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**SERVING AND PROTECTING PEOPLE WITH MENTAL ILLNESS
AND/OR DEVELOPMENTAL DISABILITIES: AN EVALUATION OF
THE LOS ANGELES SHERIFF DEPARTMENT'S FIELD OPERATIONS
CRISIS INTERVENTION SKILLS PROGRAM**

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SERVING AND PROTECTING PEOPLE WITH MENTAL ILLNESS AND/OR
DEVELOPMENTAL DISABILITIES: AN EVALUATION OF THE LOS ANGELES
SHERIFF DEPARTMENT'S FIELD OPERATIONS CRISIS INTERVENTION
SKILLS PROGRAM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Melissa McDonald
Veronica Plascencia

June 2020

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ABSTRACT

The Los Angeles Sheriff Department's Field Operations Crisis Intervention Skills (FOCIS) program is a collaborative effort aimed at preparing law enforcement officers for crises that involve individuals with severe mental illness and/or developmental disabilities. That is, the ultimate goal of the program is to train officers to serve, protect, and build connections with the community's most vulnerable citizens. Embracing a pre-experimental design, this study assessed the effectiveness and applicability of the FOCIS program among 53 law enforcement officers in Los Angeles County. Findings from non-parametric analyses revealed that the FOCIS training increased officers' knowledge on mental illness and developmental disabilities but did not create or increase empathy toward people experiencing these conditions. In parallel, descriptive statistics demonstrated that the vast majority of study participants (over 80 percent) considered the FOCIS program highly effective and applicable to their field. Taken as a whole, these findings indicated that FOCIS improve law enforcement officer's preparedness to handle situations involving people who experience mental illness and developmental disabilities. However, there was no evidence that the training improves empathy among the participating officers. The implications of these findings for law enforcement stakeholders are discussed.

Keywords: FOCIS, empathy, law enforcement, mental illness, developmental disability, pre-experimental design

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DEDICATION

Melissa

This research project is dedicated to the researcher's husband Terry McDonald and daughter Lindsay McDonald who wiped the researcher's tears every step of the way and encouraged this research that finishing the project was possible during the darkest hours. Without their support, this researcher would not have completed the study. This researcher would also like to dedicate this research to Tristin Alfred for all of her support.

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De antemano, quiero dar las gracias a mi familia, la cual puso sus esperanzas en mis esfuerzos por obtener una maestría. Al igual, le agradezco a mi esposo por su apoyo durante el tiempo que me tomo llegar hasta aquí.

I want to dedicate this valuable research paper to four incredible individuals. First, to my daughters Ximena and Alejandra, who witnessed day by day, the challenges of a mother pursuing a higher education. This is also dedicated to my friend, role model, and mentor Julia S, who planted the seeds of knowledge and believed in my ability to get a master's degree. Finally, to my role model Penny W, who inspired me to become a social worker 22 years ago

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CHAPTER ONE

PROBLEM FORMULATION

Scope of Mental Illness and Developmental Disability

Mental illness and developmental disabilities are two issues that affect millions of people in the United States (U.S.) and abroad. The American Psychiatric Association (2020) defines mental illness as a health condition that causes distortions in a person's thinking, behaviors, and emotions. Serious or severe mental illness are functional impairments that affect one or more major life activities due to a mental disorder (National Institute of Mental Health [NIMH], 2017). In the U.S., mental illness is rampant among the adult population, with 46.6 million individuals experiencing a mental illness, and 11.6 million people dealing with a severe mental illness (NIMH, 2017). In California, mental illness and severe mental illness accounted for 15.45% and 4.2% of the adult population, respectively (California Health Care Foundation [CHCF], 2018). It is important to mention that national and state estimates may or may not reflect an accurate picture at local levels.

Meanwhile, developmental disabilities also affect a significant number of people in the U.S. Experts from the Center for Disease Control and Prevention found a statistically significant increase in the prevalence of development disability among children between 2014 and 2016 (Zablotsky et al., 2017). In fact, the proportion of children aged 3-17 with a developmental disability in the U.S was 5.8% in 2014. This percentage rose to 7.0% in 2016 (Zablotsky et al.,

2017). More recent estimates indicate that as many as 17% of children in the U.S were diagnosed with one or more developmental disabilities (Zablotsky et al., 2019).

Citing Rubin and Crocker's (1989) work, the Center for Disease Control and Prevention (2019) refers to developmental disabilities as "a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime" (para. 1). This definition is important to understand the link between childhood and adulthood with regard to developmental disabilities. Because (1) children grow up to become adults and (2) developmental disabilities may persist throughout adulthood, it can be argued that many adults in the U.S. deal with problems associated with developmental disabilities. Developmental disabilities include autism spectrum disorders, intellectual disabilities, and other developmental delays (Zablotsky et al., 2017).

Law Enforcement and Attitudes toward Mental Illness and Developmental Disabilities: Pre-Crisis Training Era

Since the rise of deinstitutionalization, there has been a drastic increase in contacts between law enforcement officers (LEOs) and people with severe mentally illness and/or developmental disabilities (Ellis, 2014; Lamb et al., 2002; Markowitz, 2010; Taheri, 2016). For instance, LEOs from the Los Angeles Sheriff's Department (LASD), logged 22,872 calls involving individuals with

severe mental illness and developmental disabilities between 2018 and 2019 (LASD, 2019). As for the San Francisco Police Department, there were 13,671 calls related to mental health crisis during a three month period in 2016 (Campbell, Ahalt, Hagar, & Arroyo, 2017).

LEOs are usually the first to encounter and help people who have a mental health crisis in the community. That is, LEOs often play the role of gatekeepers of mental health services, making referrals on behalf of people with mental illness (Bonfine et al., 2014; Canada et al., 2012; Ellis, 2014; Hansson & Markstrom, 2014; Lamb et al., 2002; Watson et al. 2004).

However, the increased interactions between LEOs and people with mental health issues have created several problems in the community, including overutilization of jails, more emergency room visits, unnecessary use of force, and deaths (Canada et al., 2012; Compton et al., 2014-a; Ellis, 2014; Hansson & Markstrom, 2014; Lamb et al., 2002; Markowitz, 2011; Taheri, 2016; Watson et al., 2004; Wells & Schafer, 2006). Of particular concern is the criminalization of mental illness. Research suggests that, compared to their counterparts with no mental illness, individuals with severe mental illness have been treated unfairly in the criminal justice system. These people are more likely to be arrested and serve longer sentences, and held in state or federal prisons. Prison reform laws usually do not apply to this population (Borum et al., 1998; Markowitz, 2010; Romano, 2017). The criminalization of severe mental illness contributes to stigma and negative attitudes toward people.

Law Enforcement and Attitudes toward Mental Illness and Developmental Disabilities: Post-Crisis Training Era

To improve the relationship between LEOs and the community, many Law enforcement agencies have adopted crisis intervention models, or some version thereof. Two of them, The Memphis Crisis Intervention Team (CIT) model and Los Angeles Sheriff Department (LASD)'s Mental Health Training Program are described below.

The Memphis Crisis Intervention Training for Law Enforcement Officers

In 1987, Memphis Tennessee police responded to a Black man with a knife in a public housing area who had mental health issues (Crisis Intervention Training [CIT], 2018). As the individual refused to comply with officers' orders to drop the weapon, a LEO shot and killed the man (CIT, 2018). Community outcry demanded a change in how LEOs responded to calls involving mental illness (CIT, 2018). The Mayor of Memphis collaborated with the Memphis Police Department, the National Alliance on Mental Illness (NAMI), community mental health providers, and other stakeholders to establish new and better ways for LEOs to respond to crisis calls. This collaboration led to the creation of the Memphis CIT model in 1988 (CIT, 2017).

CIT is typically 40 hours of training on signs and symptoms of mental health disorders, de-escalation skills, law enforcement policies, procedures, and cultural competence (CIT, 2018). These training components are presented to officers didactically and experientially with an emphasis on mental health

disorders with adults and adolescents. Additional CIT modules discuss how to work with special populations such as veterans, the homeless, and persons with developmental disabilities. Other CIT elements include information on psychopharmacology, assessment, civil commitment, and contain site visits to psychiatric facilities. With CIT, officers are also provided with educational information on recognizing the signs and symptoms of post-traumatic stress disorder (PTSD) and suicide (CIT, 2018). De-escalation skills are scenario-based, while other portions involve LEOs engaging with severe mental illness. LEOs listen to the experience of people with mental illness and participate in role-playing scenarios (CIT, 2018).

In summary, with the CIT, LEOs learn how to properly handle situations that involve people with mental illness. CIT focuses on appropriate steps LEOs can take to divert individuals to community mental health services, keep people from entering the criminal justice system, and decrease negative attitudes and stigmatizing perceptions toward mental illness (Bonfine et al., 2014; Canada et al., 2012; Compton et al., 2014a; Compton et al., 2014b; Ellis, 2014; Hanafi et al., 2008; Hanson & Markstrom, 2014; Watson, 2010). Several studies demonstrate that CIT leads significant changes toward positive attitudes, appropriate referrals, and increases the safety of all parties involved (Bonfine et al., 2014; Canada et al., 2012; Compton et al. 2014a; Ellis, 2014; Hanafi et al., 2008; Hanson & Markstrom, 2014; Watson, 2010).

Los Angeles Sheriff Department's Mental Health Training Program

Many law enforcement agencies consider the Memphis CIT program as the premier and most widely used training model for LEOs (Campbell et al., 2017; Watson, 2010; Watson & Fulambarker, 2012). Yet, some agencies have utilized a modified version of CIT to fit their needs (Campbell et al., 2017; Hunt et al., n. d.). The LASD is one such agency that initially built their training for LEOs to work and interact effectively with people with disabilities (LASD, 2019). In 2003 the LASD (2019) implemented the Memphis CIT training model, which is a trademark training with specific guidelines and structure an agency must utilize (LASD, 2019). In 2004, however, LASD opted to implement an in-house mental health training program for their patrol division. Then, in 2014, LASD overhauled their in-house mental health training known as Mental Health Intervention Training (MHIT). Since the fiscal year 2018-2019, the LASD has adopted a newly CIT-inspired model called FOCIS: Field Operations Crisis Intervention Skills (LASD, 2019).

FOCIS maintains some of the fundamental concepts of the Memphis Model of CIT. One of its objectives is to break down LEO's negative attitudes and preconceived ideas about severe mental illness and developmental disabilities (Hunt et al., n. d.). FOCIS provides opportunities for experiential learning called "hearing distressing voices training" where LEOs attempted to complete a series of tasks while listening to voices and sounds that simulate auditory hallucinations. Officers mimic calls for service and interactions with

persons in various states of crisis, using the ROAR (respond, observe, assess, and react) framework. LASD's crisis intervention model has been implemented in two formats: a 32-hour version and an 8-hour format.

Purpose of the Study

The purpose of this study is to evaluate the effectiveness of LASD's crisis intervention program for LEOs. The LASD's FOCIS program is relatively new and its officers come from culturally and linguistically diverse backgrounds. Hence, it is important to assess the extent to which the FOCIS training increases LEOs' preparedness for crisis response. This research particularly addressed the following questions:

- 1) Does the LASD's FOCIS program increase LEOs' overall knowledge and empathy vis-à-vis people with severe mental illness and developmental disabilities?
- 2) How do LEOs who completed the LASD's 8-hour crisis intervention course and those who took the 32-hour version differ in overall knowledge and empathy vis-à-vis people with severe mental illness and developmental disabilities?
- 3) What is the perceived degree of effectiveness for the LASD's FOCIS program among LEOs?
- 4) What is the proportion of LEOs that consider the LASD's crisis intervention training (FOCIS) applicable to their field?

Significance of the Project for the Social Work Practice

Among other things, the findings from this study will have significant implications for the community. In particular, the findings will inform the LASD on the effectiveness level of its FOCIS program. As previously mentioned, the FOCIS is intended to improve interactions between LEOs and people with mental illness and developmental disabilities. There is enough evidence in the existing literature to suggest that LEOs who receive crisis intervention training have an increase in knowledge, skills, and positive attitudes toward people (Bahora et al., 2007; Canada et al., 2012; Compton et al., 2006; Compton et al., 2008; Compton et al., 2014a, Compton et al., 2014b). However, the effectiveness of the newly developed FOCIS program has not been independently established. Therefore, the LASD can build on the findings in this research to improve the program.

The results of this research will also have implications for social work research and practice, as the social work profession champions human rights issues. LEOs' biases against people with mental illness and developmental disabilities may represent a violation of human rights. This is why the social work profession would cherish any program aimed at building rapport between law enforcement and society's most marginalized citizens.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews the relevant research on CIT for this study. Specifically, this section covers research regarding the impact of CIT on LEOs' knowledge, de-escalation skills, and empathy. Additional research covered in this chapter pertains to perceptions of effectiveness and applicability of the CIT LEOs' duties. This chapter concludes with theoretical perspectives that guide this research.

Since the implementation of the Memphis Crisis Intervention Model in the late 1980s and early 1990s, many researchers have examined its effectiveness. Determining the usefulness of a program for law enforcement is, indeed, a fascinating endeavor. The current literature contains several studies that assess knowledge, de-escalation skills, and empathy among LEOs (Bahora et al., 2008; Bonfine et al., 2014; Canada et al., 2012; Compton et al., 2006; Compton et al., 2014a; Ellis, 2014; Hanafi et al., 2008; Hanson & Markstrom, 2014; Watson, 2010).

Using a quantitative qualitative, Bonfine et al. (2014) examined the relationship between CIT and knowledge, attitudes, and social distancing among 57 LEOs in Ohio. The findings suggested that training was positive, as LEOs experienced an increase in knowledge regarding signs and symptoms of severe mental illness. The participants also reported improvement in terms of skills,

confidence, and ability to interact positively with vulnerable people in the community.

Bonfine et al.'s (2014) findings align with Ellis's (2014) work. In a one-group pretest and posttest design, Ellis (2014) assessed the effect CIT had on LEOs' knowledge, perceptions, and attitudes toward severe mental illness. 28 participating officers for the Miami Dade Police Department were surveyed. Findings supported the researcher's hypothesis that CIT would increase LEOs' knowledge, perception, and attitudes. This research also suggested that CIT training helped reduce stigma associated with severe mental illness, helped increase LEO's communication with vulnerable citizens and their families, and increased referrals to mental health treatment.

The aforementioned two studies (Bonfine et al., 2014; Ellis, 2014) were conducted under the quantitative paradigm. Hanafi et al. (2008) took a different methodology to evaluate the effectiveness of CIT on 25 LEOs in Georgia. Specifically, this study embraced a qualitative method to determine whether CIT impacts LEO's interactions with people who experience severe mental illness. Results revealed an increase in knowledge and empathy toward mental illness among the study participants. Participating officers also reported a decrease in stigma and stereotypes toward people with severe mental illness and their caregivers.

The studies above (Bonfine et al., 2014; Ellis, 2014; Hanafi et al., 2008) were conducted with relatively low sample sizes (less than 60 participants). In

addition, these studies did not include comparison groups. Bahora et al. (2008), Compton et al. (2011), and Compton et al. (2014a) extended the literature by using relatively larger samples and group comparisons in assessing CIT effectiveness.

Using a group comparison design, Bahora et al. (2008) examined the effectiveness of the CIT training with respect to self-efficacy and social distance vis-à-vis people with mental health and substance use disorders. 92 police officers in Georgia were divided into an intervention group (CIT officers) and a comparison group (non-CIT officers). Results demonstrated that, compared to their non-CIT peers, officers who completed the CIT program had higher self-efficacy handling situations that involve mental health and substance use disorders. CIT-officers also advocated for less social distance when interacting with individuals who experience severe mental illness and drug and alcohol problems.

Meanwhile, Compton et al. (2011) compared three groups of participants: 109 LEOs who attended a non-CIT training, 24 LEO's assigned to CIT training, and 44 LEOs who self-selected to take CIT training in various counties throughout Georgia. The dependent variable was empathy and psychological mindedness. Compton et al. (2011) hypothesized that LEO's who self-selected would have a higher amount of empathy and psychological mindedness due to a more significant amount of exposure to severe mental illness. However, the findings did not support Compton et al.'s (2011) hypothesis.

Elsewhere, Compton et al. (2014a) studied 586 LEOs in six Georgia police departments. CIT-trained LEOs and non-CIT-trained LEOs were compared on several indicators: knowledge of mental illness, attitudes toward people with mental illness, treatment of mental illness, self-efficacy, de-escalation skills, and ability to make referrals to mental health centers. Based on the findings, CIT-trained LEOs outperformed their non-CIT-trained counterparts on knowledge and attitudes toward severe mental illness, as well as on self-efficacy and ability to deescalate and make referral decisions.

Limitations of the Literature and Contributions of Current Study

This study extends the literature not in design and sample size but in location and essence. In effect, the existing literature is geographically limited, as most of the studies were conducted in the South (Bahora et al., 2008; Compton et al., 2006; Compton et al., 2014a). The current study addresses this scholarship gap by recruiting participants from Southern California. This study also expands the literature with respect to the nature of the intervention being evaluated. In fact, as previously mentioned, FOCIS is a modified version of CIT that has not been independently evaluated. Finally, this research contributes to the literature by assessing the relationship between FOCIS and empathy. This is something that previous research has largely ignored.

Theory Guiding Conceptualization

The Theory of Empathy is the framework that guided this research.

German philosophers Robert Vischer and Theodor Lipps developed the Theory of Empathy in the late 19th century and early 20th century (Zaki, 2014). It should be noted that Vischer and Lipps' theory was built on the work of economist Adam Smith (Lipps, 1903; Zaki, 2014; Vischer, 1873). Smith viewed empathy as reflexive and nonconscious, an idea that Vischer and Lipps agreed with and expanded from a linguistic point of view (Zaki, 2014). Pioneering theorist Heinrich Wölfflin played a significant role in expanding understanding of the concept of empathy (Bridge, 2011). Today, empathy is still considered a complex concept that various disciplines continue to study (Zaki, 2014). Indeed, psychologists, ethologists, neuroscientists all consider empathy an automatic response (Zaki, 2014).

Defined as the ability to share feelings by putting ones-self in someone else's shoes, empathy is developed throughout adolescence (Del Casale et al., 2017). Empathy is a trait as well as an emotional/mental state (Czaja, 2013) found more in women than men (Onuoha & Idemudia, 2019). However, empathy is not always viewed through a positive lens. Researchers found that this concept is associated with stigma and bias (Czaja, 2013; Webb et al., 2017). Since empathy is believed to be flexible, some studies have tried to discover if specific interventions help improve empathy. Perspective-taking exercise and compassion meditation are two popular strategies that have been proven to have

an impact on empathy (Zaki, 2014 & Weisz, 2017). Additionally, Andreoni, Rao, and Trachtman (2011) reported that eye contact stimulates an empathic response in the brain.

In this research, it is assumed that experiential learning might help improve empathy among LEOs. Experiential learning is a tool used in teaching to engage learners through an activity that imitates real-life experience in a safe and controlled environment (Karlowicz & Palmer, 2006). Research suggests experiential learning has a significant impact on the learner's behaviors and attitudes due to the ability to recall and reflect, and develop a deep understanding of an experience (Karlowicz & Palmer, 2006). Role-playing (RP) and simulation are two types of experiential learning that are part of the FOCIS package. Hence, this study will determine whether experiential learning increases LEOs' empathy toward people with severe mental illness and development disabilities.

Meanwhile, the quality of the Theory of empathy has not been determined. Joseph and Macgowan (2019) developed a scale to appraise the quality of theories in social work. This epistemological measure—called the Theory Evaluation Scale (TES)—uses nine evaluation criteria: coherence, conceptual clarity, philosophical assumptions, connection to previous research, testability, empirical support, limitations, usefulness for practice and human agency (Joseph & Macgowan, 2019). Each criterion is graded on a 1-5 point scale for total of 45 points. Theories are deemed poor, fair, good, and excellent if their overall TES

scores fall between the following ranges, respectively: 1-9; 10-19; 20-29; 30-45 (Joseph & Macgowan, 2019).

When appraised with the TES, the Theory of Empathy generated an overall score of 31, indicating an excellent quality. The theory is particularly strong with regard to coherence, conceptual clarity, connection to previous research, usefulness for practice, and human agency. There is room for improvement in terms of philosophical assumptions, testability, empirical evidence, and boundaries.

Summary

This chapter summarized and critically analyzed studies conducted on the effectiveness of CIT in various places in the U.S. This chapter also highlighted gaps in the literature and discussed the contribution of this study. This chapter concludes with an in-depth, critical analysis of the theoretical framework guiding this research.

CHAPTER THREE

METHODS

Introduction

This chapter describes the methods through which this research was conducted. Included in this chapter is a detailed presentation of the study design, sampling procedures, data collection and instruments, procedures, protection of human subjects, hypotheses, and data analysis.

Study Design

The study took a pre-experimental approach toward assessing whether the FOCIS training is effective in increasing LEOs' knowledge and empathy toward individuals who experience severe mental illness and developmental disabilities. In particular, this research used a pretest-posttest design summarized as follows:

$$O_1 \text{ X } O_2$$

In the formula above, O_1 represents the baseline observation (participants' score before taking the FOCIS training, X the intervention (FOCIS training), and O_2 the second observation (participants' score after completing the FOCIS training).

Sampling

This study was conducted in collaboration with the LASD. The researchers used a purposive sampling method to recruit participants for this study. The sample consisted of 53 LEOs mainly from San Dimas and Whittier, two cities of Los Angeles County. The demographic characteristics of the study participants are presented in Table 1 (please see Results section).

Data Collection and Instruments

Survey documents in this evaluation study include: the demographics form (Appendix A), the pretest/posttest questionnaire on knowledge and empathy (Appendix B and Appendix C), the MILO questionnaire (Appendix D), and the questionnaire on perceptions of the FOCIS program (Appendix E). The pretest-posttest questionnaire is a modified version of the Empathy Quotient Scale (EQ) scale and the Community Attitude toward Mental Illness Scale (CAMI). The combination of both scales measured LEOs' overall knowledge and level of empathy toward individuals who experience severe mental illness and developmental disabilities.

The self-report EQ Scale has good internal consistency with a Cronbach's alpha of .88 (Lawrence et al., 2004). The CAMI Scale is also strong in terms of reliability with a Cronbach's alpha of .82 (Hansson & Markstrom, 2014). The researchers developed the other instruments—MILO Simulator and Overall Perceptions of FOCIS Program—in accordance with the goals and objectives of the LASD' FOCIS program. The former measured the applicability of the training

for the field, while the latter captured LEOs' perceived degree of effectiveness of the training.

Procedures

Before administering the surveys, approval from LASD was obtained. The LASD provided a calendar that contained dates and locations of the training. Before the beginning of each training, a formal announcement of the current research study and the option to participate was presented verbally and on the informed consent form. Participants signed the informed consent form (Appendix F) before taking the surveys. Researchers administered the surveys between February 27, 2020 and March 12, 2020. Participants completed the surveys through the training and received snacks as incentives. However, the researchers fell short of the initial number of targeted participants due to the COVID-19 outbreak and the ensuing restrictions imposed by the Los Angeles County and the State of California.

Protection of Human Subjects

The Institutional Review Board of California State University San Bernardino approved this study in Winter 2020. The researchers implemented procedures and safeguards to protect the confidentiality of the participants and the data obtained through the survey. The researchers only required the participants to mark an X on their informed consent form rather than their signature. Then, no identifiable information (e.g., name, date of birth, address,

phone number, or social security number) was collected on the surveys; instead, the researchers had the participants choose a random number from a bag with numbers 1-30 to ensure the participants remained anonymous. The researchers scanned completed surveys into the computer and stored them on an encrypted flash drive. The flash drive always remained in the custody of one of the researchers or locked in a safe. The researchers will destroy the surveys one year after the completion of the study.

Dependent Variables

This research consists of three dependent variables (DV). DV1 was the LEOs' overall knowledge and empathy vis-à-vis severe mental illness and developmental disabilities. The pretest-posttest scale (Appendixes B and C) measured this continuous variable. DV2 was LEOs' perceived degree of effectiveness of the CIT program. This was an ordinal variable coded as 1 = very low perception of the training effectiveness, 2 = low perception of the training effectiveness, 3 = moderate perception of the training effectiveness, and 4 = high perception of the training effectiveness. DV3 captures the applicability of the FOCIS training for the field of law enforcement. This variable was coded as 1 for "Yes" and 2 for "No."

Independent Variable

This study used one pure independent variable (IV): law enforcement cohorts (32-hour cohort vs. 8-hour cohort). This variable had two values: 1 for

participants who completed the 32-hour training, and 2 for those completing the 8-hour version.

Control Variables

This study controlled sociodemographic characteristics such as race, gender, age, spirituality, religiosity, living arrangement, prior exposure to training, and education. These variables were coded as follows: race (1 = Non-Hispanic, 2 = Hispanic American), gender (1 = female, 2 = male), age (1 = under 25 years old, and 2 = 25 and older), spirituality (1 = Spiritual, 2 = Non-spiritual), religiosity (1 = Religious, 2 = Non-religious), living arrangement (1 = Married/living with a partner and 2 = Single), prior CIT experience (1 = Yes, 2 = No), and education (1 = No college degree, and 2 = College degree).

Study Hypothesis

Considering the probing questions proposed in this study, the researchers formulated the following hypotheses:

Hypothesis I: As a result of the FOCIS training, there will be a statistically significant increase in LEOs' overall knowledge, empathy vis-à-vis people with severe mental illness and developmental disabilities.

Hypothesis II: LEOs who complete the shorter FOCIS training version (8-hour format) and those who took the more extended version (32-hour format) will differ in overall knowledge and empathy vis-à-vis people with severe mental illness and developmental disabilities.

Hypothesis III: The proportion of participating LEOs who consider FOCIS an effective training will be superior or equal to 80 percent.

Hypothesis IV: The proportion of participating LEOs who consider the FOCIS training applicable to their field will be superior or equal to 80 percent.

Data Analysis

The researchers used IBM SPSS 26.0 to analyze the data. Due to the small sample size and the non-normal distribution of the data, the research opted for the non-parametric method of data analysis. The pretest-posttest design necessitated the use of the Wilcoxon Signed Rank test. This non-parametric procedure allowed the researchers to test Hypothesis I. Another non-parametric test—the Mann-Whitney U Test—helped determine the veracity of Hypothesis II. This test was also an appropriate test for analyzing the impact of the binary demographic variables. Finally, descriptive statistics shed light on the merits of Hypotheses III and IV.

Summary

This chapter explains the methodology of the study. Several key areas, study design, sampling methods, human subjects, and data collection and analysis procedures were discussed. The rationale for using the Wilcoxon Signed Rank Test and the Mann-Whitney U Test, two non-parametric means, were also highlighted in this chapter.

CHAPTER FOUR

RESULTS

Frequency Distributions

Table 1 below provides information on the participants' demographic characteristics. Based on the results in Table 1, almost two-thirds of the participants were Hispanic; the other third was made of LEOs with no connection to the Hispanic ethnicity. The non-Hispanic participants were officers with other racial backgrounds such as Whites, African Americans, Asian Americans, Native Americans, Alaskans/Pacific Islanders, and those with two or more of these racial groups. From a gender standpoint, the vast majority of the participants were males, with females accounting for only 12.8% of the sample. Approximately three-quarters of participants were 25 and over, with emerging adults representing one-quarter of the sample. The sample was divided almost evenly with respect to spirituality, religion, marital status, and prior exposure to CIT-related training. From an educational perspective, most participants did not complete college.

Table 1. Frequency Distributions of Study Variables

Variables	N	%
<i>Race</i>	53	100
Non-Hispanic	20	38.5
Hispanic	33	61.5
<i>Gender</i>	53	100
Female	7	12.8
Male	46	87.2
<i>Age Group</i>	53	100
Under 25 years old	12	23.1
Over 25 years old	41	76.9
<i>Spirituality</i>	53	100
Spiritual	25	47.4
Non-spiritual	28	52.6
<i>Religion</i>	53	100
Religious	30	56.4
Non-religious	23	43.6
<i>Marital Status</i>	53	100
Married/living with a partner	26	48.7
Not married or living with a partner	27	51.3
<i>Prior FOCIS exposure</i>	53	100
Yes	26	48.7
No	27	51.3
<i>Education Level</i>	53	100
No college degree	38	71.8
College degree	15	28.2

Results

Table 2 displays the Wilcoxon Signed Ranks Test results for LEOs' overall knowledge and empathy toward people with mental illness and developmental disabilities. The test statistics reveal that the intervention (FOCIS training) improved LEOs' overall knowledge toward individuals with mental illness and developmental disabilities ($Z = -3.993$, $p < .001$). This was a moderate effect size ($r = .39$). However, the training did not improve LEOs' empathy for mental illness ($Z = -.299$, $p = .765$) and developmental disabilities ($Z = -.323$, $p = .747$). Therefore, Hypothesis I was only partially supported: The FOCIS training increased officers' knowledge on mental illness and developmental disabilities, but did not create or increase empathy toward people experiencing these conditions.

Table 2. Wilcoxon Signed Ranks Test Results for Overall Knowledge and Empathy Toward People with Mental Illness and Developmental Disabilities

Descriptive Statistics								
Variables	N	Mean	SD	Min.	Max	25 th	50 th	75 th
Overall knowledge pretest	53	20.02	2.925	14	24	18.00	20.00	22.00
Empathy for people with MI* Pretest	53	5.28	1.854	1	9	4.00	5.00	7.00
Empathy for people with DD** Pretest	53	4.25	1.753	0	6	4.00	5.00	5.50
Overall knowledge posttest	53	24.06	3.759	11	30	22.00	24.00	26.00
Empathy for people with MI posttest	53	5.19	2.149	0	9	4.00	5.00	7.00
Empathy for people with DD posttest	53	4.17	1.695	0	6	3.00	5.0	5.0
Ranks								
Overall knowledge Posttest / Overall Knowledge Pretest	Ranks		N	Mean Rank	Sum of Ranks			
	Negative Ranks		3 ^a	18.50	55.50			
	Positive Ranks		45 ^b	24.90	1120.50			
	Ties		5 ^c					
Total		53						
Empathy for people with MI Posttest / Empathy for people with MI Pretest	Negative Ranks		19 ^d	22.21	422.00			
	Positive Ranks		22 ^e	19.95	439.00			
	Ties		12 ^f					
	Total		53					
Empathy for people with DD posttest / Empathy for people with DD pretest	Negative Ranks		19 ^g	1633.04	2199710.50			
	Positive Ranks		18 ^h	18.11	326.00			
	Ties		16 ⁱ					
	Total		53					
Test Statistics								
	Overall knowledge posttest / Overall knowledge pretest	Empathy for people with MI posttest / empathy for people with MI pretest	Empathy for people with DD posttest / Empathy for people with DD pretest					
Z	-3.993 ^b	-.299 ^b	-.323 ^c					
Asymp. Sig. (2-tailed)	.000	.765	.747					
*Mental Illness **Developmental Disabilities								

The Wilcoxon Test did not allow the researchers to control for other predictors. Therefore, the researcher ran separate tests for the control variables. Table 3 presents the Mann-Whitney U Test results for the study control variables. As exhibited, race, gender, age, spirituality, religion, marital status, and education

did not correlate with the dependent variable (overall knowledge about mental illness and developmental disabilities) at the statistically significance level. Only prior exposure to CIT-related training had a relationship with the dependent variable at the 95 percent confidence interval ($Z = -2.505$, $p = .34$). This was a moderate effect as well. This means, prior exposure to training explains 12 percent of the variance in overall knowledge about mental illness and developmental disabilities. Hence, after accounting for prior training exposure, the impact of the FOCIS training should be scaled down.

Table 3. Asymptotic Significance Results for Control Variables in Mann-Whitney U Test

Variables	2-tailed α^*	Z-Score	<i>r</i>	<i>r</i>²
Race	.691	-.397		
Gender	.128	-1.520		
Age	.909	-.119		
Spirituality	.562	-.580		
Religion	.885	-.144		
Marital status	.606	-.516		
Prior exposure to training	.035	-2.505	.34	.12
Education	.494	-.684		

*Alpha level ($p < .05$)

Figures 1 and 2 show descriptive statistics about the effectiveness of the FOCIS program as well as its application to the field of law enforcement. The first

figure indicates that over 80 percent of the officers who completed the FOCIS training deemed the program applicable to their field. In other words, this training would have helped them with the handling of similar past incidents in the field. Therefore, Hypothesis III was supported. Similarly, the second figure demonstrates that the majority of the participating officers (over 80 percent) perceived the FOCIS training as highly effective. Hence, Hypothesis IV was supported.

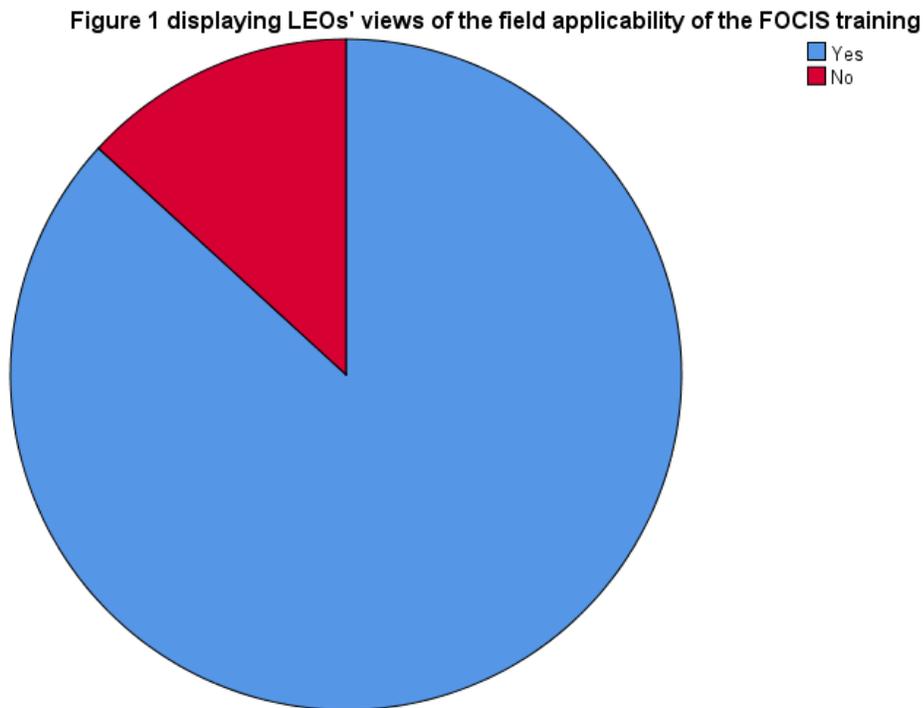


Figure 1. Displaying Law Enforcement Officers' Views of The Field of Applicability of The Field Operations Crisis Intervention Skills Training

Figure 2 exhibiting LEOs' perceived effectiveness of the FOCIS training

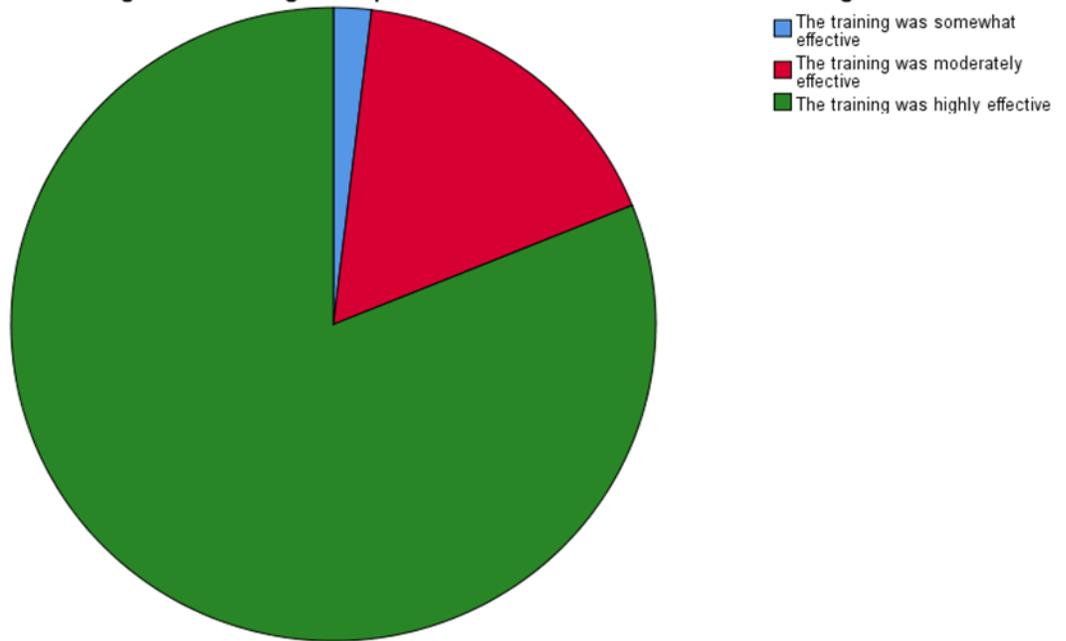


Figure 2. Exhibiting Law Enforcement Officers' Perceived Effectiveness of The Field Operations Crisis Intervention Skills Training

CHAPTER FIVE

DISCUSSION

Introduction

The primary purpose of this study was to evaluate the effectiveness of the FOCIS training among LEOs in Los Angeles, California. More specifically, this study aimed to determine whether FOCIS is effective in increasing knowledge and empathy toward individuals who experience mental illness and developmental disabilities. This was an important endeavor considering the detrimental impact of stereotypes and negative attitudes associated with mental illness and developmental disabilities. In fact, in many cases, LEOs perceive these individuals as suspects due to symptoms and behaviors attributed to their mental illness (Akinbobola & Zugwai, 2019; NIMH, 2017). Due to the growing numbers of individuals experiencing severe mental illness and developmental disabilities, interactions between LEOs and these individuals are inevitable (Ellis, 2014; Lamb et al., 2002; Markowitz, 2010; Taheri, 2016).

This study tested four hypotheses pertaining to the effectiveness of the FOCIS training. Overall, the findings indicated that FOCIS is effective in preparing LEOs to handle situations involving people who experience mental illness and developmental disabilities. However, there was no evidence that FOCIS improves LEOs' empathy level.

Consistency with Previous Research

The overall findings of this research align with previous studies on LEOs' preparedness toward severe mental illness (Bahora et al., 2008; Bonfine et al., 2014; Compton et al., 2014a; Ellis, 2014; Hanafi et al., 2008). Bonfine et al. (2014) found LEOs experienced an increase in knowledge, skills, and confidence toward interacting with mentally challenged individuals. In addition, LEOs in Bonfine et al.'s (2014) study reported positive views of the CIT-training. The findings in this study are also consistent with previous work that showed CIT improves knowledge and skills vis-à-vis mental illness (Bahora et al., 2008; Ellis, 2014). However, the findings differ from previous research, notably the work of Compton et al. (2011) and that of Hanafi et al. (2008), both of which demonstrated that CIT improves empathy among LEOs.

Possible explanations for the departure of this particular finding from previous research include social desirability bias, conceptualization and operationalization of empathy in this study, limitations of the FOCIS training, and participants' personal biases. In effect, there is a possibility that participants may have inflated their empathy responses at baseline. Participants may have also misjudged the empathy questions. Moreover, the FOCIS program may have not covered in-depth areas of empathy asked from participants. Finally, participants' personal biases may have prevented them from gaining FOCIS-induced empathy.

Implications of the Findings for Theory, Research, and Law Enforcement

The findings in this study did not corroborate the theoretical assumption of the study. Empathy Theory implies that interventions such as role-plays, simulations, and face-to-face interactions can help individuals feel empathy for the out-group because empathy is in a flexible spectrum (Karlowicz & Palmer, 2006). The results in this study indicated that FOCIS did not increase empathy in LEOs. However, this study expands the literature by evaluating a relatively new training model in a relative understudied geographic area. Most of the studies are conducted in the South. This study used Los Angeles County as the venue for this research.

Moreover, one key finding of this study is that there was no difference in LEOs' preparedness between the FOCIS's 32-hr version and the 8-hr version. This finding has huge implications for the LASD. That is, even modified versions of the CIT model have positive outcomes for law enforcement and the community. Therefore, LASD can train more LEOs in a shorter period of time and for a smaller amount of money. Such a timesaving and cost effective model would be beneficial to both the LASD and LEOs. The former would have more funding flexibility and the latter more time to serve and protect the community.

Furthermore, in addition to gaining knowledge, LEOs also report that most of the techniques learned are applicable to their field, which may help the LASD gain a positive reputation and encourage new LEOs to attend the training. Some of the learned de-escalation skills can be difficult to implement because

traditionally, LEOs would respond differently to mental health crisis calls; however, these new techniques may help LEOs see crisis calls from a different perspective. Lastly, training may help reduce violent altercations between LEOs and individuals experiencing severe mental illness and developmental disabilities, thereby lowering the rates of undesirable outcomes.

LEOs' gained knowledge may serve as a lever to expand the collaboration between LEOs and non-profit and private mental health agencies to fight against deinitialization. Moreover, this new knowledge may change the way LEOs respond to crisis calls, and this can result in gaining a positive reputation from the community. Building trust with communities may help citizens feel comfortable asking for assistance for themselves or their loved ones, knowing that LEOs will treat them with dignity and respect.

Limitations and Recommendations

This study has many shortcomings. One of them is the size of the sample. The researchers initially targeted 100 participants countywide. However, the COVID-19 pandemic forced the research team to retreat due to safety concerns. This study of sample of 53 participants, although commendable, may not have no application beyond the confines of the LASD. Another limitation is the fact that the pre-experimental design in this study is vulnerable to internal validity threat, mainly history. In other words, the researchers could not assess the extent to which the coronavirus outbreak impacted the validity of the results. Additionally, this research was cross-sectional and thus did not assess for LEOs' experiences

across time. Furthermore, the non-parametric methods in this research—although a contribution to the literature in and of themselves—did not allow the researchers to control for all the predictors simultaneously. In the same vein, the model did not include possible extraneous variables that may be associated with the dependent variable. Indeed, a large portion of the variance of the variance in LEOs' preparedness to serve and protect vulnerable people remains unexplained. Therefore, the findings in this study should be interpreted with caution.

Future research should address the limitations flagged in this study. Researchers should replicate the methodology in this study, using significantly greater sample sizes. LEOs from several cities in Los Angeles should be recruited for future research endeavors. Some researchers might want to improve on the design in this research by comparing groups of police officers recruited for FOCIS. A stronger design would generate stronger findings with stronger implications for mental health and law enforcement organizations. In the meantime, the LASD should be proud to have developed a model that improves its officers' overall knowledge and skills (preparedness) regarding serving and protecting people who deal with severe mental illness and development disabilities.

Disclosure Statements

The authors received permission from the Los Angeles Sheriff's Department (LASD) to conduct this research and publish its findings without

redaction. The permission letter is on file at California State University San Bernardino (CSUSB). The authors did not seek or receive funding for this research. The authors reported no conflict of interest.

APPENDIX A
SURVEY SCALE

SURVEY

Demographics

1. What is your race/ethnicity? _____
2. What is your gender?
 - a) Female
 - b) Male
 - c) Other
3. What is your age range?
 - a) 25 and under
 - b) 25 to 39
 - c) 40 and over
4. Do you consider yourself spiritual?
 - a) Yes
 - b) No
5. Do you consider yourself religious?
 - a) Yes
 - b) No
6. What is your marital status?
 - a) married
 - b) single
 - c) living with partner
 - d) divorced
 - e) separated
 - f) widowed
7. Have you previously participated in a empathy and de-escalation?
 - a) Yes
 - b) No

Demographics Cont.

8. What is your highest level of education?
- a) high school diploma
 - b) bachelor's degree
 - c) master's degree
 - d) PHD

Pre-Test

- 1. One a scale of 1 to 5 (with 5 the most and 1 the least) how do you rate yourself regarding the following questions:**
 - a. Knowledge about mental illness _____
 - b. Knowledge about developmental disabilities _____
 - c. Empathy toward a person with mental illness _____
 - d. Empathy toward person with developmental disabilities _____
 - e. Skills in de-escalation of a person with mental illness _____
 - f. Skills in de-escalation of a person with developmental disability _____

- 2. One a scale of 1 to 5 scale (with 1. strongly agree, 2. agree, 3. don't know, 4. disagree, 5. strongly disagree) how likely are you to agree with the following questions:**
 - a. As soon as a person shows signs of mental disturbance, he should be hospitalized _____
 - b. Mental patients need special kind of control and discipline _____
 - c. It is very easy to tell the mentally ill from normal people _____
 - d. The mentally ill are a burden on society _____
 - e. Mental illness is an illness like any other _____
 - f. The mentally ill are far less of a danger than most people imagine _____
 - g. There should not be any over-emphasis that the mentally ill endanger the public _____
 - h. The mentally ill who are stabilized should not be isolated from the rest of the community _____
 - i. I wouldn't want to have a neighbor who has been mentally ill, even though he/she has been stabilized _____
 - j. We should let the mentally ill have the right to vote _____

- 3. One a scale of 1 to 5 scale (with 1. strongly agree, 2. agree, 3. don't know, 4. disagree, 5. strongly disagree) how likely are you to agree with the following questions:**
 - a. Individuals with Autism can control their behavior through will power _____
 - b. Most people with Autism have little intellectual ability _____
 - c. It is very easy to tell if an individual has Autism _____
 - d. People with Autism are a danger to society _____
 - e. Providing accommodations for people with Autism is a type of preferential treatment for people with disabilities _____
 - f. Individuals with Autism are a burden to society _____

Post-Test

1. **One a scale of 1 to 5 (with 5 the most and 1 the least) how do you rate yourself regarding the following questions:**
 - a. Knowledge about mental illness _____
 - b. Knowledge about developmental disabilities _____
 - c. Empathy toward a person with mental illness _____
 - d. Empathy toward person with developmental disabilities _____
 - e. Skills in de-escalation of a person with mental illness _____
 - f. Skills in de-escalation of a person with developmental disability _____

2. **One a scale of 1 to 5 scale (with 1. strongly agree, 2. agree, 3. don't know, 4. disagree, 5. strongly disagree) how likely are you to agree with the following questions:**
 - a. As soon as a person shows signs of mental disturbance, he should be hospitalized _____
 - a. Mental patients need special kind of control and discipline _____
 - b. It is very easy to tell the mentally ill from normal people _____
 - c. The mentally ill are a burden on society _____
 - d. Mental illness is an illness like any other _____
 - e. The mentally ill are far less of a danger than most people imagine _____
 - f. There should not be any over-emphasis that the mentally ill endanger the public _____
 - g. The mentally ill who are stabilized should not be isolated from the rest of the community _____
 - h. I wouldn't want to have a neighbor who has been mentally ill, even though he/she has been stabilized _____
 - i. We should let the mentally ill have the right to vote _____

3. **One a scale of 1 to 5 scale (with 1. strongly agree, 2. agree, 3. don't know, 4. disagree, 5. strongly disagree) how likely are you to agree with the following questions:**
 - a. Individuals with Autism can control their behavior through will power _____
 - b. Most people with Autism have little intellectual ability _____
 - c. It is very easy to tell if an individual has Autism _____
 - d. People with Autism are a danger to society _____
 - e. Providing accommodations for people with Autism is a type of preferential treatment for people with disabilities _____
 - f. Individuals with Autism are a burden to society _____

MILO Simulator Post-Test

1. Using a scale of 1 to 5 with 5 the most and 1 the least, to what extent did today's training and mixed use of in-class instruction/discussion, simulator practical application exercise, and role-play:
 - a. Improve your ability to de-escalate a developmentally disabled person in crisis _____
 - b. Have applicability to duties in the field _____
 - c. Help improve empathy _____
 - d. Elevate their ability to de-escalate patients in the field _____
 - e. Constitute an effective training tool to improve empathy _____
 - f. Constitute an effective training tool to enhance de-escalation skills _____

2. What would you have preferred, if not use of the short exercises?

3. What would you have preferred, if not use of the in-person practical application exercises?

4. Would use of a training simulator had the same, better, or less impact in student's opinion?
 - a. Better impact
 - b. Worse impact
 - c. No impact

Post-Test In-Person Demonstration Training

1. Have you encountered persons with autism or developmental disabilities in the field? If no, please skip to next question. If so, how often?
 - a. Always
 - b. Often
 - c. Occasionally
 - d. Rarely

2. How do you rate your ability to identify a person with Autism or developmental disability?
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
 - e. Very poor

3. How do you rate your ability to de-escalate a developmentally disabled or autistic person in crisis?
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
 - e. Very poor

Post-Test Overall Perceptions of FOCIS Program

1. use of tabletop scenario discussion, simulator, short exercises, simulator and practical application help you:

- a. Identify signs/symptoms of a person with cognitive impairment

- b. Show improved level of empathy for the individual encountered

- c. Listen and observe the individual to assess their crisis and any visual or verbalized indicators of mental illness or developmental disability _____
- d. Respond to the crisis with appropriate de-escalation strategy to include *a* and *b*, as appropriate _____

2. Would this type of training have helped you with the handling of similar past incidents in the field? If so, how?

Survey's created by Dr. Rigaud Joseph, Melissa McDonald, and Veronica Plascencia

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate in is designed to examine the use of the Field Operations Crisis Intervention Skills (FOCIS) training on Law Enforcement Officers (LEO) in Los Angeles County. The study is being conducted by Melissa McDonald and Veronica Plascencia, graduate students, under the supervision of Dr. Rigaud Joseph, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of this research study is to determine if FOCIS training modules increase LEO empathy and de-escalation skills

DESCRIPTION: Participants will be asked to fill out a survey questionnaire regarding demographic information and attitudes and opinions about severely mentally ill individuals.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in group form only.

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Dr. Rigaud Joseph (909) 537-5507.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2020.

I have read the information above and agree to participate in your study.

Place an X mark here _____

Date _____

APPENDIX C
INSTITUTIONAL REVIEW BOARD APPROVAL



February 17, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-214

Melissa McDonald Rigaud Joseph, Veronica Plascencia
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Melissa McDonald Rigaud Joseph, Veronica Plascencia

Your application to use human subjects, titled "The Crisis Intervention Team Model and Empathy toward People with Mental Illness and/or Developmental Disabilities: A Pre-Experimental Study of Law Enforcement Officers" has been reviewed and **approved** by the Chair of the Institutional Review Board (IRB) of California State University, San

Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This **approval** notice does not replace any departmental or additional **approvals** which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and **approval** by the IRB before implemented in your study to ensure the risk level to participants has not increased.
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application **approval** identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application **approval** identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application **approval** identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

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ASSIGNED RESPONSIBILITIES

Melissa and Veronica divided assignments according to areas of interest; work was divided equally and when needed, extra support was mutual. Melissa made the necessary changes to chapters 1 and 4 and Veronica made the necessary changes to chapters 3 and 5; chapter 2 was revised by both researchers. Data collection was divided equally as well as both researchers took turns administering surveys during different dates. Formatting was completed by Melissa and Veronica provided extra support by making sure all documents were included and references were accurate. Both researchers made equal contributions to the completion of this research study.