

Background and Summary of Evidence about Crisis Intervention Team Policing

The Crisis Intervention Team (CIT) model of policing was developed in 1988 in Memphis following the police killing of 27-year-old Joseph Dewayne Robinson. Robinson was in the midst of a mental health crisis, threatening suicide and cutting himself with a knife. Officers repeatedly ordered him to drop the knife; he became agitated and brandished the knife, moving toward the officers. He was shot eight times. A public outcry following the killing led police to develop the CIT model to intervene more effectively and humanely in situations involving troubled individuals.

CIT policing brings together the criminal justice and mental health systems with the goals of reducing the risk of injury to police officers and mentally ill persons and diverting persons to mental health treatment instead of jail, when appropriate. CIT can be thought of as a method for providing specialized police responding; getting skilled officers to scenes where their specialized knowledge can increase the chances of a peaceful and helpful resolution. CIT is not the only type of police responding specialized for mentally ill individuals, but it is “possibly the most well known and widely adopted model to improve police response to persons with mental illness” (Watson et al., 2010; p. 302). Nearly all states now have some police officers trained in CIT.

Over the past 15 years, academic researchers and law enforcement agencies themselves have conducted studies of the impacts of CIT on a variety of outcomes from officer knowledge about mental illness to frequency of SWAT team call-outs. The information gained from these studies can help agencies considering implementing their own CIT program become familiar with the kinds of results observed in the past. For agencies who currently implement CIT, these studies might guide program evaluation or data collection efforts or provide external benchmarks against which to measure program effectiveness.

There are two types of studies on CIT: scientific and informal. *Scientific* studies are those that meet a minimum standard for scientific rigor. These studies include a comparison group (for observational research) or use a pre-post design (when the intervention was manipulated by researchers). Such studies are typically published in peer-reviewed academic journals or presented at professional conferences. *Informal* studies are often conducted by individual communities when evaluating their own programming. Informal studies may be published in trade magazines, departmental reports or presented during professional conferences and meetings. However, many informal studies are unpublished.

Scientific Evidence

The following section reviews the scientific evidence available about CIT. Existing studies tend to contain methodological problems such as using a small sample, lacking a comparison group, or using a comparison group whose features differ from the intervention group in at least one

important way—and therefore do not allow a conclusion that any difference in outcome between groups actually result from the intervention. However, the findings of these studies demonstrate the outcomes associated with CIT.

1. Published reviews of CIT research suggests that CIT is effective in improving officer attitudes about interactions with persons with mental illness and improving officers' confidence about their ability to appropriately respond to calls regarding persons with mental illness (Compton et al., 2008; Heilbrun et al., 2012).
 - a. Borum, R., Deane, M.W., Steadman, H.J., & Morrissey, J. (1998). found that when compared with non-CIT law enforcement officers, Memphis officers who had gone through CIT training were
 - i. more likely to feel prepared for situations involving persons with mental illness
 - ii. more likely to characterize the local mental health system as “helpful”
 - iii. more likely to describe local emergency rooms as “helpful”
 - b. Compton, Esterberg, McGee, et al.(2006) found that CIT officers in Georgia reported:
 - i. improved attitudes about aggressiveness among individuals with schizophrenia
 - ii. decreased desired social distance from people with schizophrenia
 - c. Wells & Schafer (2006) found that newly trained CIT officers in Lafayette, Indiana reported:
 - i. increased confidence in ability to identify persons with mental illness and respond appropriately
 - ii. increased knowledge of local treatment, services, and disposition procedures
 - iii. increased comfort in interactions and communications with consumers and family members
2. Some research has also found that CIT-trained officers are less likely to endorse the use of force as an effective method of gaining compliance from persons with mental illness
 - a. Compton et al. (2011) found that when officers were given a hypothetical vignette regarding a person with mental illness and asked to select appropriate action steps:
 - i. CIT trained officers selected actions characterized by a lower use of physical force than non-CIT trained officers
 - ii. CIT trained officers perceived nonphysical actions as more effective than non-CIT trained officers
 - b. Another recent study using similar methodology, however, found that CIT-trained officers were slightly more likely to endorse the use of force (Morabito et al., 2012).

- c. Skeem and Bibeau (2008) conducted an examination of 655 police reports and found that:
 - i. CIT officers often responded to crises in which persons with mental illness posed a risk of violence to themselves or others
 - ii. the degree of force officers used related strongly to the subjects' potential for violence
 - iii. CIT officers used force less often than has been reported for traditional policing
3. Evidence suggests that CIT increases the connection of persons with mental illness to psychiatric services or diverts them to services instead of jail (Compton et al., 2008; Heilbrun et al., 2012).
 - a. The CIT-facilitated partnership between criminal justice and mental health systems in Memphis was associated with increased placement of persons with mental illness in jail diversion programs (Lattimore et al., 2003).
 - b. Two separate studies found that CIT-trained officers were more likely to refer or transport subjects with mental illness to mental health services, but were no less likely to arrest them (Teller et al., 2006; Watson et al., 2010).
 - c. One study found that police officers were able to correctly identify people in need of emergency mental health services. Individuals brought to emergency psychiatric services by CIT officers were similar to non-CIT referred individuals relating to substance abuse, disposition, psychiatric presentation, and homelessness; however, CIT-referred individuals were twice as likely to be diagnosed with schizophrenia (Strauss et al., 2005).
 - d. Skeem and Bibeau (2008) found that CIT officers resolved most events through hospitalization (not arrest).
 - e. CIT diverted individuals have been found to spend less time in jail, not to differ from non-diverted individuals in subsequent arrests over a 12-month outcome period, and to cost less in criminal justice funding but more in treatment funding (Steadman & Naples, 2005).
 - f. Cowell et al. (2004) found that offenders diverted to mental health services through CIT in Memphis:
 - i. reported statistically significant and practically meaningful reductions and in mental health symptoms, as measured by the Colorado Symptom Index, in comparison to non-diverted offenders at three months post diversion.
 - ii. were equally likely to reoffend as non-diverted offenders three months and twelve months after diversion.
 - iii. CIT diversion cost \$6,500 (in 2004 dollars) more per offender over the 12-month study period than traditional criminal justice processing

- iv. This study supports the conclusion that CIT treatment is as effective in preventing future crime and more effective in reducing subjects' mental health symptoms as traditional criminal justice processing.
- 4. A study which tested whether implementation of CIT led to decreased use of heavily-armed SWAT teams found no relationship between CIT and SWAT team call-outs (Compton et al., 2009)

Informal Evidence

The evidence presented in this section is derived from the distinctive experiences of individual police agencies. Although changes in the outcomes reported below occurred at the same time as CIT implementation, it is not possible to know whether CIT caused the changes. The results of these studies should not necessarily be viewed as representative of CIT programs in general. Nonetheless, this informal evidence reflects the experiences of implementing departments.

1. Dupont & Cochran (2000) found that the referral rate from law enforcement to the emergency service increased by 42% in the first four years after CIT began
2. Several agencies reported that CIT trained officers responding to persons with mental illnesses experience decreased injuries
 - a. A CIT program in San Jose, California, reported a 32 percent decrease in officer injuries in a one year period after CIT implementation (Reuland et al., 2004).
 - b. Dupont & Cochran (2000) found that in Memphis's Police Department that the rate of injuries to officers responding to "mental disturbance calls" decreased from one in every 28,571 events in the three years prior to implementing a CIT program to one in every 142,857 events in the three-year period following its implementation (Reuland et al., 2011).
 - c. Dupont & Cochran (2000) reported that CIT implementation was accompanied with a seven-fold decrease in officer injuries
3. Some studies have shown an association between CIT implementation and SWAT team usage
 - a. Dupont & Cochran (2000) reported that CIT implementation was associated with 30% decrease in the use of SWAT teams
 - b. Bower and Petit (2001) reported that since the implementation of CIT in Albuquerque, New Mexico, the use of high-cost SWAT teams that involved a mental health crisis decreased by 58 percent (Reuland et al., 2011)

Summary

Available research on the effectiveness of CIT suggests that the program can be successful in improving officer's attitudes, knowledge and confidence regarding people with mental illness and interactions with them. CIT also appears to be effective in connecting people with mental illness to mental health services. One study reported that CIT was related to substantial increase

in mental health treatment costs. No scientific studies have examined whether CIT reduces officer or consumer injuries (although informal evidence suggests that CIT is associated with reduced officer injuries). Several studies have tested the relationship between CIT and arrest of mentally ill persons and found that CIT was not associated with changes in arrest. Continued research on CIT, especially high-quality scientific research, will help researchers and law enforcement agencies understand the potential benefits of CIT and which components of the program are associated with the most positive results.

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