

New Jersey’s Crisis Intervention Training: Does it Work? *What Research Reveals*

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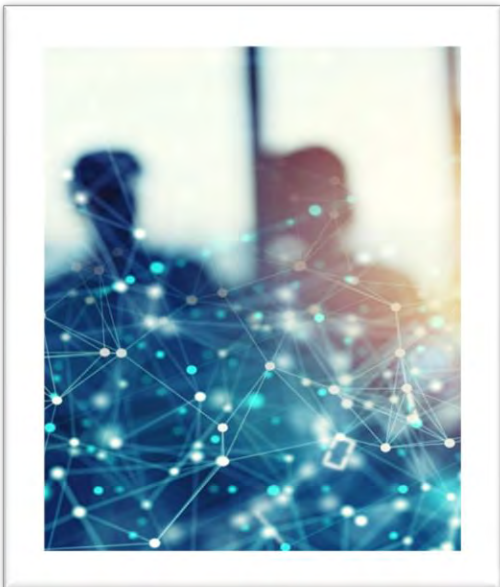
Abstract

Law Enforcement Officers (LEO) serve as first responders to mental health challenges and unpredictable events in our communities. Research assists LEO leaders in guiding policy changes and overall program assessments and **outcomes. Monmouth University’s Department of Criminal Justice and School of Social Work are actively evaluating Crisis Intervention Team (CIT) Training in Monmouth and Ocean Counties. Findings from trainings completed between 2022-2025 reveal that targeted instruction and scenario-based practice strengthen an officer’s confidence in their ability to respond to mental health calls. Law enforcement leaders always ask the question: Will this program be successful and produce effective change? This article highlights preliminary findings from surveys and focus groups that support the validity of CIT.**



Across the United States, law enforcement agencies play a pivotal role in aiding individuals during mental health incidents. Patrol officers are often the first point of contact for community members experiencing the effects of psychiatric emergencies, substance use overdoses, developmental disabilities, emotional distress, and other incidents. These situations occur in time-sensitive and high-pressure environments, which require patience, understanding, clear communication, and de-escalation techniques. As communities encounter a higher rate of mental health crises, law enforcement must maintain the proper training and skills to respond effectively and efficiently for the overall safety of our communities.

Crisis Intervention Training (CIT) has emerged as an effective model to improve situational outcomes for officers and community members. Though CIT has been widely adopted throughout the country, program structure and implementation vary significantly depending on funding and personnel constraints. CIT has become an important component of professional development for law enforcement agencies. The following research provides evidence that CIT programs administered in New Jersey provides positive outcomes for law enforcement organizations in Monmouth and Ocean Counties.



New Jersey CIT
The New Jersey CIT model is a 5-day, 40-hour program that integrates community resources, scenario-based exercises, and instruction from law enforcement and experienced mental health professionals. The participants are given pre-test and post-test surveys, and focus groups occur 6-12 months after training. Since the structure of the program is blended, it allows for officers to learn in different ways and not be confined to one learning modality. This commitment ensures that officers receive updated guidance, regardless of agency size or location, and there are shared standards among law enforcement. Establishing consistent expectations at the state level also shows officers that crisis response skills are a part of the job function and are required as a part of their duty to protect and serve.

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In a mission to assess whether the program is successful, Monmouth University's Department of Criminal Justice and School of Social Work designed surveys and focus groups to determine the program's effectiveness. The evaluations used in this article were collected from officers completing the certification between years 2022 through 2025 and data collection is ongoing. There were 208 participating officers from Monmouth County and 77 officers from Ocean County. The participants were mainly patrol officers from municipal departments, which is vital to community engagement. The questionnaires measured preparedness, knowledge of mental illness, attitudes, and experiences with community members who display symptoms of a mental health disorders and other situations. Surveying multiple cohorts over several years offered a unique view of training outcomes and allowed for agencies to measure changes and program efficacy in their officers.

Officers in both counties described that the state of response to mental crises is very similar: limited resources, increased number of calls involving mental and behavioral health situations, and an inherent expectation that law enforcement can de-escalate these types of crises. Individuals are often referred to mental health facilities and behavioral centers, but officers are held responsible for the first interaction. These types of encounters are beyond the scope of traditional policing, which presents gaps in the role of a law enforcement officer during these emergencies. This highlights the importance of extensive training and critical thinking skills. CIT training aims to bridge the gap between basic knowledge of mental health disorders and understanding its signs.

Survey Findings

Results conveyed that CIT training improves officer confidence in responding to calls with subjects who exhibit mental illness. In Monmouth County, officers felt more prepared to respond to mental health incidents after CIT, which was a change prior to the training. Before CIT, the average answer indicated that officers had an awareness of mental health conditions, but they had a stronger perception of individuals with mental illness after the training. Monmouth County officers also expressed a stronger relationship with members who have mental illnesses.

In Ocean County, officers had different answers: The average officer had the necessary skills to respond before CIT, but officers were comfortable with interacting with individuals who had mental illness. Officers also had an improved outlook upon mental illness, and results showed that officers are aware of their role in the community. The training helped deepen their awareness of crises, including depression, and schizophrenia. Ultimately, informed officers improve interactions and trust with members who experience mental illnesses.

Focus Group Results

In addition to surveys, focus groups were conducted in Monmouth County after training to understand how officers use CIT tools in the field. Officers reported that old approaches were not effective when dealing with individuals in crisis. Relying solely on hospitalization and other tactics were inefficient due to the sophistication of mental health disorders. Focus group findings also revealed that officers were able to individualize their responses to different members. These approaches from CIT allowed officers to tailor their strategy, assess risk, and make decisions on crisis screenings. These are skills taught in CIT, which makes the certification program beneficial for officers and community members. Furthermore, focus groups highlighted that supervisors and peers saw differences in how trained officers communicated and handled crises. This suggests **that CIT influences officers' attitudes towards crises and positively impacts department culture. Officers also discussed the importance of non-intervention and letting situations diffuse.**

Officers also stated that CIT provided more options rather than hospitalization, since not all individuals thrive in those environments. Law enforcement personnel described that many individuals reacted positively to the CIT strategies as officers were avoiding prior methods. One officer recounted a tense and violent situation he experienced with a **knife-wielding individual and said that if he didn't slow down the incident, there could have been injuries.** It is also important to mention that diversion to community-based resources resulted in positive outcomes, instead of officers arresting the individual. Officers also spoke about their willingness to spend more time on crisis calls. Prior to CIT, officers felt pressured by the number of calls and fear of escalation. After CIT, officers slowed their response time to crisis calls and spent more time on crisis calls than previously: Cases that would normally take less than 15 minutes are now 30 minutes or more. Officers recognized that slowing down the situation decreased the amount of risk to both parties involved.

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With CIT knowledge, the research revealed officers can now build rapport, reduce tensions, and create more favorable interactions with their community members.

Conclusion

Leaders of law enforcement ask the question: Is CIT successful and effective? The results from Monmouth and Ocean Counties show that CIT is productive and yields consistent results. Officers experienced improvements in confidence, knowledge, and perceptions related to mental health crisis response. Officers leave CIT feeling better prepared to de-escalate situations, identify the differences between mental health conditions, and understand the perspectives of these individuals. CIT's comprehensive approach makes it a valuable tool for agencies seeking to improve their officer's responses to mental health crises. The research indicates that this type of training reduces harm for officers and community members. Furthermore, research has given us the resources to show that agencies who prioritize CIT will be better served to support community members with mental health challenges.

Please feel free to contact Professor Douglas S. Collier, M.A., DEA, (Ret.), if you'd like the complete research findings.

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