

Crisis Intervention Techniques Do They Reduce Aggressive Encounters with Police?

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Abstract

The author provides facts, information and data to help law enforcement agencies realize the importance of crisis intervention training and partnerships with the mental health community. The paper stresses the need for standardized data collection on police encounters with the mentally ill. The paper also highlights the need to share this data to reconcile liabilities and to request funds for training.

Introduction

In the 1950's, there began a move in our country to shift the mentally ill population from institutions to community clinics and programs. Unfortunately, the funds to support the infrastructure of these support systems have been woefully inadequate proportionate to the increased need. Existing response services (crisis lines, mental health teams, etc) are limited in scope and are often not well integrated (CMHA, 2005).

Police officers, the first responders to calls for service, are also, more frequently, the first contact with a mentally ill "consumer" in crisis. This has earned them the nickname 'psychiatrists in blue' (CMHA, 2005).

The writer recognizes that these frequent confrontations between cop and consumer in crisis can escalate into violence and deadly force. Are Florida law enforcement agencies finding success in utilizing crisis intervention techniques to reduce aggressive confrontations?

Literature Review

The results from a national survey of major police departments in the United States (serving populations of 100,000 or more) estimated that approximately seven percent of police contacts involve people with mental illness (Borum, 2000).

Florida is one of many states with laws on the books for custodial and involuntary treatment of mentally ill or substance abuse consumers who are a danger to themselves or others. Respectively, the Baker Act and Marchman Act provide officers an authority to divert people in crisis to a mental health treatment center for temporary services. In Florida in the year 2006, there were 37 percent more Baker Act cases (82,414) than DUI arrests (55,278). Florida law enforcement officers alone initiate more than 100 Baker Act cases each day; more than mental health professionals and judges (FDLE,2006). However, the incidents where police officers are likely to mobilize this response are those where the consumer is aggressive, out of control, unstable or feeling threatened.

The Miami-Dade police department began sending every officer to a two-day class entitled "Managing Encounters with the Mentally Ill" after officers killed a 19 year old man suffering from bipolar disorder. The teen had thrown his roller skates through a window and threatened officers with a shard of glass ("Police shootings of", 2004).

In an effort to manage the risks of encounters with consumers who are in psychiatric crisis, law enforcement, the mental health professionals and the families of the mentally ill, were tasked with jointly creating innovative programs, training and techniques to de-escalate these encounters. A number of methods have been developed with mixed success but with the common goal of reducing injury or death to the consumer and the police officer. *Mobile mental health crisis teams* respond independent of the police agency. *Specialized mental health response* provides a telephone consultation between the officer on scene and a crisis counselor.

In an attempt to improve the interactions and attitudes toward the mentally ill population, it was proposed that front line first responders should be trained in issues related to mental illness and crisis intervention. A survey of major U.S. police agencies showed that 88 percent offered some level of training to their officers in crisis intervention (Borum,2000).

Crisis Intervention Team (CIT) emphasizes a partnership between law enforcement, the mental health system, advocacy groups and consumers of mental health services and their families. Replicated throughout the country, CIT trains regular patrol officers in an intensive forty hour training program to learn how to respond to the mentally ill in crisis (Baker, 2009). The curriculum includes role-playing, mediation skills, non-violent intervention techniques, psychotropic medication and symptom identification. The training is provided by professionals, CIT officers, advocacy groups and consumers at no cost to the agencies.

"If you get proper training, you increase your opportunities to de-escalate the situation before it turns violent. Just being able to recognize that a person is ill can give you an advantage," said James Jordan of the National Alliance for the Mentally Ill (NAMI). "We think it is training that every police department should make a core requirement" ("Police shootings of", 2004).

When an encounter is made through intervention, there is either on-site help, the consumer is referred to other mental healthcare or he/she is transported to a mental health facility (Adelman, 2003).

Has previous research shown positive results in a reduction of aggressive encounters from crisis intervention techniques?

Results from a study funded by the National Institute of Justice suggest that the nationally-accepted Memphis (TN) CIT model has a low arrest rate on mental disturbance calls, a high rate of utilization by patrol officers, frequent referrals to treatment and rapid response. In addition, the results report fewer officer injuries (Borum, 2000).

As of 2008 in Florida, there has been no conclusive study to determine if the statewide CIT Coalition model has proven to effectively achieve the goals of reducing injuries to officers and consumers and reducing the number of arrests of people with a serious mental illness (Baker, 2009).

Methods

The purpose of this research is to determine if crisis intervention techniques reduce aggressive encounters between police officers and the mentally ill.

The writer chose phone surveys and interviews to collect data on this research. Florida law enforcement agencies, with sworn personnel numbering more than 250, were selected for contact, including the writer's own agency. Phone surveys allowed for immediate response from a ranking officer within the agency who could answer the questions. Also, since there is no state mandate for police agencies in Florida to collect data specific to the results and actions of each crisis incident, an interview(s) was able to provide the writer with the opportunity to evoke recollections of incident outcomes with the interviewee.

For purposes of this research, the writer posed the following sample of questions to each one of the respondent agency's crisis intervention liaisons:

- Does your agency specifically train patrol officers in a crisis intervention program?
- If "yes", do you track the calls for service of mentally ill "consumers" in crisis?
- If "yes", how many of these confrontations with police result in a de-escalation of the crisis and/or end with an alternative to jail?
- If "no" to the second question, can you *approximate* the number of confrontations with police that result in a de-escalation of the crisis and/or end in an alternative to jail?
- Overall, do you consider crisis intervention training important in reducing violent confrontations between the mentally ill and the police?

Results

Out of a total 18 Florida law enforcement agencies that were eligible to be contacted for this survey, nine responded, in part or whole, to the standardized questions. If the agency representative responded "no" to the first question that asked if their department specifically trained officers in a crisis intervention program, no additional questions were asked of the respondent. Only those respondent agencies that answered "yes" to that question were included in the results.

Of the nine agencies, five tracked their calls for service for mentally ill 'consumers' in crisis.

None of the five agencies was able to respond with any degree of accuracy the number of confrontations—within the past two years—that resulted in a de-escalation of crisis and/or ended in an alternative to jail. Some estimated in percentages such as “high 90%” to “almost 100%” and “approximately 20 in two years”.

If the respondent agency gave a “no” to question number two, they were asked to *approximate* the number of de-escalated confrontations with police. Again, the responses lacked accuracy. “Small percentage” or “no, not really” are sample responses.

One hundred percent (100%) of the nine agencies agreed that crisis intervention training was **very significant** (rating 5) in reducing violent confrontations between police and the mentally ill consumer.

When asked what improvements could be made in reducing these violent confrontations, the overwhelming response was for “training”, “refresher training”, and “verbal skills courses”.

Discussion

The participants in this phone survey did not always have the data readily available through their agency's data management systems or their department does not mandate a specific collection instrument such as a standardized form or report.

The results produced were more random than expected. Relying on individual recollections and speculative assumptions produce stochastic results and made it very difficult to report more objectively.

The phone surveys provided opportunities for candid remarks and professional input. Clearly, no respondent doubted the benefits of crisis intervention training or a curriculum associated with verbal and non-verbal communications courses.

Positive feedback, endorsements from major police associations and mental health professionals is gently moving most police agencies to incorporate crisis intervention training into their practices and policies. Media attention, threats of litigation and a potential spike in confrontations will most certainly push the remaining agencies into adopting this special training.

For many law enforcement agencies in Florida, crisis intervention training is in its relative infancy. Yet, as first responders to many consumers in crisis, police are handcuffed financially and operationally as this *non*-mandated training competes with the *mandated* courses for limited funds.

Recommendations

Oftentimes, law enforcement lags in adopting policy and training for issues important to their communities. Crisis intervention training demands immediate attention. The threat to police safety and to the welfare of the mentally ill citizen cannot be overlooked.

In addition to regularly scheduled officer training using the Memphis model for CIT, agencies must develop refresher courses for sworn and civilian personnel. Additionally, an approved statewide data reporting document would more accurately track the results of the training and provide police administrators with the empirical data to support requests for funding.

Captain Don Kryak has spent his entire 28 year law enforcement career with the Port St Lucie Police Dept. He began as a civilian Police Service Aide and moved steadily through the ranks after graduating from the police academy as the 22nd police officer hired by the young agency. Don has served as a general assignment detective, hate crimes investigator and marine officer. He has served in patrol as a sergeant, lieutenant and as a captain in patrol and community programs. He is currently commanding the Criminal Investigations Division of the Port St Lucie Police Dept. Don is a graduate of the Southern Police Institute 107th A.O.C. and he holds a Bachelor's degree from Barry University in Miami. Don is also a graduate of the Executive Leadership Seminar, Charter Class at the Florida Criminal Justice Executive Institute

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