIT) initiative: Evolution of the Georgia CIT program. *Journal of the American Academy of Psychiatry & the Law*, **36:38–46.**

This review article provided an-depth description of the development of Georgia CIT.

Skeem, J. & Bibeau, L. (2008). How does violence potential relate to Crisis Intervention Team responses to emergencies? *Psychiatric Services, 59,* **201-204.**

This study explored whether a Crisis Intervention Team (CIT) program promotes public safety and diversion from jail to treatment. Police reports (N=655) were analyzed for CIT events that occurred between March 2003 and May 2005 to determine each subject's potential for violence to self or others. Some 45% of CIT events involved suicide crises, 26% involved a threat to others, and average violence potential ratings suggested minor

to moderate risk. Officers' use of force related strongly to violence potential. Nevertheless, officers used force in only 15% of 189 events posing serious to extreme risk of violence and used low-lethality methods. Of events, 74% were resolved through hospitalization, whereas only 4% were resolved through arrest. Although the study lacked a comparison group, the results are consistent with some studies suggesting that CIT holds promise in meeting safety and jail diversion goals.

Watson, A. C., Schaefer M., Draine J., & Ottati, V. (2008). Improving police response to persons with mental illness: A multi-level conceptualization of CIT. *International Journal of Law and Psychiatry, 31,* 359-368.

The large numbers of people with mental illness in jails and prisons has fueled policy concern in all domains of the justice system. This includes police practice, where initial decisions to involve persons in the justice system or divert them to mental health services are made. One approach to focus police response in these situations is the implementation of Crisis Intervention Teams (CIT). The CIT model is being implemented widely, with over 400 programs currently operating. While the limited evidence on CIT effectiveness is promising, research on CIT is limited in scope and conceptualization—much of it focusing on officer characteristics and training. In this paper, the authors review the literature on CIT and present a conceptual model of police response to persons with mental illness that accounts for officer, organizational, mental health system, and community level factors likely to influence implementation and effectiveness of CIT and other approaches. By moving our conceptualizations and research in this area to new levels of specificity, we may contribute more to effectiveness research on these interventions.

<div style="text-align:center">**2009**</div>

Compton, M. T., Demir, B., Oliva, J.R., & Boyce, T. (2009). Crisis Intervention Team training and Special Weapons and Tactics callouts in an urban police department. *Psychiatric Services, 60,* 831-833.

This study tested a hypothesized inverse correlation between the number of Crisis Intervention Team (CIT) officers and the number of Special Weapons and Tactics (SWAT) callouts in an urban police department. Data on the number of accrued CIT-trained officers were combined with administrative data on the number of SWAT callouts during 27 four-month intervals. Implementation of CIT training was not associated with a decrease in SWAT callouts. Although the CIT model may yield important benefits in other domains, this study found no evidence of declining SWAT utilization as the number of CIT-trained officers accrued. The absence of association is likely due to the relatively low prevalence of SWAT use and the very different nature of CIT versus SWAT responses.

Demir B., Broussard B., Goulding S. M., & Compton M. T. (2009). Beliefs about causes of schizophrenia among police officers before and after Crisis Intervention Team training. *Community Mental Health Journal*, **45:385–392.**

In this article, using data from a pre-training / post-training survey of 159 officers, CIT training was found to change officers' beliefs about the causes of schizophrenia, so that their beliefs are better aligned with the accepted causes within the mental health profession.

Hails, J., & Borum, R. (2009). Police training and specialized approaches to respond to people with mental illness. *Crime and Delinquency, 49,* **52-61.**

Eighty-four medium-sized and large law enforcement agencies reported the amount of training provided on mental-health-related issues and the use of specialized responses for calls involving people with mental illnesses. Departments varied widely in the amount of training provided on mental-health-related topics, with a median of 6.5 hours for basic recruits and 1 hour for in-service training. Approximately one third of the agencies (32%) had some specialized response for dealing with calls involving people with mental

illnesses. Twenty-one percent had a special unit or bureau within the department to assist in responding to these calls; 8% had access to a mental health mobile crisis team.

Watson, A. C., Ottati, V. C., Morabito, M., Draine, J., Kerr, A. N., & Angell, B. (2010). Outcomes of police contacts with persons with mental illness: the impact of CIT. *Administration and Policy in Mental Health, 37(4):302–317.*

The Crisis Intervention Team (CIT) model is possibly the most well known and widely adopted model to improve police response to persons with mental illnesses. A primary goal of CIT programs is to divert individuals with mental illnesses from the criminal justice system to mental health services. In this paper we examine the effectiveness of fielding CIT-trained and supported officers for influencing call outcomes using data from patrol officers (n = 112) in four Chicago Police districts. Results from regression analysis indicate that CIT-certified officers directed a greater proportion of persons with mental illnesses to mental health services than their Non-CIT-certified peers. CIT did not have an immediate effect on arrest. Moderator analysis indicated that CIT had its biggest effect on increasing direction to services and decreasing "contact only" among officers who have a positive view of mental health services and who know a person with a mental illness in their personal life. Additional moderators of the CIT effect on call outcomes included level of resistance and the presence of a weapon. Findings from this study have important implications for policy, practice, and future research.

2010

Broussard B., McGriff J. A., Demir Neubert, B. N., D'Orio B., & Compton, M. T. (2010). Characteristics of patients referred to psychiatric emergency services by Crisis Intervention Team police officers. *Community Mental Health Journal* **46:579–584.**

This study was a chart review of 300 patients brought in to the Grady Memorial Hospital psychiatric emergency service in downtown Atlanta. CIT officers were found to bring in

appropriate types of patients, and such patients generally do not differ from those brought in by non-CIT officers or family members.

Canada, K., Angell, B., & Watson, A. C. (2010). Crisis Intervention Teams in Chicago: Successes on the ground. *Journal of Police Crisis Negotiations.* **10 (1-2) 86-100.**

In this article, the authors present findings from qualitative interviews with police officers regarding the implementation of Crisis Intervention Teams (CIT). Results indicate that police, irrespective of whether they received CIT training, perceive an array of benefits of CIT implementation in their district.

Compton M.T., Broussard B., Hankerson-Dyson D., Krishan S., Stewart T., Oliva J. R., & Watson, A. C. (2010). System- and policy-level challenges to full implementation of the Crisis Intervention Team (CIT) model. *Journal of Police Crisis Negotiations* **10:72–85.**

This review article described a number of challenges that jurisdictions often face when implementing CIT.

Doulas, A. V., & Lurigio, A. J. (2010). Youth Crisis Intervention Teams (CITs): A response to the fragmentation of the educational, mental health, and juvenile justice systems. *Journal of Police Crisis Negotiations, 10*(1/2), 241-262.

This article discusses one of the newest, specialized law enforcement programs in the United States: Crisis Intervention Teams (CITs) for youths with mental illnesses. Adapted from adult CIT models, youth CITs are designed to divert and refer to services adolescents with suspected psychiatric disorders. The failure of the school, mental health, and juvenile justice systems to provide seriously distressed youths with coordinated and comprehensive assessment and treatment services has increased the likelihood that they will encounter the police and further penetrate the juvenile and adult criminal justice

systems. The authors provide an early look at three programs in diverse geographic areas: Denver, Chicago, and San Antonio. They conclude with observations regarding the need for such programs as well as the challenges that police departments are likely to face in the implementation and continuation of such initiatives.

Kerr, A. N., Morabito, M. S. & Watson, A. C. (2010). Police encounters, mental illness and injury: An Exploratory study. *Journal of Police Crisis Negotiations* **10 (1-2) 116-132.**

This study explores injuries to people with mental illnesses and officers to determine the extent to which situational and individual factors predict injuries. Findings suggest that injuries during police calls involving persons with mental illness are infrequent and rarely require medical attention. Predictors of injuries in these calls are similar to those in police encounters with the general population.

McGriff J. A., Broussard B., Demir-Neubert B., Thompson N. J., & Compton M. T. (2010). Implementing a Crisis Intervention Team (CIT) police presence in a large international airport setting. *Journal of Police Crisis Negotiations* **10:153–165.**

This focus group study presented officers' impressions about implementing a CIT presence at the Atlanta Hartsfield-Jackson International Airport.

Oliva, J. R., Morgan, R., & Compton, M. T. (2010). A practical overview of de-escalation skills in law enforcement: Helping individuals in crisis while reducing police liability and injury. *Journal of Police Crisis Negotiations* **10:15–29.**

In this review article, de-escalation skills, and how such skills are taught during the CIT training week, were described.

Ritter, C., Teller, J. L. S., Munetz, M. R., & Bonfine, N. (2010). Crisis Intervention Team (CIT) training: Selection effects and long-term changes in perceptions of

mental illness and community preparedness. *Journal of Police Crisis Negotiations, 10*(1/2), 133-152.

Survey data were used to assess how training affects changes in officers' perceptions of persons with mental illnesses as well as perceptions of police and the mental health system's preparedness in addressing their needs. Officers' confidence in their ability to handle calls involving people with mental illnesses in crisis increased over time. Exploratory analysis indicated that this increase was positively associated with the pre-training degree to which people with mental illnesses in crisis present a problem for the police department. This increase was positively associated with the perception that the police department's overall effectiveness in meeting the needs of people with mental illnesses in crisis and negatively associated with the degree to which mental illnesses was believed to be caused by parental upbringing. These findings suggest that initial salience of the problem for the police department posed by those with mental illness is critical to CIT officers' eventual "success."

Stewart, C. (2010). Police intervention in mental health crisis: A case study of the Bloomington Crisis Intervention Team (CIT) program. *Dissertation Abstracts International Section A: Humanities and Social Sciences,* **71(2-A), 723.**

This study examined the larger community context of one CIT program through interviews and focus groups with police officers, medical personnel, and community members. In addition, this study utilized data from officer-completed incident response sheets to examine the effects of CIT training. Specifically, the study addressed: (1) whether CIT training affects how frequently officers report persons as having a mental illness, (2) how officers respond to and resolve incidents involving persons whom they believe to be in mental health crisis, and (3) whether there are differences in responses between CIT- and non-CIT-trained officers.

Watson, A. C. (2010). Research in the real world: Studying Chicago Police Department's Crisis Intervention Team (CIT) program. *Research on Social Work*

Practice. **20 536-543.**

In this article, the author reviews the emerging literature on CIT, presents a conceptual model of CIT effectiveness, and describes a study of CIT in Chicago. Findings from Chicago suggest that CIT is increasing linkage to services and reducing use of force in encounters with persons with mental illnesses.

Watson, A. C., Ottati, V. C., Morabito, M., Draine, J., Kerr, A. N., & Angell, B. (2010). Outcomes of police contacts with persons with mental illness: The impact of CIT. *Administration and Policy in Mental Health.* **37(4):302–317.**

In this study, the authors examined the effectiveness of fielding CIT-trained and supported officers for influencing call outcomes using data from patrol officers ($n = 112$) in four Chicago Police districts. Results indicate that CIT-certified officers directed a greater proportion of persons with mental illness to mental health services than their Non-CIT-certified peers. CIT did not have an immediate effect on arrest. CIT had its biggest effect on increasing direction to services and decreasing "contact only" among officers who have a positive view of mental health services and who know a person with mental illness in their personal life.

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2011

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Broussard, B., Krishan, S., Hankerson-Dyson, D., Husbands, L., Stewart-Hutto, T., & Compton, M. T. (2011). Development and initial reliability and validity of four self-report measures used in research on interactions between police officers and individuals with mental illnesses. *Psychiatry Research, 189*(3), 458-462.

This study tested reliability and validity of four newly designed measures of the constructs of self-efficacy (Self-Efficacy Scale; SES), referral decisions and de-escalation skills (Behavioral Outcomes Scale; BOS), attitudes toward psychiatric treatment (Opinions about Psychiatric Treatment; OPT), and social distance (Adapted Social

Distance Scale; ASDS) in a sample of law enforcement officers. Self-administered, anonymous surveys, which included the measures of interest, were completed by 177 officers—68 of whom were undergoing Crisis Intervention Team (CIT) training and 109 of whom were not—at the beginning and end of week-long trainings. Analyses examined the internal consistency reliability, test–retest reliability, and construct validity of the instruments. The four measures of interest were found to be reliable and valid. Specifically, internal consistency coefficients and test–retest reliability correlations were generally acceptable, all four demonstrated sensitivity to change, and validity correlations were significant and in the expected direction. Findings demonstrated the ability to measure key constructs related to attitudes and intended behaviors in law enforcement officers utilizing psychometrically sound instruments. Further testing and the development of additional reliable and valid instruments focused on attitudinal and behavioral domains among officers who have frequent interactions with individuals with mental illnesses would be of great value.

Chopko, B. A. (2011). Walk in balance: Training Crisis Intervention Team police officers as compassionate warriors. *Journal of Creativity in Mental Health, 6*(4), 315-328.

Crisis Intervention Team (CIT) was developed to enable law enforcement officers to effectively and compassionately respond to calls involving people experiencing psychiatric distress. Mental health professionals responsible for training CIT officers are in a unique position to promote the compassionate treatment of those experiencing psychiatric distress as well as the well-being of the police officers themselves. Fostering spiritual connections and a compassionate-warrior mindset may enhance the training of CIT officers. This article contains descriptions of creative interventions including the use of historical compassionate-warrior comparisons, fictitious stories, and spiritual symbols. These techniques are based on warrior codes of groups such as samurai warriors, martial artists such as Shaolin Kung Fu, medieval knights, Native Americans, and the U.S. military.

Compton, M. T., Demir Neubert, B. N., Broussard, B., McGriff, J. A., Morgan, R., & Oliva, J. R. (2011). Use of force preferences and perceived effectiveness of actions among Crisis Intervention Team (CIT) police officers and non-CIT officers in an escalating psychiatric crisis involving a subject with schizophrenia. *Schizophrenia Bulletin***, 37:737–745.**

Using a three-stage, vignette-based survey of an escalating psychiatric crisis situation, 48 CIT officers were found to opt for a lower level of force and reported that non-physical force was more effective once the situation became escalated, compared to 87 non-CIT officers. CIT officers also perceived physical force to be less effective at resolving the situation across all three scenarios, compared to non-CIT officers.

Compton, M. T., Broussard, B., Hankerson-Dyson, D., Krishan, S., & Stewart-Hutto, T. (2011). Do empathy and psychological mindedness affect police officers' decision to enter Crisis Intervention Team training? *Psychiatric Services***, 62:632–638.**

In a survey of 68 CIT and 109 non-CIT officers, it was reported that officers who had volunteered into CIT training did not have greater empathy or psychological mindedness compared to officers assigned to the training, or officers not in CIT training, though they were more likely to have had a family history of experience with the mental health profession. This argues against a needed self-selection bias, at least in terms of empathy and psychological mindedness.

Compton, M. T., Broussard, B., Munetz, M., Oliva, J. R., & Watson, A. C. (2011). *The Crisis Intervention Team (CIT) Model of Collaboration between Law Enforcement and Mental Health***. New York, NY: Nova Publishers.**

In this brief, easy-to-read, 80-page, soft-cover book, the CIT model was described in terms of its history, core elements, implementation, dissemination, and evaluation/research.

Compton, M. T., Broussard, B., Munetz, M., Oliva, J. R., & Watson, A. C. (2011). The Crisis Intervention Team (CIT) Model of Collaboration between Law Enforcement and Mental Health, in Jaworski, J. A. (Eds.) *Advances in Sociology Research, Volume 9*, (1-38). New York, NY: Nova Science Publishers.

This is a book chapter that provides the same description of CIT noted above (published as a chapter rather than a small book).

Watson, A. C., Ottati, V. C., Draine, J. N., & Morabito, M. (2011). CIT in context: The impact of mental health resource availability and district saturation on call outcomes. *International Journal of Law and Psychiatry, 34*(4), 287-294.

Using data from 112 patrol officers in four Chicago Police districts, the authors consider the impact of mental health services availability and CIT saturation (the percentage of district personnel that are CIT certified). Findings indicate that CIT training increased direction to mental health services primarily in districts with greater availability of mental health services. In districts with low service availability, higher CIT saturation increased direction to mental services. The opposite pattern emerged for contact only or informal call resolution. No effects were found for arrest as a call outcome.

2012

Canada, K., Angell, B., & Watson, A. C. (2012). Intervening at the entry point: Differences in how CIT trained and non-CIT trained officers describe responding to mental health-related calls. *Community Mental Health Journal*, *48*(6), 746-755.

Qualitative interviews were conducted with 20 officers from four Chicago police districts. The authors found difference in CIT and non-CIT officers' response tactics to mental health-related calls and assessments of danger. CIT officers described a broader understanding of exhibited behaviors and considered more options when deciding the

outcomes of calls.

Morabito, M. S., Kerr, A. N., Watson, A. C., Draine, J., & Angell, B. (2012). Crisis Intervention Teams and people with mental illness: Exploring the factors that influence the use of force. *Crime & Delinquency, 58*(1), 57-77.

Data from 216 officers in four Chicago police districts were used to examine factors that influence use of force in encounters between police and persons with mental illnesses. Findings indicate a CIT officer is likely to respond with less force for an increasingly resistant demeanor in comparison with non-CIT officers.

Tucker, A. S., Mendez, J., Browning, S. L., Van Hasselt, V. B., & Palmer, L. (2012). Crisis Intervention Team (CIT) training in the jail/detention setting: A case illustration. *International Journal of Mental Health, 14*(3), 209-215.

Research has documented the over-representation of persons with severe and persistent mental illness (SPM) in jails and prisons. Further increased attention has been directed to jail diversion programs and other attempts to prevent incarceration of adults with SPMI. Yet, regardless of available diversion programs, and recent trends in mental health within correctional settings, jails continue to see a disproportionate increase in inmates with SPMI. The purpose of this paper is to provide an overview of the research, public policy, and current best practices for the development and implementation of Crisis Intervention Team (CIT) training as an in-house intervention in jail/detention-based settings. Our review provides support for deploying this specialized law enforcement response program to address the needs of mentally ill persons within jail settings. Strategies and issues in the utilization of the CIT model in detention contexts are discussed.

Tyuse, S. W. (2012). A Crisis Intervention Team program: Four-year outcomes. *Social Work in Mental Health, 10*(6), 464-477.

Crisis Intervention Team (CIT) training has become a popular strategy to educate first responders about mental illnesses and techniques to safely and effectively de-escalate individuals experiencing a mental health crisis. This article presents outcomes of the first four years of a CIT program in St. Louis, Missouri. Findings of this evaluation suggest that the CIT program is effective in diverting individuals in crisis to treatment.

Watson, A. C. & Fulambarker, A. J. (2012). The Crisis Intervention Team model of police response to mental health crisis: A primer for mental health practitioners. *Best Practices in Mental Health***, 8(2), 71-81.**

This primer for mental health practitioners serves as an introduction to a model that may already be available in their communities, or it may serve as a springboard for the development of CIT programs where they do not currently exist.

2013

Kasick, D. P., & Bowling, C. D. (2013). Crisis Intervention Teams: A boundary-spanning collaboration between the law enforcement and mental health communities. In Yeager, K. R., Cutler, D. L., Svendsen, D., & Sills, G. M. (Eds.). *Modern community mental health: An interdisciplinary approach* **(304-315). New York, New York: Oxford University Press.**

2014

Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., Stewart-Hutto, T., D'Orio, B. M., Oliva, J. R., Thompson, N. J., & Watson, A. C. (2014). The police-based Crisis Intervention Team (CIT) model: I. Effects on officers' knowledge, attitudes, and skills. *Psychiatric Services***, 65, 517–522.**

The sample included 586 officers, 251 of whom had received the 40-hour CIT training

(median of 22 months before the study), from six police departments in Georgia. CIT-trained officers had consistently better scores on knowledge, diverse attitudes about mental illnesses and their treatments, self-efficacy for interacting with someone with psychosis or suicidality, social distance stigma, de-escalation skills, and referral decisions. Effect sizes for some measures, including de-escalation skills and referral decisions pertaining to psychosis, were substantial. CIT training of police officers resulted in sizable and persisting improvements in diverse aspects of knowledge, attitudes, and skills.

Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., Stewart-Hutto, T., D'Orio, B. M., Oliva, J. R., Thompson, N.J., Watson, A. C. (2014). The police-based Crisis Intervention Team (CIT) model: II. Effects on level of force and resolution, referral, and arrest. *Psychiatric Services*, *65,* **523–529.**

A total of 180 officers (91 with CIT training and 89 without) in six departments in Georgia reported on 1,063 encounters, including level of force and disposition (resolution at the scene, referral or transport to services, or arrest). CIT training status was generally not predictive of level of force, although CIT-trained officers were significantly more likely to report verbal engagement or negotiation as the highest level of force used. For CIT-trained officers, referral or transport was a more likely outcome and arrest was less likely than for officers without CIT training; these findings were most pronounced when physical force was necessary. CIT training appears to increase the likelihood of referral or transport to mental health services and decrease the likelihood of arrest during encounters with individuals thought to have a behavioral disorder.

Doulas, A. V. (2014). Juvenile Crisis Intervention Teams (CITs): A qualitative description of current programmes. *Police Journal: Theory, Practice and Principles,* *87*(2), **114-125.**

This article describes one of the newest, most specialised law enforcement programs in the United States: Crisis Intervention Teams (CITs) for youth with mental illness. In

response to the fragmentation of behavioural healthcare services in the educational, juvenile justice, and mental health systems, Juvenile CITs (J-CITs) have been implemented in a handful of jurisdictions to serve as an intervention for troubled and troublesome adolescents in need of mental health care. Information about J-CITs is limited; little has been written about such programs, and no published studies have examined their effectiveness. Hence the present study was undertaken to identify all of the currently operational J-CITs in the United States. The authors conducted structured telephone interviews in order to gather qualitative data regarding the philosophy, origins, operations, and components of each J-CIT. The authors afford an early look at several J-CIT programs in diverse geographic areas. They conclude with observations concerning the role of such programs in law enforcement as well as the challenges that police departments are likely to face in the implementation and maintenance of such initiatives.

Ellis, H. A. (2014). Effects of a Crisis Intervention Team (CIT) training program upon police officers before and after Crisis Intervention Team training. *Archives of Psychiatric Nursing, 28*(1), 10-16.

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 exploratory, quasi-experimental, descriptive design was used to collect the data on the three major concepts. 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.

El-Mallakh, P. L., Kiran, K., & El-Mallakh, R. S. (2014). Costs and savings associated with implementation of a police Crisis Intervention Team. *Southern Medical Journal, 107*(6), 391-395.

Police Crisis Intervention Teams (CITs) have demonstrated their effectiveness in reducing injury to law enforcement personnel and citizens and the criminalization of mental illness; however, their financial effect has not been fully investigated. The objective of the study was to determine the total costs or total savings associated with implementing a CIT program in a medium-size city. The costs and savings associated with the implementation of a CIT program were analyzed in a medium-size city, Louisville, Kentucky, 9 years after the program's initiation. Costs associated with officer training, increased emergency psychiatry visits, and hospital admissions resulting from CIT activity were compared with the savings associated with diverted hospitalizations and reduced legal bookings. Based on an average of 2,400 CIT calls annually, the overall costs associated with CIT per year were $2,430,128 ($146,079 for officer training, $1,768,536 for hospitalizations of patients brought in by CIT officers, $508,690 for emergency psychiatry evaluations, and $6,823 for arrests). The annual savings of the CIT were $3,455,025 ($1,148,400 in deferred hospitalizations, $2,296,800 in reduced inpatient referrals from jail, and $9,825 in avoided bookings and jail time). The balance is $1,024,897 in annual cost savings. The net financial effect of a CIT program is of modest benefit; however, much of this analysis was based on estimates and average length of stay. Furthermore, the costs and savings associated with officer or citizen injuries were not included because there was inadequate information about their prevalence and costs. Finally, this analysis does not take into account the non-monetary gains of a CIT program.

Prince, J. L. (2014). A phenomenological study of the impact of Crisis Intervention Team training on Washington, D.C. police officers. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 74(7-B)(E).*

Deinstitutionalization resulted in many consumers (individuals with mental illnesses) to transition into the community. Some of these individuals commit crimes and are arrested when mental health care is the more appropriate disposition. A promising alternative to arrest is the Crisis Intervention Team (CIT) model of training, which teaches police officers how to safely link consumers to mental health care when appropriate. The purpose of this study was to examine how CIT training has potentially impacted the Washington, D.C., crisis intervention officers in their personal and professional lives to include their interactions with consumers. The author used a phenomenological approach and applied the theories of social constructivism and procedural justice to conceptualize the data. The data was corroborated by the author and a doctoral-level phenomenological researcher using Moustakas's (1994) modified version of van Kaam's (1959, 1966) analysis method. The author interviewed five participants with 10 pre-determined, open-ended questions, and subsequently identified 40 sub-themes clustered into five core themes: disposition, policies and protocol, professional awareness, skill set, and training. The results suggest that CIT training has had a positive impact on the participants including improved communication with consumers, increased officer confidence, decreased officer apprehension, and the appropriate diversion of consumers from the law enforcement system to the mental health system. The data support the social constructivism and procedural justice theories. Areas for future research include further studies examining officers' experiences as CIT officers, exploring consumers' experiences with CIT officers, and assessing demographic differences within and across CIT officers throughout various geographic locations.

Watson, A .C., Swartz, J., Bohrman, C., Kriegl, L. S. & Draine, J.(2014). Understanding how police officers think about mental/emotional disturbance calls. *International Journal of Law & Psychiatry*, 37(4), 351-358.

In this study, the authors examined police officer schema of mental/emotional disturbance (M/EDP) calls. A survey measure covering four types of police calls (call to home involving a juvenile, call to home involving an adult, public disturbance, and repeat crime report) was administered to 147 officers in Chicago and Philadelphia. Schema groups tended to be differentiated by ratings of level of resistance/threat and substance use. Contrary to our expectations, CIT and law enforcement experience did not predict officer schema group. While the CIT model emphasizes de-escalation skills to reduce resistance and the need for officers to use force, CIT and other training programs may want to consider increasing content related to factors such as co-occurring substance use and managing resistance.

2015

Compton, M. T., Broussard, B., Reed, T. A., Crisafio, A., & Watson, A. C. (2015). Surveys of police chiefs and sheriffs and of police officers about CIT programs. *Psychiatric Services, 66*(7),760–763.

Two surveys were conducted on the Crisis Intervention Team (CIT) model, a police-based program designed to improve responses to individuals with mental illnesses. Data were collected between July and September 2013 from 171 police chiefs and sheriffs (42 had implemented CIT in their agency), and 353 law enforcement officers (273 had CIT training) in Georgia. Police chiefs and sheriffs reported barriers to implementing CIT, such as not having enough officers and insufficient access to mental health services. CIT-trained officers differed from non-CIT-trained officers only with regard to being less likely to use force in response to a man with psychotic agitation described in a vignette, when the analysis controlled for whether the officer carried an electronic control device. Some hypothesized differences, such as in job satisfaction and work burnout, were not observed.

Kohrt, B. A., Blasingame, E., Compton, M. T., Dakana, S. F., Dossen, B., Lang, F., Strode, P., & Cooper, J. (2015). Adapting the Crisis Intervention Team (CIT) model

of police–mental health collaboration in a low-income, post-conflict country: Curriculum development in Liberia, West Africa. *American Journal of Public Health, 105*(3), 73-80.

The authors sought to develop a curriculum and collaboration model for law enforcement and mental health services in Liberia, West Africa. In 2013, the authors conducted key informant interviews with law enforcement officers, mental health clinicians, and mental health service users in Liberia, and facilitated a 3-day curriculum-development workshop. Mental health service users reported prior violent interactions with officers. Officers and clinicians identified incarceration and lack of treatment as key problems, and they jointly drafted a curriculum based upon the Crisis Intervention Team (CIT) model adapted for Liberia. Officers' mental health knowledge improved from 64% to 82% on workshop assessments ($t = 5.52$; $P < .01$). Clinicians' attitudes improved ($t = 2.42$; $P = .03$). Six months after the workshop, 69% of clinicians reported improved engagement with law enforcement. Since the Ebola outbreak, law enforcement and clinicians have collaboratively addressed diverse public health needs. Collaborations between law enforcement and mental health clinicians can benefit multiple areas of public health, as demonstrated by partnerships to improve responses during the Ebola epidemic. Future research should evaluate training implementation and outcomes including stigma reduction, referrals, and use of force.

RiCharde, S. G., Wilson, K, L., & Tilawen, J. (2015). Global expansion protocol applied to Crisis Intervention Team. *International Psychology Bulletin, 19*(2), 9-13.

Psychologists coming from American and European psychological backgrounds have the responsibility to adopt culturally appropriate and sensitive methods to expand programs internationally. The authors present a Global Expansion Protocol (GEP) to foster cultural awareness and competency for those wishing to expand the applicability of programs. This paper uses Crisis Intervention Team (CIT), a program being implemented internationally, as an example of how the Global Expansion Protocol (GEP) can be useful. CIT model is a systems approach designed to divert persons with mental illnesses

in the community away from the criminal justice system and toward mental health treatment. There are persons with mental illnesses in every culture, and CIT may have international applicability to address some of the problems persons with mental illnesses face globally. The GEP employs a four-phase approach toward program adaptation: (a) systems analysis, (b) transcultural communication training, (c) stakeholder analysis, and (d) program evaluation. Early career psychologists may be approached to implement programs abroad. This protocol is based on relevant literature and has yet to be tested. It is the hope of the authors that GEP will provide psychologists with a guide for cultural awareness that will increase professional and programmatic effectiveness across their careers and the globe, and that this protocol will be empirically validated in the future.