

New Research Provides Support for the CIT Volunteer/Specialist Model

With recognized evidence of the success of the CIT model, a number of agencies across the country are deviating from the Core Elements of the CIT model by requiring all officers complete CIT training and become CIT certified instead of adhering to the CIT Specialist model. This is understandable, given the momentum behind ensuring that all police officers have a basic level of competency for responding to individuals in crisis. However, this blurs the specialist component of the CIT model and has not worked well some cities that have adopted this approach.

While CIT International has maintained that CIT officer is a specialist role reserved for experienced officers who volunteer and meet specific criteria, to date, we have had only anecdotal information to support this position. However, in a recently published study in the journal *Behavioral Sciences and the Law*, Michael Compton, M.D., M.PH. and colleagues provide empirical support for the value of the volunteer specialist approach.

Using data from two prior linked studies, the authors compared CIT-trained officers that had volunteered with CIT officers that had been assigned, or voluntold, to the training. Study one examined differences on knowledge, attitudes, and skills (251 CIT-trained officers; 68% had volunteered). Study two examined CIT trained officers' behaviors in actual encounters (517 actual encounters provided by 91 CIT-trained officers; 70% had volunteered).

The authors found that when controlling for baseline covariates, CIT officers who had volunteered had consistently better scores on a range of measures of attitudes toward mental illnesses and their treatments, self-efficacy for interacting with persons with serious mental illnesses, stigma, de-escalation skills, and referral decisions (Study 1). In Study 2, although CIT officers who had volunteered were more likely to use some form of physical force, when they did so, officers who had volunteered were more likely to transport or refer to mental health services and less likely to execute an arrest. It should be noted, however, that the use of handcuffs when transporting to a treatment facility (as many jurisdictions require) was counted as a use of force, and thus might explain the apparent increased "use of force."

The authors concluded that the benefits of the volunteer specialist approach "appears to be associated with better outcomes with regard to key attitudes, skills, and behaviors (p.1)." They further state:

A number of law enforcement agencies across the country, often following tragic incidents and community pressure, have made the decision to assign all personnel to CIT training. Our findings suggest that this may dilute the value of implementing a CIT program and not produce the outcomes desired. Alternatively, agencies may want to consider assigning all personal to basic mental health response training, but reserve specialist CIT training for vetted volunteers (p.9).

Compton MT, Bakeman R, Broussard B, D'Orion B, Watson AC. Police officers' volunteering for (rather than being assigned to) Crisis Intervention Team (CIT) training: Evidence for a beneficial self-selection effect. *Behav Sci Law*. 2017;1–10. <https://doi-org.proxy.cc.uic.edu/10.1002/bsl.2301>