



Working with police officers to promote fair and respectful treatment of people in crisis

Amy C Watson, PhD

Actually what I would tell the police about working with people that have mental health problems is to understand that they are human beings too~

Study participant

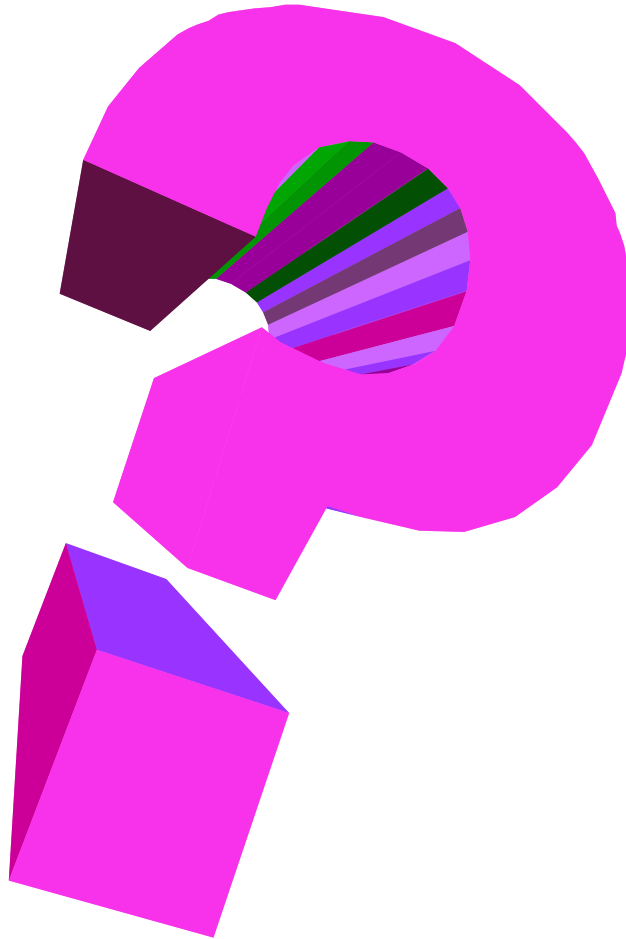
Improving Police Response

- Understanding the experiences of persons with mental illnesses
- The Chicago's Crisis Intervention Team Model for improving police response
- Involving persons in recovery in the CIT training process
- Research findings from Chicago
- Directions for the future.....

What we know about police interactions with persons with mental illnesses

- Police have frequent contact with persons with mental illness
- There is some evidence that these contacts may be more likely to result in injuries –and sometimes end in well publicized tragedies
- Police report these situations are problematic and MH system is less than helpful
- Police officers report they do not feel adequately trained on mental health issues
- Police officers prefer to handle situations involving persons with mental illnesses informally

The other side of the equation



- How do people with mental illnesses experience interactions with police officers?
- How does police officer behavior effect cooperation on the part of persons with mental illnesses?

Procedural Justice

Focus: The subjective experience of the process

- Key components of procedural justice
 - Voice/participation
 - Dignity-respect
 - Trust-that authority is concerned about one's welfare
- Coercion
 - Amount of influence, choice, control & freedom
- Legitimacy

Why does Procedural Justice Matter?

The group engagement model (Tyler & Blader, 2003)

- Identity links people to groups
- People make identity relevant assessments based on quality of interpersonal treatment by others (PJ)
- Fair treatment facilitates cooperation by strengthening a persons ties to social order

Procedural Justice and police encounters with persons with mental illnesses

- **HOW** an officer treats a person with mental illnesses may be more important than the specific outcome of the interaction
- May influence the amount of cooperation on the part of the person with a mental illness
- May impact future contacts with both CJ & MH systems

Study Purpose

- Understand experience of persons with mental illnesses in police encounters-
- Develop & test a measure of perceived procedural justice, coercion, and other important constructs

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Phase 1: Qualitative Interviews (n=20)

- Semi structured in depth interviews with persons with mental illnesses who have had contact with police in past 12 months (describe up to 4 contacts)
- 20 people recruited from 2 Thresholds PSR sites
- 67 separate encounters described
- Nature of encounters- tended to occur in public
 - order maintenance, ID check, nuisance, not serious criminal activity

Qualitative Interviews: Themes

Vulnerability and Negative Expectations of Police

*.....because they could've took me to jail and killed me, you know.
... I was scared enough to think that...*

.. You just have to speak to them the best way you can and hope that you aren't going to say something wrong. I know some police, they got the attitude that they would rather kill you... And it's been done around here ..

Also felt vulnerable to false arrest

Qualitative Interviews: Positive evaluations

Not roughed up as expected

“The officer that arrested me, he was actually very kind. He treated me like a human. He offered me a cigarette, did I want a smoke, you know, and I’m like – that’s not normal. Normally they rough me up, you know, they have the cuffs on too tight. They talk to me like very degrading, but this officer was very kind....Like I said, he treated me with respect, not a thief.”

Kindness, concern & personalization

“Yeah, I was having a cigarette with one of the officers. Well he had an Italian last name but he said he wasn’t Italian. Talking about just stuff like that... whatever and I think I expressed that I didn’t want to be in hospital... They were concerned that I might hurt myself.”

Voice~fairness

“The police got there. They listened to the director. They listened to me”

Legitimacy- “just doing their job”

Qualitative Interviews: Negative evaluations

Being Rushed/Jumped

Yes, when they came to my apartment, they had their guns drawn. They told me to lay down, lay down. I mean real coarse, “Get down, get down.” And then as I decided to go down because I didn’t want the police to get hurt, I was calming down and then they rushed me, threw me down on the ground, and kind of like grabbed me out of my apartment....It was scary.

Physical Abuse/unnecessary force

I was doing everything he told me and yet he still wants to get rough with me, you know, and then he called some more police to come assist him in getting rough with me. Oh it made me angry, and it made me want to get his gun and shoot him.

Verbal Abuse/Disrespect-

And this is what I really couldn’t stand was that – ‘were you picked on in school or something?’ You know, ‘were you slow?’ ‘Why are you on these medicines?’ I felt humiliated. I just felt very, you know, helpless and made to... I was diminished.

No opportunity for voice

“She wouldn’t let us talk. They just said they were going to put you in our file, you know, that we stopped you in the park. So basically they’re just hadn’t nothing better else to do than harass somebody

Phase 2: Development & Testing of the Police Contact Experience Survey (PCES)

- Characteristics, context & outcome of call
- Perceived Procedural Justice & Coercion
- Negative & Positive Pressures (MacArthur items)
- Emotional Impact of encounter (Poythress, et al 2002)
- Cooperation/Compliance (McCluskey, 2002, Tyler & Huo, 2002)
- Decision Acceptance (Tyler & Huo 2002)
- Overall Satisfaction (Tyler & Huo 2002)
- Legitimacy (of police in general)
- Outcome Satisfaction (Tyler & Huo 2002)
- Long term compliance with outcome decision and the law
- Treatment adherence

Cognitive testing, revision

Testing the PCES (N=154)

- Persons with mental illnesses recruited from 3 Thresholds PSR sites
 - At least 1 police contact in the past 12 months
 - 70% male, 62% African American, age 20-63
- Nature of encounters
 - Street stop/id check 40%
 - Nondomestic law violation 24%
 - Victim/request assistance 22%
 - Domestic 6.5%
 - Mental Health Crisis 4.5%

Procedural Justice in Police Encounters

- Perceptions of procedural justice associated with:
 - Feeling less coerced & pressured
 - More positive emotional impact
 - Higher perceptions of police legitimacy
 - Greater decision acceptance and subjective outcome satisfaction
 - Greater cooperation, less resistance/struggle with officer

Improving Police Response

Crisis Intervention Teams

- Based on Memphis Model
 - Police-based specialized police response
 - Specialized Training for volunteers (15-20% patrol)
 - Single point of entry to emergency psychiatric services
 - Partnerships with community providers
 - Changes in policies and procedures

“CIT –It’s more than just training”-Major Sam Cochran

Procedural Justice & CIT

CIT consistent with supporting procedurally just treatment

- Officers trained in de-escalation and communication techniques
- Gets the right officers to the scene
- Shift in organizational priorities that value these strategies

Evidence on CIT Effectiveness

CIT training seems to improve officer knowledge and attitudes (Compton, et al 2006)

CIT implementation associated with:

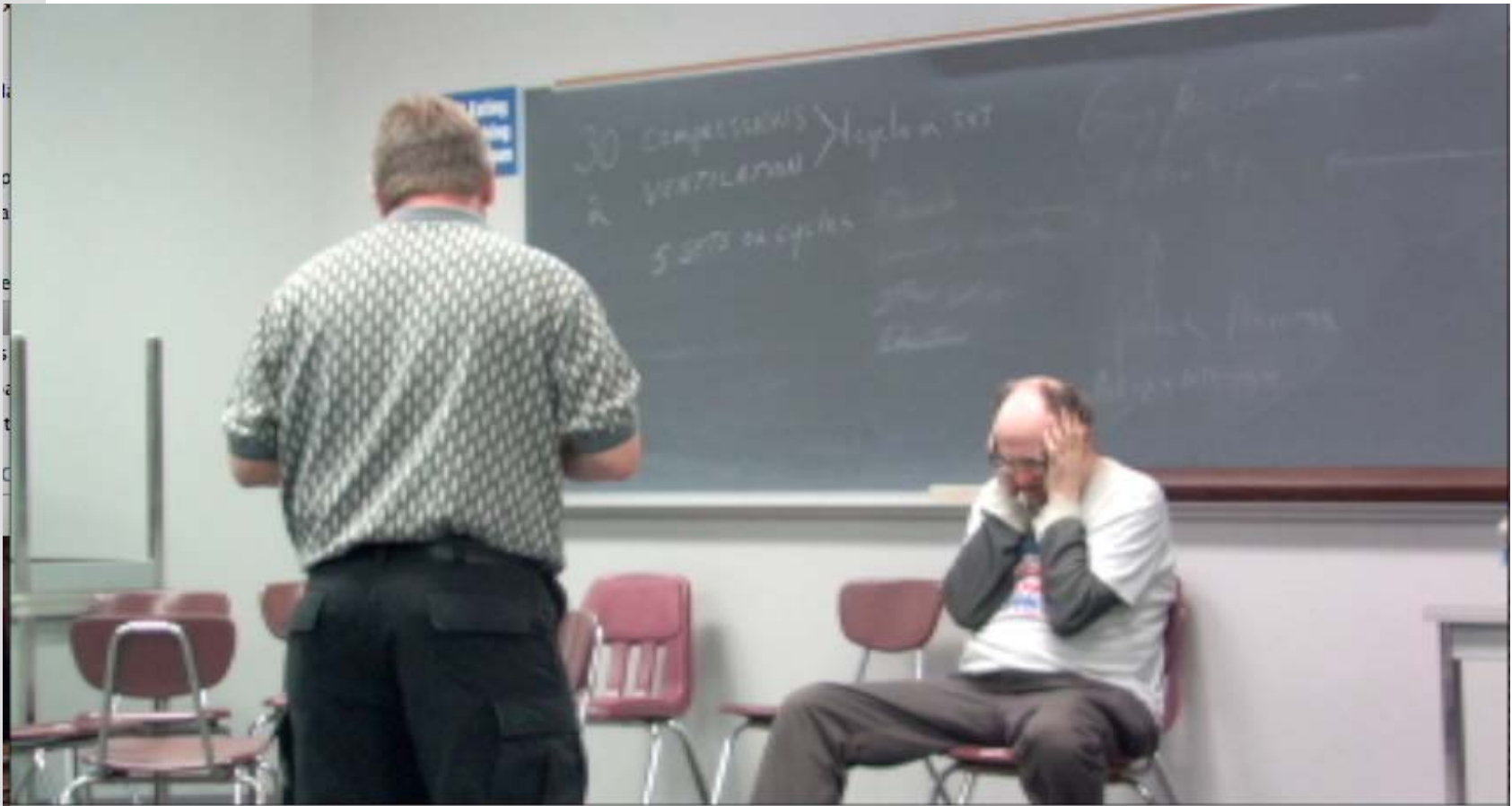
- lower arrests rates than in jurisdictions with other models (Steadman, et al 2000)
- Greater confidence in department's response (Borum, et al 1998)
- More mental disturbance calls identified (Teller, et al 2006)
- More transports to emergency psychiatric services
- More voluntary transports



CIT in Chicago

- Began in 2 pilot districts in 2005-
 - 30-40 officers/supervisors per district
- Training developed in collaboration with community providers & stakeholders
- Citywide (all 25 districts) implementation began 2006
- By February 2008 532 CIT officers trained
....expansion is ongoing

Involving people in recovery in the training process: Collaboration with the Thresholds Theatre Arts Program



- Videotaped role-play training with Thresholds actors.
- Officers and actors view videotapes and debrief

Testing a systems level intervention to improve police response to persons with mental illness: CIT in Chicago

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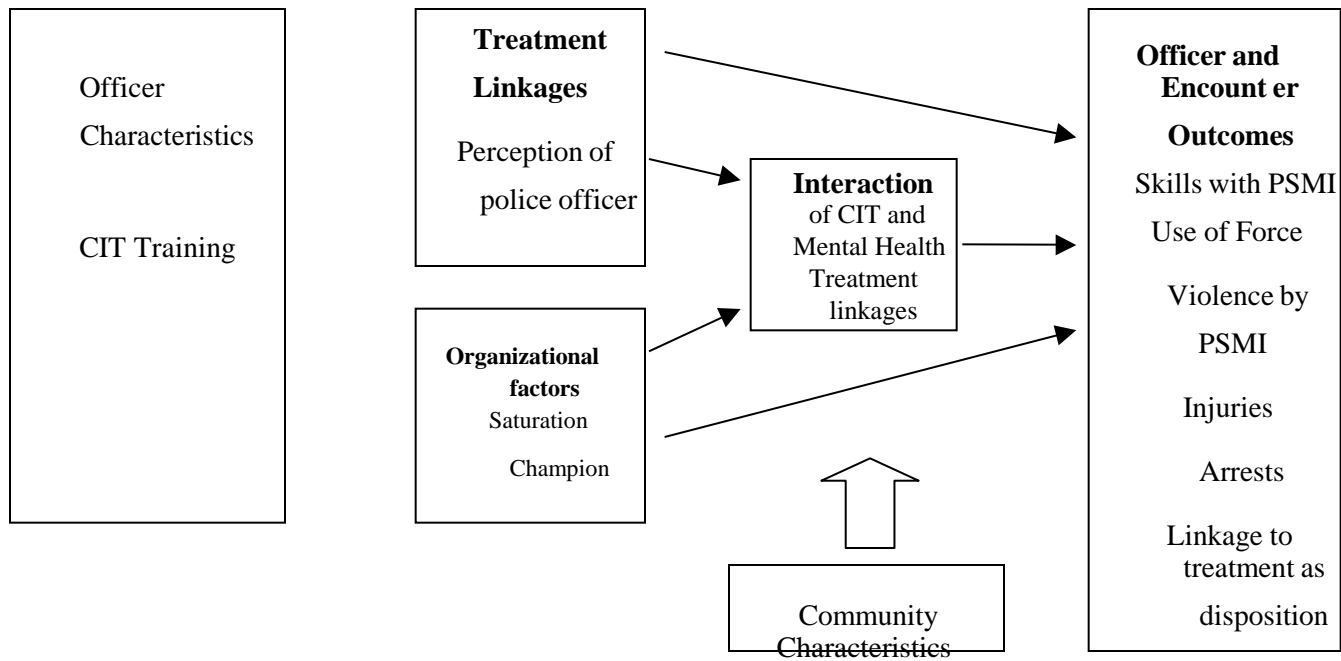
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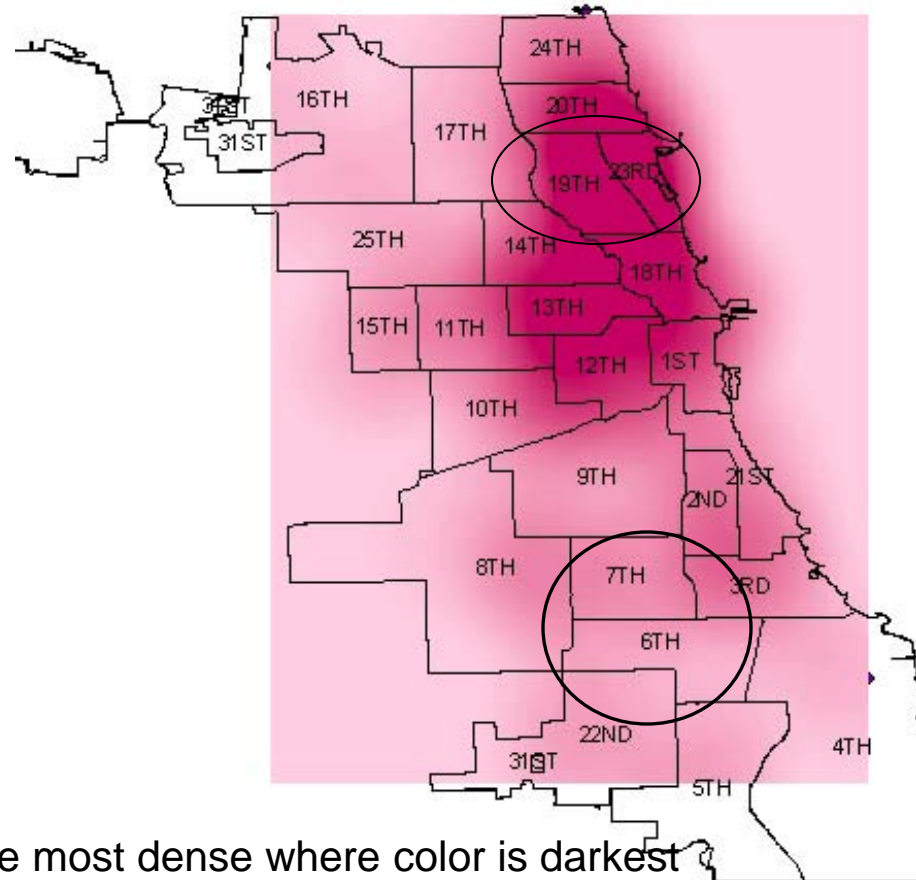
- *work supported by NIMH R34 MH081558. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of NIMH

Effectiveness of CIT



Watson, Draine, Morabito, Ottati, & Angell

Density of Mental Health Services



*Mental health services are most dense where color is darkest

Number of Past month calls/Outcomes

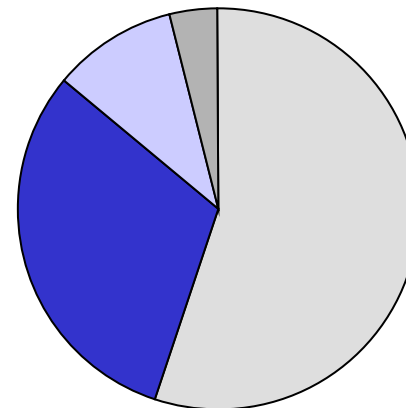
Past month calls

Mean 5.08 (5.18)

– By training**

- CIT 6.43 (6.53)
- Non 3.78 (2.91)

Call Outcomes



- Direct to Mental Health services
- Contact Only
- Arrest
- Other

MH calls and district mental health resources

- In low MH resource districts*
 - More likely dispatched as mental disturbance call
 - Less likely to be dispatched as regular call or on view
- In high MH resource districts*
 - Less likely dispatched as MD call
 - More likely a regular call or on view
- Transports to hospital for psychiatric evaluation-
 - More likely voluntary in low resource districts**

Does CIT training influence call outcomes?

- **CIT training has a direct effect, increasing direction to mental health services. Several variables moderate the effect of CIT:**
 - At low subject resistance, CIT increases direction to mental health services, trend to decrease contact only
 - CIT training interacts with officer familiarity to increase direction to mental health services and decrease contact only >>>Implications for selection of officers
 - CIT training interacts with perception of available mh resources to increase direction to mental health services and decrease contact only>>Implications for enhancing resources and forging collaborative partnerships
- **CIT training does not appear to influence arrest decisions**
- **District influence direction to services and contact only>> this needs further investigation**

Future Directions.....Dreams

- Examining CIT's impact on the experience of persons with mental illnesses that come in contact with police
- Examine effectiveness of CIT in larger number of districts/cities to determine the role of community characteristics and mental health resource availability
- Study different models of police linkage to services (e.g. centralized drop off; designated ERs, crisis centers, PEER OPERATED CRISIS CENTERS)
- Study and document the CPD/Thresholds Theatre Arts Program collaboration as a model for training police officers and other responders and promoting recovery.

“Now they are training police to deal with people like us. They don’t have to always become forceful with them because all that will do is aggravate the problem, so that makes me feel good.”