

Crisis Intervention Teams: Worth More than a Quick Look

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Since the 1970's, there has been a strong focus on Community Policing efforts. That focus has meant getting the officers to interact with citizens so a sense of mutual understanding, via communication, can be established. However, there has still been sharp criticism of the police in their responses to crime. In one well-publicized incident in November 2006, a black man, Sean Bell, was killed by police on what would have been his wedding day. Over 50 shots were fired on him and his friends in a matter of minutes. The police officers involved in this shooting are currently on trial for their response to the incident.

Obviously, officers are faced with making split-second decisions everyday. If given an hour to think about what the reaction would be to a given scenario, many would probably respond differently. However, time is a luxury police officers do not have when faced with some street encounters. A well-known best selling book entitled, Blink: The Power of Thinking Without Thinking, by Malcolm Gladwell, reiterates this very point. His book demonstrates that persons who make great decisions have the ability to use their instincts (a powerful and important attribute of police officers), and the ability to process information quickly. He actually calls the processing of information, thinking without thinking, as opposed to deliberating, which is much more time consuming. Gladwell (2005) even discussed the shooting of Amadou Diallo, which occurred in New York in 1999. Diallo was killed by police who thought he was withdrawing a weapon (instead of his wallet). Basically, in the blink of an eye we sometimes make rash decisions. Often, officers are arriving at a scene without all of the necessary information as well as certain facts that could assist them with making the correct decisions and taking the proper course of action.

In January 2003, 24-year old Jelani Manigault was killed by the police during an encounter where investigators later said he had an anxiety or panic attack. In December 2005, federal air marshals killed 44-year old Rigoberto Alpizar when he "acted out" on a plane in Miami airport. His wife claims he was bipolar and missed his medications. In March 2002, another man was killed by police; this time in Minneapolis. He was wielding a machete at them and refused to drop it. Thus, the behavior appeared justified on the part of the police. It was later determined that the man suffered from mental illness and that the police may have acted hastily. A 15-year old student was shot twice by police in Burlington County, New Jersey last year, when he lunged at officers with scissors. The boy was a student at a school for children with emotional or behavioral disorders. An officer on the force for 19 years fired twice at the boy.

On April 16, 2007, a 23-year old student at Virginia Tech, who demonstrated signs of mental illness killed 32 classmates and himself. Supposedly, alarms were sounded as to

his mental state in the past. However, Virginia law prevented him from forcible commitment because doctors did not assess his situation as dire. He was instead given outpatient treatment. Some schools are actually admitting that their counseling services are not up to par, and that students are slipping through the cracks. Improper response at the college level can lead to a snowball effect. These students may go out into the world untreated and end up in an encounter with the police who have little knowledge of the individual's mental history.

Counselors cannot notify administrators unless a student is deemed an imminent risk- which means odd behavior or not talking to people is not a crime. According to counselors, even when a student's behavior is worrisome, the Family Educational Rights and Privacy Act or Ferpa (which covers privacy of student education records), makes them think twice about revealing a student's information to police or parents. In fact, several colleges over the years have placed students considered suicidal on mandatory leaves, and their actions have been challenged in court.

It becomes a tough balancing act when attempting to protect privacy as well as the public. Interestingly, Virginia actually became the first state to pass legislation barring public colleges from punishing students for attempting to commit suicide (Smith and Fleming, 2007). Yet, statistics demonstrate that depression and attempted suicide rates are high among college students, who live in a protected area. How much harder must it be to detect and treat mental illness on the outside of the college walls? This is one of the difficulties police officers run into when dealing with citizens in street encounters who may suffer but have not been diagnosed.

Although Virginia had privacy laws to protect students, the University of Florida actually has a crisis management team that identifies and discusses students who are considered at risk of being a danger to themselves or others. Rollins College (Winter Park, Florida) does the same. The team is comprised of campus police, the legal counsel's office, the university counseling center, the office of student affairs, and the office of residence life. Thus, a coordinated response is used already. It means that there were protocols in place so that when people at the mental health center see problems, they go to the police.

As a criminal justice researcher, many of us study the negative effects of police response to citizens' calls for assistance. Especially upsetting is the research on police response to domestic violence calls, where many citizens are treated as offenders; they are not respected or understood. Some victims may even be blamed for staying in a battering relationship in the first place. Although improved officer training and changes in legislation have greatly assisted police with understanding the predicament these victims are in and how to respond to the situations, many victims are still left with additional unmet needs. The stigma associated with battering victims seeking help leads many victims right back to their abusers, who many also be in need of medical assistance (for both physical and mental health issues).

Research demonstrates that both victims of battering and offenders themselves suffer from mental illness either before becoming a batterer for victim or after. PTSD is

especially common among both groups (Robertiello, 2003). Over the years, police have become better at assisting those in need of counseling and mental health treatment. In fact, in one national study of 130 law enforcement agencies in the U.S. (unpublished and under review), an examination of the services offered, officer training, and specialized units was conducted, with representation from 35 states. Interestingly, the survey determined that Officer Training Courses in Domestic Violence and Dealing with Mental Illness were most likely to be offered by the responding agencies (121 and 111 cities of the 130, respectively). Although most offered counseling services and mental health assistance, many responding agencies did not elaborate on the length of training.

Obviously, any person suffering from PTSD or another mental illness needs special services and treatment by the police (Robertiello, 2006). Extra training is great, but not enough. There needs to be a concerted and coordinated effort with the community, the affected individuals, and their families.

All of the above-mentioned examples may have been problematic to assess at the time, even by a trained officer or administrator. So, what can be done to help decrease the stigma, increase awareness, and improve the response to these encounters?

Sam Cochran, a 30-year veteran of the Memphis, Tennessee Police Department has come up with an answer. He created a program that combines community policing, specialized units, mental health service and crisis intervention into a team that fights the stigma of mental illness.

The Crisis Intervention Team (or CIT) began in 1988 after the shooting of a man in Memphis, who was later determined to be mentally ill. Some interesting characteristics of the program include the voluntary nature of its members and their level of dedication to preserving the integrity of the mental ill individuals (who may also be offenders). These populations are referred to as “consumers”. This effort (and the change in terminology itself) is an effort to decrease some of the stigma associated with the label “mentally ill”. There is an intensive selection process for officers chosen to work on the team and a focus on responsibility and accountability (Cochran, 2003).

There is also close interaction with mental health services-where referrals are made, needs are assessed and a line of communication is established. Officers learn to speak slowly, repeat sentences, try to communicate, and understand the behavior of the mentally ill offender. Twenty-four hour coverage is also available (www.adscenter.org). There is also the benefit of “less lethal” equipment for CIT officers to utilize, including nets and weapons that shoot hard plastic. Thus, if officers need to subdue suspects, they do not have the harm them.

Unfortunately, one of the problems with assessing and treating the mentally ill has to do with our laws and our budgetary constraints. Although it is not against the law to be mentally ill, it is difficult to “involuntarily” commit someone to a psychiatric facility, and sometimes is illegal to do so, unless that person poses an imminent danger to himself. In

addition, there have been cutbacks to funding facilities that offer 24-hour care and services, so once assessed, finding a proper placement site might be difficult as well.

President Bush, in response to the Virginia Tech incident in the spring of 2007, did assign a commission to examine our mental health system. Accordingly, the CIT, created by Sam Cochran, might be something President Bush should examine to implement nationally. Right now, only 50-80 cities use the strategies and the program began 20 years ago. Hopefully, with more attention to this problem, more funding will be devoted to ways to educate and train police and the community, and that will improve police-community relations.

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