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## Crisis Intervention Team Training and Use of Force on Persons with Mental Illnesses

Xavier Aguirre

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CRISIS INTERVENTION TEAM TRAINING AND USE OF FORCE ON  
PERSONS WITH MENTAL ILLNESSES

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

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
in  
Criminal Justice

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by  
Xavier Aguirre  
August 2022

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## ABSTRACT

The criminological literature on the effects of Crisis Intervention Training (CIT) among police in handling of crisis situations involving persons with mental illness (PMI) has emerged as a critical in modern policing. This study seeks to add to the literature on policing persons with mental illness by investigating the effects of CIT training, officer characteristics, and crisis incidences in the Seattle, Washington Police Department. There are two models that is used for this study. The first model focuses on the aforementioned factors in predicting police to use force in such incidents. The second model focus on officer dispositions. The data gathered for this study were obtained from the Seattle police department from 2015-2020. A total of 70,765 cases were analyzed in a five-year period.

Findings from the study will contribute to our understanding of the association between of crisis intervention training and policing people with mental illness.

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## CHAPTER ONE

### INTRODUCTION

Police encounters with individuals experiencing a mental health crisis situation represents one of the most difficult and challenging moments in law enforcement (Pelfrey Jr. and Young, 2019). The uncertainty associated with police interactions and persons with mental illness has led to a recognized risk of danger, which does increases the likelihood of using physical or deadly force (Pelfrey Jr. and Young, 2019). Officers are presented with unknown circumstances or situations when interacting with Persons with mental illness (PMI). These unknown situations may influence the chances of use of force being used toward PMI's.

Law enforcement officers are often tasked with handling situations that might be deemed beyond their control. One of the situations that has rarely been examined in the empirical literature, is policing persons with mental illnesses. Mental health in the criminal justice system today has shifted the way officers respond and interact with PMI. According to Taheri (2016), it was only five decades ago when psychiatric hospitals or asylums accommodated the majority of individuals with serious mental illness which then came to the attention of the mental health or criminal justice systems. Currently, the former dynamic of psychiatric hospitals has been almost completely removed, which has forced PMI to become homeless and resort to increased rates of drug use (Taheri, 2016). It

is estimated that roughly 7% of police contacts involve individuals with mental health concerns, with one study finding that 33% of all calls made to a police department in a single year were for situations that involved an individual with mental health symptoms (Fiske, Songer, & Schriver, 2020).

Police officers are the first to be called when an individual suffering with a mental illness engages in illegal behavior or displays behaviors that could potentially harm the community (Taheri, 2016). Officers then are responsible for resolving the situation based off the circumstances of the individuals that are involved. According to Fiske et al., (2020), 25% of interactions between the police and those with mental health problems end in an arrest. There is considerable variability in research as to how mental health training is provided, how much training is required for new and seasoned officers, and who provides the training. Some research suggests that police officers' knowledge about mental health continues to be learned primarily from veteran officers or on the job experience (Fiske et al., 2020).

It is becoming increasingly evident that despite the perception that police officers are regularly trained in various aspects of policing, they are not well-trained to recognize, assess, and treat mental illness but instead have reacted to and responded to incidents with PMI based off the knowledge and skills they have acquired through their on-the-job experiences (Kane et al., 2018). The frequency with which police deal with mental illness in their work has been found to range from seven to ten percent of recorded contacts and common routine

interaction with PMI in police work throws into sharp realization of the lack of training that they receive in relation to mental illness (Strassle, 2018). Adding further, research indicates that similarly to the general public, police may hold negative perceptions about PMI, including the belief that PMI are potentially more dangerous than those without a mental illness (Strassle, 2018).

The importance of use of force in policing is regarded as a racial and ongoing issue in modern policing today. Minorities killed by police officers in the United States regularly garners national attention, however, because the U.S. government does not mandate reporting of lethal force, it has been challenging to investigate associated factors as to why such incidents occurred (Hehman, Flake, and Calanchini, 2017). In fact, it must be noted that existing reporting systems use data from the U.S. Federal Bureau of Investigation Uniform Crime Reporting Program which likely underestimates officer related killings due to participation in these registries being voluntary, as well as police involvement in homicides being omitted from death certificates (Shadravan, Edwards, and Vinson, 2021). According to Legwie (2016), previous research has shown that racial bias has been evident in various areas of policing which include racial profiling in pedestrian and vehicle stops, the use of force, and officer decision making when having to shoot black and white criminal suspects in practice simulations. When combining race and mentally individuals together, it is important to understand the situations police officers will present themselves when interacting with these specific populations. Estimates have uncovered that

up to half of the number of fatal police shootings in the United States has involved suspects with mental illnesses (Kahn, Thompson, and McMahon, 2016). However, Kahn et al., 2016 discusses how no research has been able to identify the joint effects of suspect race and mental illness and if it contributes further to use of force.

The troubling issue of not studying race and mental illness related incidents in criminal justice literature is a concerning issue that requires further attention. Currently, the CIT curriculum lacks content that specifically addresses the impact of race and racism on potential use of force among officers and on mental health professionals' and officers' detection of mental illness or threat assessment Shadravan et al., 2021. Adding further, there is no specific CIT content that is dedicated to structural racism as it pertains to accessing mental health treatment services or patient risks (Shadravan et al., 2021). Current research argues that studying racism in policing is relatively difficult or needs to be further evidence based. However, relative to White individuals, Hispanics, African Americans, and other racial minorities tend to hold higher levels of stigma associated with mental illness.

#### Crisis Intervention Team (CIT) Training

After a fatal encounter with a mentally ill individual on September 1987, Crisis Intervention Team (CIT) training was established by the Memphis Police Department (Pelfrey Jr. and Young, 2019). Since 1987, numerous agencies

across the US have adopted CIT training to improve relations and interactions with PMI. CIT Training uses a model of community collaboration, which brings law enforcement, behavioral health, and advocacy personnel together with PMI in order to provide training about mental illness and how to properly respond to it in the line of duty (Strassle, 2018). The empirical literature has offered relatively few confident reasons explaining why officers use of force is high when interactions involve PMI and therefore, it is still unclear under what conditions force is used in crisis situations and whether police interventions such as CIT can actually deescalate violence (Morabito et al., 2012).

According to Morabito et al., (2012), police officers will approach encounters with PMI using similar tactics and strategies that would be used for any other type of police encounter, and if situations would escalate when officers do not receive the compliance that is expected, this would then elevate the chances of violence or injury. This issue has become a frequent concern as mental health communities have a ten to thirty percent chance of getting injured or killed by officers due to miscommunication or improper communication which includes aggressive and defensive behavior (Todd and Chauhan, 2020).

According to Lamanna et al., (2018), injuries during crisis response have been notably understudied, despite relevance to program quality and recent public interests in the safety of people involved in crisis interactions. Within the 2,700 agencies who use CIT training, it is not considered mandatory but instead voluntary (Strassle, 2018). I was unable to find current studies that gathered

interviews from high-ranking officials as to why CIT training should be considered mandatory for all officers who complete the required guidelines set forth from their respected academies. This leaves us with an important gap in knowledge and as such, there is only limited research available that supports the use of CIT training if police agencies are intent upon improving officer training. Data gathered for this study will determine the effectiveness CIT training has towards officers and interactions that involve PMI. The data gathered will also determine if use of force rate is impacted with the use of CIT training.

The remainder of this thesis is divided into five chapters. The second chapter consists of a review of the literature on CIT, discussing, deinstitutionalization in the United States, mental health in the Criminal Justice system, the Seattle Police Department, and literature on CIT training. The literature review provides historical and contextual backgrounds in which this study is situated. At the end of chapter two research questions guiding this study are posed. The third chapter consists of the methodology that is used this thesis defense. The third chapter briefly explains the research design and sample that is being used for the study. Variables used for the study will be explained in detail. Reliability and validity of the study will be discussed followed by the limitations of this proposal. The fourth chapter comprises analysis of to statistical models measuring the role of CIT in different policing outcomes. The fifth Chapter presents a discussion of the findings in the context of the larger literature on CIT and limitations that were presented in the study. The sixth chapter ends

with the conclusion of the overall study followed by research that should be examined in further literature.

Specifically, this study looks to overall determine the effectiveness of CIT training and how it can contribute further to literature moving forward. The Seattle Police Department will be used specifically for this study due to the availability of data as well as its history of use of force that will be explored further in detail.

## CHAPTER TWO

### LITERATURE REVIEW

#### History of Mental Illness Resources

Many underlying issues that occur today for PMI has come from Deinstitutionalization. According to Raphael and Stoll (2013), deinstitutionalization makes a reference to a set of policies and treatment innovations that drove a half-million-person decrease in the mental hospital population from 1955 and 2013. Deinstitutionalization consists of three component processes which includes: the release of individuals residing in psychiatric hospitals to alternative facilities in communities, the redirection of potential new admissions to different facilities, and the creation of special services for the treatment of a noninstitutionalized mentally ill population (Lamb & Bachrach, 2001). Much scholarly literature has argued the US policies for its use of deinstitutionalization and how the mentally ill population has suffered greatly because of it. Let alone, it can still be argued that the US has always taken a questioned approach into the treatment of PMI's. It is important to look back into the process of when the US first started to take a secure approach toward PMI's.

In a 1987 study conducted by French (1987), it was estimated that one-third of homeless individuals required mental health care. The one policy that embraced deinstitutionalization as an explicit goal, had occurred under the Kennedy administration in 1963, which was Community Mental Health Act



(Raphael and Stoll, 2013). The Community Mental Health Act accepted community mental health centers, which were created to provide outpatient, emergency, and hospitalization services for PMI (Raphael and Stoll, 2013). The legislation incorporated a shift in professional opinion considering the effectiveness of outpatient care and the importance of continuing residence in communities. As the decline of the asylum would accelerate, the public would be assured that deinstitutionalization would constitute a grand reform where patients who were neglected on the back wards of mental hospitals would return to the community all due to the arrival of modern drug therapy (Scull, 2021). In the 1970s, the Supreme Court held, in *O'Connor v. Donaldson*, that an individual must present a danger to himself/herself and/or others to be constitutionally confined and due to this, this would lead to the discharge of thousands of state psychiatric patients (Davis et al., 2012). From 1970 to 2000, psychiatric hospital beds would quickly decline from 207 beds to 21 beds per 100,000 persons (Yoon & Bruckner, 2009).

Although deinstitutionalization held the promise that persons with mental illnesses would be able to integrate and live successfully in communities, that hope would not be attained for a high number of PMI (Lamb and Weinberger, 2014). A lack of funding and preparation for communities would not be able to provide a sufficient care system which included housing, medical care, and other services that were available for formerly hospitalized patients (Lamb and Weinberger, 2014). Let alone, community resistance and insufficient and

inadequate housing opportunities have often created barriers to appropriate residential placement for PMI (Lamb & Bachrach, 2001).

Deinstitutionalization prohibits many mentally ill individuals from seeking proper treatment, followed by increased rates of arrest and prison overcrowding (French, 1987). However, public health studies have shown that community treatment models are more effective than hospital treatment models (Shen & Snowden, 2014). Adding further, close monitoring of patient status and their agreement to treatment have also been demonstrated as an effective way to help individuals with serious mental illness integrate into communities (Snowden, 2014). With the support of monitoring PMI and services available within the community, this would substantiate the reasonings as to the effectiveness community and local resources can have on PMI.

### Mental Health and the Criminal Justice System

PMI are overrepresented in the criminal justice system and once arrested and incarcerated, PMI are less likely to be able to post bail and are required to wait longer for adjudication of cases (Canada & Barrenger, 2019). Between 2008 and 2014, 25%–27% of PMI reported being arrested in their lifetime, versus 17%–18% of those without serious mental illness and once released from correctional supervision, PMI are at an increased risk of poor health outcomes, which include negatively controlled behavioral and somatic conditions, drug usage or overdose, and premature mortality (Bandara et al., 2018). Police

contact is the first step for any potential progress through the criminal justice system and limited studies of interactions between police and mental health services are surprising due to police increasingly having to respond to communities with high presence of PMI (Forrester & Hopkin, 2019). In the United States, PMI are three times more likely to be in a prison or jail than in a mental health facility or institution (Timmer & Nowotny, 2021). Adding further, PMI are likely to be exposed to the criminal justice system, due to the criminalization of behaviors associated with mental illness and also due to the fact that police or law enforcement officials are the first responders for mental health crises incidents (Timmer & Nowotny, 2021). To be specific, approximately eight million Americans experience severe mental illness, and PMI are involved in one out of every ten calls for police calls or services, PMI are one in every five people in U.S. jails and prisons systems. and PMI are also victims of one in every four fatal encounters with police officers each year (Fox et al., 2021).

Scollione & Holden (2019), estimated from 2009 to 2014, that adult mental health courts increased by as much as 36% to manage the growing caseloads of PMI and how PMI would be released into communities. With the US being one of the most established democracies in the world, it is apparent that the handling of mental health in the criminal justice system is not due to a lack of wealth or of institutions, but due to the improper approach that is being made currently (Lee et al., 2019). Engaging PMI in evidence-based health care and social services in

the community following release from jail or prison is considered a public health priority, however engagement is considered a challenged by multiple factors which include the following: a lack of detailed reentry planning, limited support networks, and policies that limit eligibility for public benefits due to the basis of criminal justice involvement (Bandera et al., 2018). Within the criminal justice system, the risk of being killed by a police officer is 16 times greater for those with mental illness than those who do not have mental health issues, (Fox et al., 2021). Furthermore, efforts to address the involvement in the criminal justice system and improve outcomes for PMI are a primary topic of recent calls for further reform and change (Fox et al., 2021).

### Officer Characteristics

According to Todd and Chauhan (2020), prior research has shown that White officers are more likely to make arrests generally and in incidents involving PMI, even after physically controlling the suspect. Prior research also found that there was gender effect in arrests essentially stating that female officers were less likely to make an arrest versus a male officers according to Todd and Chauhan, (2020). In addition, a few studies have found that officers with more experience were less likely to make an arrest (Green, 1997; Todd and Chauhan, 2020). This is critical in determining if officers years of experience can potentially play a role if use of force is used more with less experienced officers versus more experienced officers. In a study conducted from Yang et al., (2018), a

Virginia Police Department study confirmed that 87.3% of officers said they had used force during an encounter with a PMI that ultimately led to an arrest. Surveys from the study of law enforcement officials reported that officers' most common concerns with PMI included a lack of training, availability of psychiatric or psychological services, the process required to secure hospital admissions, poor relationships with medical and mental health service providers, and the lengthy time that is necessary to employ non-arrest resources (Pelfrey Jr. and Young, 2019). However, officers with CIT training showed better de-escalation skills, and better referral decisions and were more likely to refer to treatment services and were also less likely to make an arrest (Compton et al., 2017). When conducting this study, it will be critical in examining officer characteristics, gender, and if not CIT training influences the possibilities of force being used on PMI's.

### Characteristics of the Individual in Crisis

Use of force continues to be an emerging issue involving police interactions with PMI. According to Tentner et al. (2019), PMI who rarely pose a public safety threat, are more likely to experience three times more police interactions than the general population. PMI typically are approached by police in random contacts or when police are ensuring the individuals are mentally stable and not a threat to themselves or others (Compton et al., 2017). Individual-level risk factors associated with mental health disorders (particularly

depression), have been noted often in research, but as of recently, attention has shifted to examining neighborhood-level risk factors such as socioeconomic status, physical and social environments, increased access to resources, and social capital (Weisburd et al., 2018). Low economic status and lack of resources are potential factors that increase the risk of further mental health issues and police officer contacts which include use of force incidents. Officers' perceptions of PMI being disrespectful, uncooperative, suicidal, suffering from a mental illness, and/or being under the influence of substances can potentially lead to physical outcomes (Todd and Chauhan, 2020). These negative perceptions from officers can increase the probability that use of force is used and that the incident ends with an arrest. Officers have frequently relied upon the use of dispatch information, contacts, and behavioral observation that is used to identify mental illness in crisis incidents (Todd and Chauhan, 2020). Dispatch information and providing biased behavioral observations does confirm the lack of training officers have relating to PMI, and the lack of training can potentially lead to physical or deadly force if a crisis situation is not handled correctly or appropriately.

### Incident Characteristics

According to Todd and Chauhan (2020), among a sample of psychiatric patients, of the 20% of individuals who reported being arrested, PMI were often arrested for low-level offenses which indicated that those with more acute mental

illnesses may be overrepresented among those arrested for lower-level offenses, particularly offenses related to survival, lack of stable housing, and basic needs (p.3). Adding further, compared to police-initiated responses, dispatched calls were more likely to result in a arrests in a crisis and non-crisis incident (Todd and Chauhan, 2020). Helgoft et al., (2019), notes how misdemeanor offenses often involved individuals experiencing behavioral crises such as mental illness, drug and/or alcohol addiction, but little was known about how PMI arrested for misdemeanors, are processed through the criminal justice system. Little attention has been paid to several key outcomes of CIT, including rates of injury and arrests, as well as response times according to Lamanna et al., (2018). What needs to be further examined are the differences of how PMI are dispositioned with CIT trained officers and non-CIT trained officers. While the common incidents of mental illness, alcohol and drug addiction, and homelessness do not constitute serious level crimes, research needs to determine the possibilities of location potentially factoring in would constitute an officer to use force or an officer to instead transport a PMI for medical services.

### Seattle Police Department

The Seattle Police Department (SPD) is one of the few police departments in the United States that provides publicly available data on crisis incidents involving PMI. According to seattle.gov, (2021), the city's population is 747,300 with approximately 1,433 sworn police officers in the Seattle Police Department (SPD). Geographically, Seattle is divided into five areas and within those areas

are the 5 precincts or police stations: North, East, South, West and Southwest (Seattle.gov, 2021). Adding further, precinct boundaries are determined through consideration of neighborhood boundaries, geographic and other natural boundaries. Each precinct also contains smaller geographic areas called Sectors (17 in total). A review of various prominent law enforcement agencies in the United States, I found that the Seattle Police Department was the only agency that provided data that focused on crisis situations that involved PMI. While this was one of a few reasons as to why I am specifically focusing my research on this department, it should also be noted that the Seattle Police Department has faced internal investigations that pertained heavily to use of force and targeting minorities. While the reasons for crisis intervention data being publicly available are unknown, there seems that the SPD's negative history of use of force and other problems contributes to why this information is available today.

In a published news report presented from Katu.com, 2021, data collected from the SPD from 2014-2019 confirmed Native people and African Americans were stopped anywhere from five to nine times more than white individuals. Minorities would typically be pulled over and encounter more police stops than white individuals. This information gathered would address the concerns of what has transformed SPD's use of force policies today. On August 30, 2010, John T. Williams, a Native Wood Cutter was shot dead for carrying a board and a small pocketknife (Klemko, 2021). The killing of Williams by an SPD officer ultimately



proved a catalyst for the US Department of Justice intervention, which federally mandated reforms to the city's Police Department, which ultimately cut the city's budget and eventually eliminated the positions of dozens of police officers (Mapes, 2021). This shooting would also spark outcry and an investigation that would be performed from the Department of Justice that would look into SPD's history of use of force (2009-2011).

According to Justice.gov (2011), an investigation conducted from the US Department of Justice (DOJ) Civil Rights Division, found a pattern or practice of constitutional violations regarding the use of force that resulted from structural problems, as well as serious concerns regarding biased policing. According to Justice.gov (2011), the DOJ Civil Rights Division systematically and thoroughly examined voluminous documents and records which included hundreds of hours of video footage, a variety of police reports, policy manuals, and SPD records related to its use of force and policing practices (2009-2011). With the cooperation from SPD, the DOJ was able to obtain and analyze all use of force reports for the approximately two-year period (January 2009- April 2011) preceding their review, the DOJ was also able to conduct multiple site visits and interviewed hundreds of individuals which included community leaders, individuals alleging SPD officers had violated their constitutional rights, and SPD personnel which had included front-line officers, their immediate supervisors, and command level staff.

These changes to policy such as reducing the use of force when necessary and taking better precautions were just the starting points of what ultimately would transform the Seattle Police Department. The DOJ was unable to discover a finding of discriminatory policing, but serious concerns were noted that heavily involved minority communities (Justice.gov, 2011). With limited data available, The DOJ confirmed use of force cases were unnecessary and excessive, and involved 50 percent of minorities (Justice.gov, 2011). According to Justice.gov (2011), Analysis of limited data suggested that in certain precincts, SPD officers would stop a disproportionate number of people of color where no offense or other police incident ever occurred. The DOJ however did not document which precincts encountered heavy police presence and use of force. One of the most important findings from the DOJ and relatively important for this study was the Seattle Police Departments excessive use of force on PMI. The DOJ emphasized this issue as a problematic concern due to 70% of its use of force encounters involving PMI. While the information obtained is extremely important, this would also contribute to the starting point and advancement of SPD's CIT training and requirements.

### CIT Training

The importance of Crisis Intervention amongst police officers has become a topic of concern over the years in regard to violent altercations and the use of deadly force against PMI. According to Ellis (2014), mental health treatment is

not the main goal of the criminal justice system. Yet, current estimates suggest that more than 2,700 out of roughly 17,985 police departments in the United States have implemented CIT due to the necessity of police-based collaboration and the mental Health system (Compton et al., 2014). According to Pelfrey Jr. and Young (2019), the original CIT model is a collaborative program that is used between mental health and law enforcement agencies and encourages participation of other stakeholders which includes mental health consumers and advocacy organizations.

CIT Training was developed after an PMI was killed in a police shooting in Memphis, Tennessee (Strassle, 2018). The CIT program's purpose has been and continues with the objective of unifying law enforcement and mental health professionals and services that are focused in improving interactions between police officers and PMI (Strassle, 2018). According to Ellis (2014), the leaders of CITs identified eight core elements which included: (1) increased partnership between law enforcement and mental health advocacy; (2) community ownership through planning, implementing, and networking; (3) improved law enforcement policies and procedures; (4) increased recognitions of CIT officers' accomplishments; (5) the increased availability of mental health facilities; (6) = training for officers and dispatchers; (7) further evaluation and research for PMI; and (8) outreach to communities. These core elements have been and continue to be emphasized in CIT Training. According to Taheri (2016), interest among communities with PMI has increased when implementing police-run Crisis

Intervention Teams (CITs) which stems from the promise that there can be a reduction in stigmatization, arrests and officer injuries.

It is estimated that 7% to 10% of police activity involves responding to mental health calls, and police encounters with PMI are typically longer in duration than calls with the non-mentally ill population (Haigh, L. Kringen, and A. Kringen, 2020). According to Kane, Evans, and Shokraneh (2018), police officers themselves are often troubled by encounters with PMI – for example, officers will take much more time than other calls for service, which typically involve repeat contacts with the same individuals and repeatedly involve volatile situations. Given the frequency of mental illness contact in their work, police report a desire for additional training (Strassle, 2018). Individuals who encountered crisis situations have described personal experiences involving police-led interventions, were characterized by offensive communication, unsympathetic attitudes, and disproportionate use of force (Boscarato et al., 2014). Officers without CIT training have also struggled with determining the most appropriate outcome based off making an arrest or relocating PMI to crisis centers. According to Comartin, Swanson, and Kubiak (2019), after implementation of CIT training, officers increased referrals to the crisis center by 21.9%, and the crisis centers would also receive 10 more officer-initiated referrals per month. Distance of the crisis centers would also pose no setbacks as CIT-trained officers were more likely to travel the extra distance to get the individual to the appropriate service (Comartin et al., 2019).

In a study by Haigh et al., (2020), the researchers found that departments have been encouraged from public and higher police officials in maintaining the voluntary aspect of the program based on the notion that there is variation in officers' interpersonal skills, de-escalation abilities, and experience with mental illness. The CIT model includes and is most known for 40 hours of specialized training for patrol officers in recognizing and responding to mental health crises as well as this training being "self-selected" (Compton et al., 2017). Approaching CIT training with a voluntary mindset would only allow police officers to negate and ignore a specific population that continues to endure maltreatment due to CIT training not being a mandatory requirement. Let alone, police departments that hire officers who struggle with de-escalation would need to redefine policy based upon command of de-escalation tactics and a deeper mental health awareness. With this specific training, officers are taught how to manage crisis situations and also how to redirect PMI to health services. According to Seattle.gov, 2021, the SPD's CIT model is as follows:

Per the standard guidelines of the CIT program, CIT Certification is considered a voluntary program for the SPD. Currently, approximately 60% of the SPD is appointed as 40-hr CIT Certified. The topics covered in the training include an overview of behavioral health disorders, being able to recognize types of mental illnesses, communicating properly with mentally ill individuals experiencing behavioral health crisis, and officers learning different techniques for different types of disorders. Adding further to the CIT Certification training, the

SPD has mandated 8 hours of annual mandatory Crisis/De-escalation training for sworn officers since 2014.

The goals of the CIT programs include the following: improved law enforcement perceptions of individuals with mental illness, decreased officer crisis response time, decreased injury rates for both officers and persons with mental illness, decreased arrest rates for persons with mental illness, linkage to appropriate community care, and improved community perceptions of law enforcement (Pelfrey Jr. and Young, 2019). While these goals are meant to benefit law enforcement and PMI, there is limited existing literature that addresses findings that would empirically support the need for CIT training in all law enforcement agencies across the U.S. The absence of systematic research involving law enforcement and PMI may be the result of a lack of documentation of such encounters and insufficient reporting of encounters that did not result in an arrest or referral to mental health services (Bonfine, Ritter, and Munetz, 2014). Responding to incidents that involve a PMI can also influence an officer's attitude and contribute to the stress an officer faces which could result with a negative approach or deadly force being used against PMI. According to Bonfire et al., (2014), increasing officer knowledge about mental illness, as well as of community mental health services, a important focus of CIT is to change officer attitudes about mental illness by increasing exposure to PMI, and increasing empathy and decreasing stigmatizing attitudes that might contribute to bias.

There is a lack of empirical research that examines stigma held by law enforcement officers toward PMI, specifically research that investigates how mental illness stigma differs between CIT-trained and CIT-untrained officers (Haigh et al., 2020).

The demands on policing resources related to mental health are growing and it is critical that those experiencing mental health problems and who are involved in the criminal justice system have a rational system in place to ensure PMI are treated fairly (Kane et al., 2018). In a study conducted from Compton et al., 2017, it was noted that overall dispositions of encounters did not differentiate between officers who had volunteered for CIT training and officers who had no training. However, when physical force was necessary, officers who had volunteered for training were more likely to refer to mental health services and less likely to execute an arrest against PMI. With CIT training widely available for police departments across the United States, it is important to evaluate the CIT training would provide to law enforcement agencies and the communities. To answer this, this paper will aim to address the following research questions:

Q1: Are officers with CIT certification training less likely to use force in crisis incidents involving PMI versus officers who did not receive CIT training

Q2: What factors significantly predict the distribution of call dispositions for crisis incidences involving

## CHAPTER THREE

### DATA AND METHODS

The data used for this study were compiled from the City of Seattle Washington Police Department's data on CIT incidents available on the city's website (Data.seattle.gov., 2022). These data contain incident level contacts between police and citizens that involve CIT trained police officers from January 1, 2015 through December 31, 2020. The data contains nine variables including officer gender, race, experience, and incident characteristics such as disposition of the incident. All data gathered and presented are open to the general public and is inputted on a daily basis and the sample for this study comprises the entire population of incidents between January 1, 2015 and December 31, 2020. (N: 70,765).

#### Research Design

This study addresses questions about police use of force and more generally, call dispositions related in crisis incidents which primarily involve mentally ill individuals. As stated above, the research questions I asked were:

Q1: Are officers with CIT certification training less likely to use force in crisis incidents versus officers who did not receive CIT training

Q2: What factors significantly predict the distribution of call dispositions for crisis incidences?

In this thesis, I propose two main analytical models to determine the effects of demographic and independent variables on crisis intervention



outcomes. Data analyses will occur in three phases. In the first phase, frequencies and descriptive statistics will be analyzed to provide knowledge about the basic features of the data and to check for data anomalies that might require addressing before proceeding to multivariate analysis. In the next phase, I will determine where possible that the logistic regression models meet core statistical assumptions. Unlike assumptions for ordinary least squares regression, logistic regression does not require linearity between the independent and dependent variables. Also, the residuals do not need to be normally distributed, and the dependent variables do not need to be interval or ratio levels. However, assumptions for logistic regression require that independent variables not be highly correlated as to produce multicollinearity. To check for this, I examined a Pearson's correlations matrix for the proposed independent variables. Last, logistic regression typically requires a large number of observations for the models to function properly. There are 70,765 crisis incidences in the dataset used for this study.

In the last phase, I ran two logistic regression models for multivariate analysis. The multivariate models included both a binomial and multinomial logistic regression model. According to Bachman and Paternoster (2017), logistic regression is used to predict a binary dependent variable (binomial logistic regression) and ternary dependent variables (multinomial logistic regression). Given that the outcome variables in the proposed models are whether CIT trained police used force or not in handling PMI cases, and the type of disposition

among three types, logistic regression seems to be the best suited statistical method to estimate the effects of the independent variables. Essentially, this type of analysis is being used to predict the likelihood of an event happening or a choice being made by police officers.

### Variables

This study includes two models to measure the effects of the independent variables on two distinct dependent variables:

Dependent Variables:

**Use of force** is the second dependent variable and is defined as any physical force used during an encounter with a mentally ill individual. Although the data do not provide for the specific form of force used in incidents where force was involved, force can run the spectrum from less-than-lethal low-level pushing, shoving, hitting to control takedowns, electronic control weapons such as tasers, pepper spray, and lethal force. Use of force is a binary variable where 1= yes 0= no.

**Incident Disposition** identifies different outcomes of police interactions with people with mental illness and will be examined as a four-category nominal variable (see Table 1): 1) Arrest (taken into custody), 2) Emergency Detention (subject is immediately detained), 3) Referral to Services (to a mental health facility or local hospital), and 4) No Action (reference group).

Independent Variables

**Officer Race/Ethnicity:** Officer race/ethnicity is an officer demographic characteristic containing four racial/ethnic categories, which will be coded as: 1 = *White*, 2 = *Hispanic*, 3= *African American*, 4= *Other*.

**Officer Gender:** Officer Gender is a demographic characteristic and was coded as 1 = *Male* and 0 = *Female*. Prior research has found no gender effect in arrests according to Todd and Chauhan, (2020).

**Officer Experience:** Officer Experience is a continuous variable operationalized as the number of years an officer has been with the Seattle Police Department. Prior research however did confirm that officers with more years on the field were less likely to make an arrest versus officers with less experience (Todd and Chauhan, 2020).

**Officer CIT Certification** is a binary variable indicating whether the officer earned a CIT training certification or not and was be coded into a categorical variable: 1= yes and 0=no.

Non Certified Officers (N: 51,711; 66.7%) and Certified Officers (N: 25,824; 33.3%)

Veteran will be described as 1= yes, and 0= no.

Geographic Location is coded as 0= East, 1=North, 2=South, 3= Southwest

**Time of Day** will be described as 1= Day, and 0= Night.

## CHAPTER FOUR

### ANALYSIS

**Table 1.1 Descriptive Statistics**

Variables	N (%)	Mean	Std. Deviation
Use of Force	70,765	0.02	0.132
(0=No)	69,395(98%)		
(1=Yes)	1,370(2%)		
Time of Day			
Day	50,017(71%)		
Night	20,748(29%)		
Veterans	70,765	0.03	0.168
(0=No)	68,704(97%)		
(1=Yes)	2,061(3%)		
CIT Officer Requested	70,765	0.6	0.489
CIT Officer Disposition	70,765	0.6	0.489
Officer Gender	70,765	0.14	0.343
(0=Male)	61,237(86%)		
(1=Female)	9,258(14%)		
Officer Race	70,765	1.69	1.169
White (71.5%)	50,378		
Black (5.7%)	4,084		
Hispanic (5.4%)	39,00		
Other Races (17.4%)	12,403		
Officer Experience	70,765	7.68	8.568
CIT Certified	70,765	0.33	0.471
(0=No)	47,309(67%)		
(1=Yes)	23,456(33%)		
Total	70765		

Table 1.1 presents the descriptive statistics of the variables that were examined for the study. A total of 70,765 cases were examined from 2015 to

2020. The variables that were examined in this study include use of force, time of day, veterans, CIT officer requested, CIT officer dispositioned, CIT officer arrived, Officer gender, Officer race, officer experience, and officers that are CIT certified. Approximately 71% (50,378) of cases involved white officers, followed by black officers 5.7% (4,084), Hispanic 5.4% (3,900), and other races 17.4% (12,403). A total of 23,456 cases involved CIT certified officers who were dispatched to incidents that involved PMI versus 47,309 cases that involved officers who had received no CIT training. When officers would respond to incidents involving PMI's, surprisingly more contacts occurred during the day (50,117) compared to at night (20,748). A total of 61,237 male officers and a total of 9,528 female officers also responded to incidents that involved PMI's.

While not all locations were coded separately for the binomial logistic regression model, it was found that location can influence an officer's decision as to whether use of force might be used or not. When referencing the West Precinct, it was determined that the North and Southwest Precincts were significant. According to the Seattle.gov (2021), Continuing, Precinct boundaries were determined through consideration of neighborhood boundaries, geographic and other natural boundaries (Seattle.gov, 2021). Each precinct contains smaller geographic areas called Sectors and there are 17 sectors total in the city of Seattle and each of these Sectors are divided into between 3 smaller sections called Beats (Seattle.gov, 2021).

The West precinct consists of Downtown Business District, Waterfront, Chinatown/International District, Pioneer Square, Belltown, Queen Anne, West Edge, SoDo, Westlake, and Eastlake (Seattle.gov, 2021). The East precinct consists of Capitol Hill, Central Area, First Hill, Judkins Park, Madison Park, Montlake, upper Pike/Pine neighborhoods (Seattle.gov, 2021). The North precinct serves the neighborhoods of Aurora, Ballard, Bitter Lake, Broadview, Carkeek, Crown Hill, Fremont, Green Lake, Greenwood, Lake City, and Laurelhurst (Seattle.gov, 2021). The south precinct serves the neighborhoods of Beacon Hill, Mount Baker, Columbia City Hillman City, Genesee, Georgetown, Rainier Vista, Lockmore, New Holly, Othello Park, Othello Station, Brighton, Dunlap, and Rainier (Seattle.gov, 2021). The southwest precinct serves the neighborhoods of Admiral, Alki, Arbor Heights, Beach Drive, California Junction, Delridge, Morgan Junction, Gatewood, Endolyne, Fauntleroy, Pigeon Point, High Point, Harbor Island, Delridge, and Westwood (Seattle.gov, 2021)

From 2015-2020, the North precinct exceeded over 90,191 crimes, and the Southwest precinct exceeded over 325,998 crimes (Seattle.gov, 2021). However, no information is available that explains economic differences between the North and Southwest precincts.

Table 1.2 Binary Logistic Regression Model for Police Use of Force

<b>Variables</b>	<b>B</b>	<b>S.E.</b>	<b>OR</b>	<b>Wald</b>	
Police Officer CIT Certified (Ref Group: Certified)	0.1	0.058	1.106	2.974	
	-				
Police Officer Years of Experience	0.011	0.004	0.989	10.265	**
Police Officer Race or Ethnicity (Ref Group: White)				24.846	**
	-				
Other Race or Ethnicity	0.221	0.077	0.802	8.154	*
	-				
Black	0.316	0.137	0.729	5.355	*
Hispanic	-0.59	0.154	0.554	14.731	**
Police Officer Gender (Ref Group: Male)	0.01	0.081	1.01	0.014	
	-				
Veteran (Ref Group: Veteran)	0.297	0.186	0.743	2.537	
Time of Day (Ref Group: Night)	0.026	0.06	1.026	0.185	
Police Precinct (Ref Group: West)				20.055	**
East	0.11	0.084	1.117	1.738	
North	0.283	0.097	1.327	8.485	*
	-				
South	0.194	0.123	0.823	2.513	
Southwest	0.194	0.081	1.215	5.697	*
	-				
Intercept	3.931	0.076	0.02	2645.9	**

\* .005  
\* .001

Table 1.2 presents the analysis of a binomial logistic regression model predicting police use of force in crisis intervention incidents. This model produced eight significant findings. First, officer years of experience was negatively associated with use of force, suggesting that older officers with more years of experience and knowledge were less inclined to use force in such situations. Black, Hispanic, and officers of other races were also less likely to use force versus white officers who were more likely to use force. Something surprising to

note from this model is how CIT trained officers and use of force were close to reaching significance. The reasoning behind is unknown, but a possible explanation will be provided toward the end of this study. These findings suggests that white officers were more likely to use force relative to minority officers.

Included in the statistical models was a geographic location variable for the precinct in which each crisis incident occurred to get a sense of where incidents were more likely to occur and to determine if location played any significant role in the use of force in crisis incident cases. Geographic location was a significant predictor of use of force. The negative sign of the coefficient suggests that officers in areas of Seattle such as the North, and Southwest precincts were more likely to use force than more other areas.



Table 1.3 Multinomial Regression Analysis for Police Crisis Incident Dispositions

<b>Treatment</b>	<b>B</b>	<b>S.E.</b>	<b>OR</b>	<b>Wald</b>	
Police Officer CIT Certified (Ref Group: Certified)	0.054	0.018	1.056	9.466	**
Police Officer Years of Experience	0.018	0.001	1.018	308.639	**
Police Officer Race or Ethnicity (Ref Group: White)					
Other Race or Ethnicity	-0.07	0.022	0.932	10.371	**
Black	-0.099	0.035	0.905	7.967	*
Hispanic	-0.08	0.036	0.923	4.87	**
Police Officer Gender (Ref Group: Male)	-0.026	0.024	0.974	1.142	
Veteran (Ref Group: Veteran)	-0.127	0.049	0.88	6.671	
Time of Day (Ref Group: Night)	-0.181	0.022	0.834	69.078	**
Police Precinct (Ref Group: West)					
East	-0.151	0.024	0.86	38.246	**
North	-0.302	0.022	0.739	189.175	**
South	-0.025	0.029	0.976	0.741	
Southwest	-0.104	0.031	0.901	11.457	**
Intercept	0.781	0.058		182.426	**

Arrest

<b>Variables</b>	<b>B</b>	<b>S.E.</b>	<b>OR</b>	<b>Wald</b>	
Police Officer CIT Certified (Ref Group: Certified)	-0.114	0.03	0.892	14.785	**
Police Officer Years of Experience	-0.008	0.002	0.992	16.949	**
Police Officer Race or Ethnicity (Ref Group: White)					
Other Race or Ethnicity	-0.281	0.04	0.755	50.755	**
Black	-0.448	0.07	0.639	41.575	**
Hispanic	-0.173	0.063	0.841	7.6	
Police Officer Gender (Ref Group: Male)	0.221	0.044	1.247	25.3	**
Veteran Status (Ref Group: Veteran)	0.242	0.094	1.273	6.611	
Time of Day (Ref Group (Night)	0.138	0.037	1.148	13.955	**
Police Precinct (Ref Group: West)					
East	-0.292	0.039	0.746	56.527	**
North	-0.72	0.038	0.487	361.342	**
South	-0.314	0.047	0.73	44.157	**

Southwest	-0.692	0.057	0.5	146.966	**
Intercept	-1.219	0.108		128.419	**

Table 1.3 presents the findings from a multinomial logistic regression model predicting a ternary outcome of crisis incident dispositions. As discussed above, the dependent variable was collapsed from a list of 30 different dispositions, combining them by disposition similarity. That is whether the person was ordered to some type of mental health services (0), and whether the incident led to no action being taken (1), and an arrest being made (2). Incident disposition is the second dependent variable and was used to determine the dispositional outcome of crisis incidents involving mentally ill persons. Specifically, officer disposition measures whether police took no action (no arrest, no mental services provided, etc.), whether police placed the individual in an institution for mental health evaluation, or whether the police arrested the individual.

#### Treatment

When examining treatment, CIT trained officers are more likely to refer PMI to treatment services as well as officers who have more experience. Surprisingly, it was less likely for officers of different races (black, Hispanic, other) to refer PMI to treatment services versus white officers. The reasoning behind this is unknown and there is no information available that explains the reasons as to why black, Hispanic, and other races did not refer PMI to

treatment. This will be examined further in the discussion. The East, North, and Southwest precincts were also less likely to refer PMI to treatment services.

An important consideration to note, is how the time of day plays a factor into when treatment services are offered from officers. The possibility of officers not referring PMI to treatment services could relate to the time of the incident or other situational factors that are unknown. From the results, officers are more likely to refer PMI to services during the day than at night. Once again, reasoning for this is unknown, but there is speculation that treatment options may be limited when PMI contacts occur at night.

#### Arrest

The findings regarding arrest are extremely interesting and opens up many questions that would need to be examined further in the future. An important finding to discuss is how CIT trained officers are less likely to make an arrest as well as officers who have years of experience. These findings point to the beneficial factors of how CIT training can reduce the rates of arrest toward PMI. An interesting finding to note is arrests being made during the day versus at night. With this finding, it can be presumed that officers are able to identify PMI clearly during the day and have more time to respond to other calls versus night shifts where other priorities might be focused more such as violent related crimes.

All geographic precincts produced significant findings as well displaying how officers responded and were less likely to make an arrest than take no

action. This is an important finding due to officers finding different alternatives when interacting with PMI's instead of resorting to arrest. Officers of other races and black officers were also less likely to make an arrest versus white officers. When examining gender, male officers are more likely to make an arrest versus a female officer.

## CHAPTER FIVE

### DISCUSSION

The aim of this study was to determine whether officers certified in CIT training were less likely to use force versus officers who had received no CIT training and secondarily, what factors also predicted officer decision-making regarding disposition of crisis incidents. Findings from the two analytic models suggests that CIT training was not a significant factor in decreasing use of force with mentally ill individuals. However, findings did confirm that CIT trained officers were more likely to refer PMI to treatment services over arrest.

Adding further, officers with more years of experience in the field were less likely to use force versus officers who had less years of experience on the field. This could be attributed to officers with experience having endured many tough situations that prepared them for encounters with mentally ill individuals. Younger officers in comparison who have had less years of experience or interactions with mentally ill individuals, would be more likely to engage with mentally ill individuals based on the analysis. Newer officers starting their professions are continuing to learn and are establishing themselves for their respected positions. In a study that focused predominately on minority communities, Chapman (2012), confirmed that younger officers or officers with less experience were more likely to use force with PMI. This further supports the contention that officers beginning their young careers should receive more extensive and regular on-the-job training.

Officer race also predicted who would be more likely to use force on mentally ill individuals. In this study, white officers were more likely to use force versus officers of other races or ethnicities. There can be several reasons for this. For instance, White and Headley (2020) found that when White officers interacted with White civilians (in comparison with Black civilians) there were less aggressive outcomes.. More detailed information on race and ethnicity of officers relating to use of force situational factors were not available in these data which would provide a deeper understanding of the role of race or ethnicity in using force in crisis incidents. While the Department of Justice did discover patterns of biased policing and unnecessary use of force for the Seattle Police Department as mentioned earlier in this study, racial motivations could possibly explain why use of force is more frequent in minority communities (Justice.gov, 2011). The findings in this study suggest that racial differences continue within the Seattle police department, at least when it comes to the race or ethnicity of the officer.

Another recommendation would be for the Seattle Police Department to simply require all officers to become CIT certified for the sole purpose of having the required and necessary training needed to better communicate and cooperate with PMI. The Seattle Police Department's policy on CIT training is "voluntary" which requires less participation from officers. If pay incentives were used for CIT training, the possibility of officers becoming CIT certified would only increase further.

In the second model, Geographic Precinct or locations played a significant role in disposition toward mentally ill individuals. The locations with high disposition rates included the North and Southwest precincts. The data provided from Seattle PD did not contain specific locations such as street addresses where incidents had occurred. However, the North and Southwest observed high and frequent contact with mentally ill individuals. Notably, both models uncovered that Black officers and officers of other races were more likely to offer mentally ill individuals treatment services versus white officers. The reasoning behind this is unknown and would need to be explored in future research. The important findings to note is that officers who were CIT certified were more likely to refer mentally individuals to treatment versus other disposition factors. Instead of using force or resorting to arrest, PMIs would be referred to services that would not place them in jail and ultimately guide them toward recovery.

While these findings are important to note, police agencies might need to reconsider the positive effects and benefits of CIT training. Police agencies also would need to consider the importance of sending officers with more years or experience in poorer areas with newer officers for training related purposes. A possible circumstance to consider, would be for police agencies to send minority officers in communities that carry an abundance of diversity.

## CHAPTER SIX

### CONCLUSION

The purpose of this study was to determine if officers with CIT training were less likely to use force versus officers who had no CIT training and to better understand officer decision-making regarding different dispositions involving PMI. Using publicly available data from the Seattle Police Department on crisis incidents between 2015 and 2020, I sought to determine whether key factors such as CIT training, race, and years of experience as a police officer, and geographic location of incidents predicted differences in use of force and in officer decision-making in handling crisis situations. Research on CIT and PMI is important for the future of policing for two main reasons. The first is that findings can shed light on the individual and characteristics of when use of force is used in incidents involving PMI such that this knowledge can then be used to improve training and lead to more humane treatment of those in crisis situations for which police respond. Second, research can determine whether CIT training is effective, and if not, how it can be modified and improved moving forward. Following studies by Todd and Chauhan (2020), I was able to evaluate the effects of CIT training in decreasing use of force by Seattle police officers. While this study focused on the effects of CIT training, I believe this study contributes to knowledge about policing PMI in the Seattle Police department, and possibly other police departments. However, the Seattle Police Department's release of data regarding PMI should be a practice of every major police department. The



interpretation from this study suggests ongoing patterns of officer racial differences in use force against PMI's. While the DOJ's findings were instrumental in improving the Seattle police departments handling on use of force incidents and training of interactions with PMI's, there is still further improvements that should be considered for officers when using force against PMI's.

My analyses point to a number of notable findings. First, the race effect was significantly related to whether white officers were more likely to use force versus nonwhites. Second, analysis also indicated that CIT training was close to reaching significance whether officers were to use force toward mentally ill individuals. Third, officers with CIT training were more likely to refer PMI to treatment services. Fourth, geographic location determined where incidents relating to PMI's were most likely to occur. Fifth, treatment services were more significant versus arrest, or no action taken.

The achievement and progress of referring PMI to service instead of using force or making an arrest is a promising step moving forward in law enforcement. The reason of this importance is for officers to better aware of the individuals they interact with followed by the important fact that force does not need to be used anytime an incident may not go the way officers expect it to. However, the Seattle Police Department would also have to consider a variety of ways as to how they would collect data moving forward from officers. An example of

gathering detailed data that would benefit the study greatly would include the crime caused from the PMI, the race of the PMI, and prior criminal histories. The data provided from SPD does not include any of this information, however if included, would benefit greatly for further literature and research. The limitations of this study will be examined in further detail.

The need for CIT training should not only include U.S. police departments, but various police departments in other countries as well. Challenges between law enforcement and the mentally ill has been increasingly recognized as a global issue. According to Ellis (2014), studies from Great Britain, Australia, and Canada have identified the need for law enforcement mental health training, greater collaboration between police, mental health professionals, citizens, and the preference to resort to treatment rather than jail placement. Following treatment related guidelines towards CIT training would have the potential to reduce incarceration rates amongst mentally ill populations by relating PMI to health resources. Law enforcement agencies that follow the current CIT model today, currently use a police-based specialized police response which involves sworn officers receiving special mental health training on how to provide crisis intervention services (Strassle, 2018).

### Limitations

Todd and Chauhan (2020) analyzed SPD crisis data with the intention of understanding how officer, individual, and incident-level characteristics

influenced officer decisions to arrest, detain in emergencies, and referring individuals to services. Following Todd and Chauhan (2020), SPD crisis data was accessed and used for this study. While the data obtained is available and open to the public, it should be interpreted that reliability of the data presented contains reporting errors and data input errors, and incomplete records that might possibly affect validity and reliability. That said, criminologists have been using public “official data” for research for generations and generally, these data have been found to be valid to the extent that they represent official accounts, even if they might not contain the full population of incidents in a given time period or all the contextual data associated with such incidences because some information is not made publicly available by controlling authorities. Prior to completing the data analysis, I combed through the data to deal with any anomalies and to correct any potential problems that affected the reliability and validity of the data which would prohibit any false or misinterpreted findings.

It is important to note that there are several limitations that should be mentioned and examined further in future research. First, it is important to consider the accuracy of the publicly available data obtained from the Seattle Police Department. Like all data compiled from official sources, it possible that inaccurate information will be included in the data or other important information left out that could result in distorting measurements, especially if inclusion or exclusion of data are systematic in some way. What is more, the data are outcomes of how the SPD reports this information and determination of

outcomes based on officer-level decision-making might be affected by how cases are coded and ultimately reported to the public.

Police officers are constantly documenting new data on a daily basis. It is not wrong to assume that some misreporting of data occurs. These data also did not provide significant information such as whether mentally ill individuals were previously contacted by police officers. Previous contact with mentally ill individuals can influence or change officers' attitudes on how to approach them. The race of the mentally ill individuals was also not in the available data followed by the absence of any situational characteristics of the incidents. This is extremely important because in future research, further documentation such as PMIs being belligerent or uncooperative with police officers would explain further as to why officers used force.

Secondly, the study did not investigate the early onsets of Covid-19 and if there was any effect of how officers responded to mentally ill individuals during a Global Pandemic. It would be important to note how officers responded and if the year 2020 alone displayed higher use of force rates versus previous years.

Third, when officers performed no action as a disposition, there was no explanation as to why the officer made that decision. There could be a strong possibility that a reason no action was taken was due to the individual not being mentally ill, or possibly the individual was previously contacted from law

enforcement already. Whatever the reason, there is no further information that provides the reasoning why no action was taken.

Officer perceptions and attitudes toward PMI need to be examined in order to determine if negative attitudes and perceptions increases of the probability that interactions increase the likelihood of use of force and other negative outcomes occur as a result of potential stigmas about PMI held by police. The dearth in empirical literature examining this specific issue demonstrates the need for further examination and discussion moving forward.

In sum, my effort was designed to assess whether CIT Training is effective in decreasing police use of force toward mentally ill individuals and to better understand how CIT training affected the disposition of PMI cases. While this study found that there was not any significant association between officers who were and were not CIT trained regarding use of force, it remains a question that still needs further study. With today's climate where use of force is highly publicized yet still kept discreet by police departments where they can, empirical research on CIT training relating to mentally ill individuals is still emerging, and that several important questions, such as those identified above, remain unanswered. Hopefully, researchers will build on my preliminary investigation of CIT training for responding to mentally ill individuals and expand the scope of their inquiries in important ways.

APPENDIX A  
SEATTLE POLICE USE OF FORCE POLICY

## APPENDIX

### SEATTLE POLICE USE OF FORCE POLICY

1. When SPD officers use force, they would do so in an unconstitutional manner nearly 20% of the time. This finding was not based on citizen reports or complaints. Rather, it was based on a review of a randomized, stratified, and statistically valid sample of SPD's own internal use of force reports completed by officers and supervisors.
2. SPD officers would quickly resort to the use of impact weapons, such as batons and flashlights. It was found that when SPD officers used batons, 57% of the time it was either unnecessary or excessive.
3. SPD officers escalated situations and used unnecessary or excessive force when arresting individuals for minor offenses. This trend was pronounced in encounters with persons with mental illnesses or those under the influence of alcohol or drugs. This was problematic due to SPD estimating that 70% of use of force encounters involved these populations.
4. Multiple SPD officers at a time used unnecessary or excessive force together against a single subject. Of the excessive use of force incidents that were identified, 61% of the cases involved more than one officer.
5. In any given year, a minority of officers accounted for a disproportionate number of use of force incidents. Over the more than two-year period reviewed, 11 officers used force 15 or more times, and 31 officers used force 10 or more times. In 2010, just 20 officers accounted for 18% of all

force incidents. SPD has no effective supervisory techniques to better analyze why these officers used force more than other officers and whether their uses of force were necessary, or whether any of these officers would benefit from additional use of force training (Justice.gov, 2011).

The DOJ also discovered that SPD's vague Use of Force policy and lack of training encouraged continuous underreporting and rendered the Department's statistics on its use of force incomplete (Justice.gov, 2011). As of April 15, 2021, the SPD Use of Force policy has been revised (Seattle.gov, 2021):

#### Use of Force: When Authorized

An officer will use only the force objectively reasonable, necessary, and proportional to effectively bring an incident or person under control, while protecting the life and safety of all individuals or persons.

Officers will only use objectively reasonable force, proportional to the threat or urgency of the situation, when necessary, to achieve a law-enforcement objective. The use of force used must comply with federal and state law and Seattle Police Department policies, and rules for specific weapons and tools. Once it is safe to do so and the threat has ended, the force must stop immediately.



## Use of Force Core Principles

Use of force must be: Objectively reasonable, necessary, and proportional to the event or crime.

### Use of Force: When Prohibited

Officers are prohibited from using neck and carotid restraints in all circumstances, including any action that involves kneeling on a subject's neck. Officers are further prohibited from intentionally placing a knee on a prone subject's neck while taking them into custody. Officers will not use force to punish or retaliate. Officers will not use force on restrained persons except where reasonable, necessary, and proportional to protect an officer, the subject, or member of the public from physical injury.

Exception: Officers may use objectively reasonable, necessary, and proportional force to get subjects into or out of a law enforcement vehicle only after reasonable attempts to gain voluntary compliance have failed. When feasible, officers will obtain supervisor approval prior to using force to remove a subject from a Department vehicle.

Officers will not use force against individuals who only verbally confront them unless the vocalization impedes a legitimate law enforcement function. Officers will not use force to stop a subject from swallowing a substance that is already in

their mouth; however: Officers may use reasonable force, not including hands to the neck or insertion of any objects or hands into a subject's mouth, to prevent a suspect from putting a substance in their mouth.

In the event that an officer reasonably believes that a suspect has ingested a harmful substance, officers will summon medical assistance as soon as feasible. Officers may not use force to extract a substance or item from inside the body of a suspect.

Exception: This prohibition does not apply when force is necessary to facilitate a forensic blood draw. In that situation, officers will document any use of reportable force. Officers may not use any tire deflation device on any moving vehicle.

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