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Mkay Bonner

University of Louisiana Monroe, bonner@ulm.edu

Mark S. Johnson

University of Louisiana Monroe, majohnson@ulm.edu

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Crisis Deescalation: A Brief Review and Variations on a Model

In the United States and throughout the world, citizens are begging for and demanding changes in how police respond to crises and the appropriate use of force (Engel et al., 2020; Pontzer, 2021; Walker, 2018). Many programs have been developed, re-tooled, or re-named to address this demand. But, this is not a new call for reform (see President's Task Force on 21st Century Policing, 2015; Rahr & Rice, 2015).

One focus of reformers is to demilitarize the police (Rahr & Rice, 2015). In consideration of the terrorist attacks of 9/11, policing in America began to embody more of a military style of enforcement. Many critics have cited this rigid mindset, considered the Warrior mentality, as instrumental in the dehumanization of law enforcement tactics. Instead of the Warrior frame-of-reference, many stakeholders are espousing a different mindset: the Guardian. This mindset emphasizes law enforcement officers (LEOs) as protectors instead of fighters. As a Guardian, the LEOs' focus should be on empathy and respect (Helfgott et al., 2021). Furthermore, communication will be a priority for LEO and citizen interactions (McClellan et al., 2020). With a change in this foundational philosophy, many aspects of law enforcement training must change.

Unquestionably, LEOs need training in understanding all types of crises including mental illnesses, as they move toward attitudes of empathy and respect. They need to be taught how to use deescalation techniques rather than use techniques that inflame and escalate situations. Mangels et al. (2020) provided suggestive evidence for the importance of deescalation training early in the career of LEOs. Pontzer (2021) stated, "The training that officers receive in deescalation is an extension of the training that they receive in use of force" (p. 321). They need police academy classes and advanced training that emphasize the psychological science of human behavior including crisis actions and reactions.

The Police Executive Research Forum (PERF, 2016a) recommended that deescalation become a central theme in policing. But, there is more than one way for this to be accomplished. The following brief history considers the legend and a newcomer within crisis deescalation training. Some additional

models are mentioned. A succinct presentation of crisis response models is provided for context. Finally, the case is made for utilizing a multi-modal system for crisis deescalation training regardless of the response model employed. Considerations for the development and implementation of this training program are enumerated.

Brief History of Police Crisis Training

The Memphis Model of Crisis Intervention Team (CIT) Training may be considered the grandfather of all crisis deescalation programs in policing. This preeminent model of CIT training began in 1988 (Bonner & Johnson, 2013; University of Memphis, 2021) and was specifically designed to address mental illness crises. The goal of the training was to teach LEOs information about persons with a mental illness (PMIs) and the best methods to defuse a crisis situation. Some of the core tenets included utilizing a 40-hour training program, requiring officers to volunteer for the training, and requiring that the officers have law enforcement experience (i.e., they are not cadets or new officers).

Since the inception of CIT, different variations have been developed (Pelfrey & Young, 2020). The core Memphis Model is more than just police training. The core model includes community collaboration, a strong crisis system, training for behavioral health professionals, and collaboration with and training for PMIs, family members, and advocates (Margiotta, 2015). Within the training component, communication and deescalation techniques are essential (Pelfrey & Young, 2020; University of Memphis, 2021).

Communication is a cornerstone of the CIT training and a core component of defusing a situation. If the policing philosophy is to move from Warrior to Guardian, effective communications between the public and the police are imperative. Trust is grounded in effective communications (Mills, et al., 2021). CIT training fits well as a natural component of the Guardian mentality (Helfgott et al., 2021). Also, CIT training continues to maintain wide acceptance. According to a recent national survey (Fiske et al.,

2021), the Memphis Model of CIT training remains the predominant form of crisis mental illness training for police throughout the world.

The question may arise regarding the reason that LEOs need to be taught about mental disorders. According to Taheri (2016), police have had increased encounters with persons with a mental illness for over 70 years. This increase is due in part to the deinstitutionalization of PMIs. Sadly, statistics suggest that there are more PMIs incarcerated in jails than in mental health facilities and the numbers are increasing rather than decreasing.

In addition, Cummings and Jones (2010) stated that the family members of PMIs are much more likely to contact the police for help in a crisis instead of contacting behavioral health professionals. Fiske et al. (2021) emphasized “This results in police serving a potential gatekeeper function to accessing mental health services” (p. 236).

In the most recent volume of the *Journal of Police and Criminal Psychology* (Springer Nature, 2021), eight articles out of twenty (40%) related to the police dealing with mental health crises of citizens. Of particular relevance was the article on the mental health training that police receive throughout the U.S. (Fiske et al., 2021). These authors documented a significant increase in some form of mental health training for LEOs over the past 20 years. Importantly, they documented that mental health professionals (MHPs) are frequently included in the development and in the presentation of the training. Obviously, including MHPs into the process should be beneficial but there are inherent problems when the MHP is not cognizant of the law enforcement environment.

One limitation of the Fiske et al. study (2021) is the lack of outcome measures. Similarly, Rogers et al. (2019) cited a lack of objective measures such as injury rates or use of force statistics when they reviewed the effectiveness of CIT training. In the large analytical review by Taheri (2016), a reduction in use of force based on CIT program implementation could not be documented. This lack of evidence does

not indicate that CIT training does not work but rather highlights the lack of objective measures to substantiate all of the claimed benefits of CIT training.

Brief Synopsis of the Primary Police Crisis Response Models

For a more complete picture of crisis responding, a succinct presentation of the primary crisis response models is provided herein. In 2021, Rohrer documented three basic models for responding to crises with PMIs: a) CIT programs, b) community-oriented policing, and c) teams with LEOs and MHPs working together (co-responders). Beyond these three models, Rohrer espoused several changes that are postulated to improve outcomes in PMI crisis encounters. Some reasonable suggestions included adjusting policies and procedures and increasing the availability of non-lethal tools.

One suggestion mentioned by Rohrer (2021) to assist crisis responders irrespective of who was responding was the development of a PMI registry. This system has been created in a county in Pennsylvania. However, this is a very controversial tactic. In northeast Louisiana, PMIs have been quite vocal against any development of a registry in which they would be listed as having a mental disorder. As one consumer stated, "I am already paranoid. And, now you want to put me on a list so that the police know that I have a mental disorder. I would always feel that they were watching me. That is too scary for me." (Confidential Source, personal communication, 2020)

The co-responder model is also debatable. CIT International (2021) does not support having a joint response team which includes LEOs and MHPs working together. CIT International's position is clearly stated: if it is dangerous enough for LEOs to be on the scene, then only LEOs should be on the scene. If it is not dangerous enough to require a law enforcement presence, then only MHPs should be there. Despite this position, many CIT programs have adapted and utilize a co-responder team model.

As part of their national survey, Fiske et al. (2021) documented the types of response models that police departments were using. The vast majority of departments stated that they used mental health peace officers (MHPOs) to respond to a mental health crisis but clarification regarding these officers'

training was absent. Therefore, Fiske et al. could not identify if the MHPOs had received CIT training, mental health classes, or some other form of deescalation training. Other reported models included independent mobile crisis teams (without LEOs or MHPOs) and onsite LEOs who consulted with mental health professionals. A small percentage of responding departments utilized multiple models. One significant limitation to this national survey is the extremely small number of responding departments (n = 87) but the authors stated that the responses represented a good cross-section of different sizes of departments.

A co-responder team with both LEOs and MHPs has been referred to by several names including crisis emergency response teams and mobile crisis intervention teams (Rohrer, 2021). Many of these teams are similar if not identical other than their names. Utilizing outside resources such as Mobile Crisis Teams may have some advantages (Helfgott et al., 2021). Some of these teams also include a medical professional or peer specialist (Morabito et al., 2018). But, the use of civilians on crisis response teams is still very controversial. The advantages, disadvantages, and variety of the types of civilian-member teams are beyond the scope of this article.

Selected Police Deescalation Programs

The Memphis Model CIT Program is the legend in training for defusing a crisis situation. The tenets of the training are beneficial in all crisis situations not just for those involving PMIs (Bonner & Johnson, 2013). Therefore, it should be intuitively obvious that there is some overlap between CIT training and training in deescalation techniques.

Pontzer (2021) stated that most stakeholders can agree that LEOs will benefit from a good course on deescalation. Most believe that all LEOs should be taught how to defuse situations and this training should not be reserved for only those who volunteer for the comprehensive CIT training. For two decades, Fyfe (2000) has promoted training all LEOs on how to manage crises with PMIs and not creating specialized teams who were the only ones allowed to respond in these cases.

Beyond CIT programs, Mills et al. (2021) presented verbal judo as a type of communication deescalation training. The original verbal judo technique was developed in 1983 by Thompson. It is a familiar training to many LEOs. Typically, the training consists of 8 hours in the classroom. In a recent study by Giacomantonio et al. (2020), verbal judo did provide some positive skill acquisition but did not increase the empathy of the LEOs. This is problematic because empathy is foundational to the Guardian mindset and CIT training. The authors also documented a negative correlation between the utilization of verbal judo skills and law enforcement experience.

New on the scene is the Integrating Communications, Assessment, and Tactics (ICAT) deescalation training program developed by PERF (2016b). In the development of ICAT, professionals identified a disparity between traditional CIT training with its emphasis on communication and traditional law enforcement defensive tactics. ICAT attempts to bridge this divide. This program does emphasize that the tactics are designed for incidents that do not involve a firearm. The ICAT training consists of six modules that can be taught together or separately which illustrates a key factor in ICAT training: the flexibility and adaptability of the program. If all modules are taught together, the training program consists of two 8-hour days. The central factor in the program is the sanctity of human life (Engel et al., 2020).

The ICAT program has received high acclaim. But, some of the research results have not been as many have hoped. Specifically, the Critical Decision-Making Model (CDM) is a key component of the program. In the empirically-based research project conducted by Engel et al. (2020), “officers reported finding the CDM less useful over time.” (p. vi). This research did emphasize that to effect desired changes in the real world, the training must be reinforced by field training officers, supervisors, policies and procedures, and accountability programs. PERF (2016a) also emphasized that a deescalation course was not a complete program. They promoted the use of a comprehensive program for deescalation to help reduce use of force incidents.

In one investigation of deescalation techniques and use of force, research results documented that experienced LEOs were more likely to use verbal techniques to calm citizens irrespective of the training program employed (Mangels et al., 2020). The newer LEOs focused more on physical methods of control. Mangels et al. emphasized that new officers could be trained on some of the factors that influenced the experienced LEOs including verbal deescalation, time, distance, and back-up support. This research provides some justification for providing good training in the police academies regarding defusing crisis situations. It also suggests extending the oversight of new LEOs beyond the typical time for field training could be beneficial for a reduction in the use of force.

Current Deescalation Training Logistics: Location, Duration, and Credentials

Of course, when there is a national outcry for change, many companies and entrepreneurs flock to the issue and try to package their ideas for profit. As a result, there is now a proliferation of deescalation courses on the market. At this time, there is no unified standard, in part, because of a paucity of research (Engel et al., 2020b). The courses vary greatly in length of instructional time. The CIT course is the leader in time with 40 hours of face-to-face instruction. Newer deescalation training courses tend to range from 8 hours to 16 hours (1 to 2 days). But, some online video options are as short as 1 to 2 hours. Most agencies have limited budgets and time for training. This may become even more true as some people promote taking money from the police to give to community programs. As a result, a shorter training program may look attractive to many who must balance budgets and time constraints. Now is an appropriate time to consider alternatives to the 40-hour CIT Training Model.

The national survey conducted by Fiske et al. (2021) documented that police academies across the U.S. devote a mean average of 24 hours (3 days) to mental health topics. The number of hours for departmental in-service training relating to mental health topics varied greatly (from 0 hours to 40 hours per year) with a mean of less than 7 hours and a median of 4 hours. So, the public demand is great but the actual training is limited.

In consideration of the credentials of the trainers, Fiske et al. (2021) found the majority of training on mental health topics was provided by LEOs. Sometimes other trainers were used including social workers and psychologists. For the most part, the comparisons were relatively equal between academy training and in-service training with one major exception. For in-service training, several departments in the study utilized online training for their mental health topics. Fiske et al. did find that 93% of the academies and 77% of departments utilized mental health professionals in the development of their training materials. Another prominent difference was the utilization of role play training which was commonly incorporated at academies but not at departments. Lecture classes can be beneficial for learning new information. But, role play training is particularly effective for moving beyond knowledge acquisition to skill acquisition and implementation (Dallas Police Department, 2006; Johnson, 2020).

Moving to a New Crisis Deescalation Training Modality – Variations on a Model

One attractive factor of the CIT program is the insistence that each jurisdiction adjust the program to fit their resources and environment (Bonner & Johnson, 2013). According to Pelfrey and Young (2020), “over the years, numerous jurisdictions across the USA have adopted the model and modified the core elements” (pg. 2). These authors also stated that “deviations from the original CIT model should not be seen as a breach of fidelity but rather as an indication of how police jurisdictions function and a sign that the original program can still be effectively generalized across differing communities” (pg. 4). Furthermore, they stated that the variations may be a form of reinvention.

In view of these considerations, the present authors postulate a new modality for the implementation of the crisis deescalation training process. These multi-modal trainings have been piloted over the past three years in an effort to accommodate environmental constraints while maintaining fidelity to deescalation training and crisis responding.

Multi-Modal Crisis Deescalation Training (CDT)

The Multi-Modal Crisis Deescalation Training (CDT) Model includes three training levels: Basic CDT, Intermediate CDT, and Advanced CDT. The training is based on the Memphis Model of CIT Training with adjustments for location, duration, and experience level of the student officer.

1. **Basic Crisis Deescalation Training (8 hours).** This Basic CDT includes Mental Illness Topics – an overview of schizophrenia, bipolar disorders, PTSD, suicide, and medications; Basic Deescalation Topics; Officer and Consumer Safety; Resources; and Role Play Scenarios.
2. **Intermediate Crisis Deescalation Training (24 hours).** The Intermediate CDT includes Mental Illness Topics – schizophrenia, bipolar disorders, PTSD, suicide, adolescent disorders, personality disorders, substance use disorders, and medications; Legal Topics (e.g. Louisiana Revised Statutes); Deescalation & Communication Topics; Officer and Consumer Safety; Consumer & Family Perspectives; Resources; and Role Play Scenarios.
3. **Advanced Crisis Deescalation Training (40 hours).** This Advanced CDT is primarily the 40 hour training that is the foundation of the Memphis Model. This training includes all of the information in the shorter versions with greater depth and more disorders including Alzheimer’s Dementia, Developmental Disabilities, Policies and Procedures, and Site Visits.

The **Basic CDT** modality utilizes an 8-hour training day and has been designed specifically for dispatchers and communications officers. This model was developed and presented by the current authors at the 2007 International CIT Conference in Memphis, Tennessee, as an 8-hour CIT course for Dispatchers (Bonner & Johnson, 2007). With slight adjustments, this training program has been utilized with behavioral health direct care staff, nursing staff, school employees, unarmed security personnel, EMTs, and paramedics. With appropriate modifications, Basic CDT could also be used with any group who has interactions with PMIs.

The **Intermediate CDT** modality utilizes a 24-hour (3-day) schedule. The increased time over the Basic CDT modality allows for more detailed coverage of mental disorders, communication, and deescalation skills. As a result of the public demand for changes in police crisis response procedures, deescalation training has become particularly prominent and is now a required component of many police academies (Bacle, personal communication, 2021). Pelfrey and Young (2020) specifically promoted more deescalation training at the academy level. This modality has worked particularly well at the police academy level. It provides sufficient time for cadets to learn about several of the disorders that they are most likely to encounter in their work. It also allows for additional time to be devoted to deescalation tools and techniques that will be beneficial in most crises not just mental health crises. Furthermore, this training allows even more time for role play scenarios following the Adult Learning Model, or Reality Based Training, which emphasizes interactive learning and not just lecture and rote memorization (Dallas Police Department, 2006). The Intermediate CDT does not have to be the only training LEOs receive in their careers. The current authors recommend refreshers and more advanced training after the LEOs have at least one or two years of experience. Besides being presented at the police academy, this intermediate training could be adapted for experienced LEOs who previously have had limited or non-existent training on mental illnesses and deescalation skills. In essence, this Intermediate CDT modality appears similar to some of the components of the ICAT program (PERF, 2016b) but it provides for an additional 8 hours of instruction and experiential learning.

Helfgott et al. (2021) found significant differences in pre- and post- measures for the Washington State training academy recruits regarding their 8-hour CIT training program. Results documented significant improvement in knowledge of mental illnesses and appropriate deescalation tactics. This was a pilot study but further investigation is warranted. This study also provides support for a CDT type of model to be taught at the academy level. The difference is that the Intermediate CDT consisting of 24

hours (3 days) of instruction is being recommended rather than the Washington State system of 8 hours of instruction.

Finally, the **Advanced CDT** modality utilizes the traditional Memphis Model CIT training. This model has many advantages including the depth and breadth of information presented which can be superior to the shorter training modalities. But, in consideration of time and monetary constraints, it may be very advantageous for departments to consider one of the other training modalities and utilize in-service training and refresher courses to cover the advanced and supplemental topics that are normally addressed during the 40 hour CIT training.

Cuddeback et al. (2016) proposed segmented CIT training over months instead of the traditional 40 hour week. The preliminary results of their quasi-experimental study were encouraging. Officers' knowledge and attitudes were comparable between the traditional training and the segmented training. The study was limited in size but suggested that segmented training can be successful. No other research has been conducted to date that compares knowledge and attitudes dependent on different timing frameworks. To this point, the timing of CIT training has been based on expert opinion and not on empirically-based evidence. Further research may provide significant evidence for conducting smaller modules of CIT training over time. And, refresher training is considered advantageous for knowledge utilization and skill retention (Helfgott et al., 2021).

In the pilot study conducted by Helfgott et al, (2021), significant results were obtained that support the effectiveness of the 8-hour CIT cadet training in the police academy. The authors were not able to document significant benefits for the 40-hour CIT course over the 8 hour CIT course. Several theories for these results were postulated. More precise measures and individual-level information may allow for more definitive statements in the future. But, a difference in pre-CIT training and post-CIT training was clear: knowledge and tactics had improved.

Another reasonable change to the 40 hour CIT training is to adjust the training day from 8 hours to 10 hours. Lengthening the training day would maintain the traditional 40 hours but would reduce the number of days required for the training. Instead of five days, it would only require four days which would be easier to schedule for most law enforcement agencies. And, many agencies utilize a 12-hour shift. The move from an 8-hour training day to a 10-hour training day should not be overly taxing for LEOs who are accustomed to a 12-hour work day.

Conclusions and Future Directions

To move from Warriors to Guardians, LEOs must embrace a foundational change in the American policing philosophy. The Guardian mindset embraces “procedural justice, crisis intervention, and de-escalation” (Helfgott et al., 2021, pg. 420). Trust must be developed between the police and the community (Mills et al., 2021; Rahr & Rice, 2015). The sanctity of all human life must be promoted. And, training programs must adapt.

The CIT program is a legend with great acceptance in the fields of law enforcement and mental health. The ICAT program is relatively new when compared to the traditional CIT program. Proponents of ICAT suggest that it corrects a disparity between CIT communication training and traditional law enforcement defensive tactics. But, nationally, not all CIT programs have such a disparity. The Northeast Delta CIT program has been steeped in experiential training that requires students to assess a situation, attempt to communicate effectively, and choose appropriate actions including defensive tactics as necessary (Bonner & Johnson, 2013; Johnson, 2020). However, not all CIT programs have the requisite expertise to present this effectively. Therefore, ICAT may fulfill a need for some law enforcement agencies.

The potential exists for the adjustment of crisis deescalation training into a multi-modal program utilizing different timing logistics. Further research is needed to empirically support remaining with a 40-hour training week or whether making adjustments with the presentation timing can provide equally

effective training results. Specifically, research is needed to determine if the 8-hour CDT or the 24-hour CDT is equivalent to the 40-hour CDT/Traditional CIT training.

Engel emphasized that empirical research must be conducted to “test the impact of these proposed solutions to ensure their effectiveness and make routine adjustments based on accumulating evidence” (President’s Commission on Law Enforcement and the Administration of Justice, 2020, p. 6). Engel further stated, “my premise is that if our profession is serious about reducing racial and ethnic disparities in police outcomes, reducing the frequency and severity of police use of force, improving police community relations and perceptions of police legitimacy, and enhancing the overall effectiveness of our practices, then we have to heavily invest in scientific testing and evaluation of reform efforts” (p. 6).

In the fall of 2019, an Emerging Scholar student at the University of Louisiana Monroe began a research project focused on identifying articles specifically referring to Deescalation Training in different settings (Ruckert & Bonner, 2019). The preliminary results identified the following articles on deescalation: Law Enforcement 6 articles from 2000 – 2019, Schools 5 articles from 2007 – 2019, Psychiatric Facilities 2 articles in 2017, and Hospitals 1 article in 2019 (see Kubiak et al., 2017; Murphy & Van Brunt, 2018; Schacter, 2014; Zanello et al., 2017). The COVID pandemic prevented the completion of this project. Reinitiating this project now may provide valuable information regarding current trends in deescalation training. But, as of 2020, Engel (President’s Commission on Law Enforcement and the Administration of Justice, 2020) stated that no empirical research study existed on the effectiveness of deescalation training in policing. Therefore, the scope of this project should include the number of articles published and the foundation of the articles – whether they are focused on implementation or on impact and effectiveness.

Law enforcement agencies and communities should be skeptical of many of the deescalation courses that are currently being advertised. If a topic is in the headlines, someone will find a way to

profit from a training class on it. Before investing time and money on a training course, a thorough investigation should be conducted regarding outcomes. Because of the paucity of research, the most beneficial information currently available for good deescalation programs is related to best practices. As quickly as possible, there needs to be a movement toward outcomes-based research for deescalation training programs. At a bare minimum, there needs to be a movement toward evidence-informed deescalation training programs. In this spirit, a new three level training modality for deescalation programs that is grounded in traditional CIT tenets is worth considering and should be researched.

Regardless of the response model that is used, the lack of community resources for PMIs will have negative effects on the successful resolution of a crisis involving mental illness. Deescalation training and skill implementation may be exceptional but without resources to access, tragedies may continue to occur.

Regardless of the deescalation training course or the number of hours devoted to the training, a comprehensive program must be established including policies and procedures, supervisory support, refresher training, and accountability. Developing advanced skills in human behavior and interactions is critical. But, training courses alone are insufficient. A comprehensive program that is mindful of time, information, and financial constraints and that is founded on empirical research will be marketable and beneficial to all as law enforcement moves toward the role of a Guardian.

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