

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

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Background: Few studies have examined police officers' use of force toward individuals with schizophrenia, despite the widely disseminated Crisis Intervention Team (CIT) model of partnership between mental health and law enforcement that seeks to reduce use of force and enhance safety of officers and individuals with mental illnesses. This study tested the hypotheses that CIT-trained officers would select a lower level of force, identify nonphysical actions as more effective, and perceive physical force as less effective in an escalating psychiatric crisis, compared with non-CIT-trained officers. **Methods:** Police officers ($n = 135$)—48 CIT trained and 87 non-CIT trained—completed a survey containing 3 scenario-based vignettes depicting an escalating situation involving a subject with psychosis. Data were analyzed using repeated-measures analyses of variance. **Results:** Officers escalated their preferred actions across the scenarios. A significant scenario by group interaction indicated that CIT-trained officers chose less escalation (ie, opting for less force at the third scenario) than non-CIT-trained officers. Officers reported decreasing perceived effectiveness of nonphysical action across the 3 scenarios. A significant scenario by group interaction indicated that CIT-trained officers reported a lesser decline in perceived effectiveness of nonphysical actions at the third scenario. CIT-trained officers consistently endorsed lower perceived effectiveness of physical force. **Conclusions:** Efforts are needed to reduce use of force toward individuals with psychotic disorders. These findings suggest that CIT may be an effective approach. In addition to clinical and programmatic implications,

such findings demonstrate a role for clinicians, advocates, and schizophrenia researchers in promoting social justice through partnerships with diverse social sectors.

Key words: Crisis Intervention Team/law enforcement/police/schizophrenia/use of force

Introduction

Contemporary mental health professions are characterized by numerous, complicated, and multifaceted interfaces with the fields of public safety, law enforcement, and criminal justice. In some respects, police officers must sometimes serve as de facto psychiatric triage specialists. However, some officers may not always recognize a need for, or have access to, emergency psychiatric resources.¹ For this reason, and in an attempt to improve safety of both officers and persons with mental illnesses and effect pre-booking jail diversion, the police-based Crisis Intervention Team (CIT) model^{2,3} of collaboration between law enforcement and mental health was developed in the late 1980s in Memphis (TN).⁴ CIT has been widely disseminated and implemented in recent years in municipalities across the United States, including several statewide initiatives.^{5,6}

The CIT model couples 40 h of classroom didactics and practical, experiential de-escalation training for self-selected officers with broader goals relating to reforming local mental health service systems.⁷ Officers participating in the training aspect are typically experienced officers who volunteer for advanced training.⁴ CIT-trained officers serve as specialized frontline responders who redirect, when appropriate, individuals with mental illnesses who are in crisis to treatment services instead of the criminal justice system. In doing so, it is assumed that the program enhances officers' interactions with individuals with serious mental illnesses like schizophrenia and reduces the risk of injury for individuals with mental illnesses and officers alike. Early research findings provide preliminary support for the effectiveness of CIT in several officer-level domains (eg, enhanced self-efficacy and reduced social distance stigma among

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