IS CIT EVIDENCE-BASED PRACTICE/POLICING?

The answer to this questions depends on two things:

1) What you mean by evidence-based: As a process, or a designation?
2) Evidence-based regarding what specific outcome(s)?

Defining Evidence-Based Practice and Evidence-Based Policing

As a process…

The term *evidence-based medicine* first emerged in biomedicine in the 1990s to describe an approach to making medical practice more scientific through the use of the best available evidence from systematic research, with randomized, controlled trials (RCTs) and meta-analyses/systematic reviews as the "gold standard.[i]"

The term *evidence-based* has since gained prominence in fields outside of biomedicine, including in mental health and policing.

- In the mental health field, *evidence-based practice* refers to a process of clinical decision-making that utilizes clinical experience, critically reviewed external research, expert opinion, and client preferences.
- In policing, Sherman, introduced the term in 1998, writing, "*Evidence-based policing is the use of the best available research on the outcomes of police work to implement guidelines and evaluate agencies, units, and officers. Put more simply, evidence-based policing uses research to guide practice and evaluate practitioners. It uses the best evidence to shape the best practice*."[ii]

As a designation…

In both mental health and policing, there has been a move to designate some practices as evidence-based practices, or EBPs.

- In the mental health field: The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains the National Registry of Evidence-based Programs and Practices (NREPP)[iii]. To be included in the NREPP, evidence of the intervention's impact on behavioral health outcomes must be demonstrated in at least one study with an experimental design (RCT) or a strong quasi-experimental (with pre/post-test and comparison group) design, and published in a peer-reviewed journal or detailed evaluation report.
- In policing: Researchers at the George Mason University Center for Evidence-based Crime Policy have created the Evidence-based Policing Matrix[iv], a research-to-practice translation tool. To be included in the Matrix, research on the intervention must include either randomized, controlled experiments or strong quasi-experimental studies and include crime or disorder as measured outcomes.

Thus, in both mental health and policing, evidence-based practice as a process requires the use of the best available evidence to guide practice. To reach EBP designation status, evidence from a RCT or very rigorous quasi-experimental study (pre/post, strong comparison group, but no randomization) that the intervention impacts field-specific outcomes (behavioral health outcomes or crime/disorder) is required.

What does the evidence say about CIT for specific outcomes?

1.) Officers' knowledge and attitudes. A number of studies, including strong quasi-experimental studies, support CIT training as effective for improving officers' knowledge, attitudes, and self-efficacy for responding to mental health crisis calls.[v]
2.) Officers' behavior. Strong, quasi-experimental research supports CIT training as effective for improving officers' behavioral intentions in terms of their force preferences and endorsement of de-escalation and

linkage to mental health services. Additionally, several studies with strong comparison groups suggest CIT trained officers use less/lower levels of force and make more linkages to mental health services.[vi]

3.) Organizational outcomes. In a survey of departments, Borum and colleagues (1998) found greater confidence in mental health response among officers in agencies using the CIT model compared to other models of mental health response. Dupont & Cochran (2000) reported reduced time per call following CIT implementation.[vii]

4.) Community outcomes. One study found CIT produced moderate cost savings associated with deferred hospital and jail costs.[viii]

5.) Call subject outcomes. The SAMHSA Diversion study (which included several CIT sites) found that police diversion was associated with increased odds of receiving mental health services during the follow-up period compared to usual criminal justice system processing.[ix]

So, does the evidence support CIT as an EBP (process and designation)?

Based on research to date, CIT training can be considered an EBP for improving officers' cognitive and attitudinal outcomes, including knowledge, attitudes, and self-efficacy. Additionally, evidence supports CIT as an EBP for officers' behavioral intentions and decision-making. There is growing evidence of CIT's effectiveness for impacting officers' behavior in terms of actual use of force and call resolutions, including several studies with strong comparison groups. Depending on the criteria used, CIT may be considered an EBP for these outcomes. However, additional research is needed to firmly meet the strict criteria for designating a practice as an evidence-based policing practice. When considering subject-, organizational-, and community-level outcomes of the CIT model, we have some initial promising evidence, but again, more research is needed.

When considering CIT as an EBP from a process perspective, many jurisdictions are well justified in adopting the CIT model. Conducting a randomized, controlled trial of the full model may be very difficult, if not impossible. However, future studies of CIT, as well as other models, utilizing a variety of rigorous methods, are needed to support policy makers and practitioners in selecting and adapting the best strategy for their unique contexts. Currently, CIT is the approach with the most evidence and that evidence suggests it is a very useful practice.

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