Crisis Resources: CIT, Co-Responder, and Negotiator

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What They Are

Crisis intervention resources come in three distinct forms that are not interchangeable.

CIT-trained officers (Crisis Intervention Team) are patrol officers who have received enhanced training – typically 40 hours in the Memphis-style model – in recognizing signs of mental illness and behavioral crisis, de-escalation communication, and connecting people with mental health resources. CIT brings enhanced police crisis-response capability to encounters that would otherwise rely on general patrol skill.

Mental health co-responders are clinicians (or clinical teams) who respond alongside or after police, whether on scene, staged nearby, or available by remote consultation. The co-responder adds real-time clinical capabilities: mental-status assessment, psychiatric-history access, suicide-risk evaluation, direct referral pathways, and credibility with treatment systems. Co-responders are not positioned between officers and an armed subject – they may stage at a safe distance, advise remotely, or engage once the immediate threat is resolved.

Trained crisis negotiators are specialist police personnel who use structured communication, active listening, rapport, intelligence-gathering, and team-based decision support to seek peaceful resolution. Contemporary negotiator deployments are dominated by suicidal and mental-health crises rather than classic hostage events. Negotiation is a team capability – it includes primary and secondary negotiators, intelligence personnel, behavioral consultants, and tactical integration. *Byrd v. Brishke* established the principle that specialist communication is a system, not a single officer talking.

What They Have in Common

All three resources operate by changing the interaction, not by physically preventing weapon use. Their shared mechanism is communication – which requires time, sufficient distance from the subject, reduced stimulation, and an opportunity for the person to hear and process what is being said.

This is the operational design, not a limitation. When the conditions exist, the potential benefit is large: CIT and co-response show consistent evidence of improved diversion, reduced arrest, and better service-user experience across multiple studies. Successful negotiation can produce surrender without any physical force applied at all. The cost of allowing de-escalation to work – in contained incidents – is the time it takes. The precondition for accepting that cost is that the time can be held safely.

The Tactical Preconditions

Each resource becomes viable in proportion to how completely four conditions are satisfied:

Containment. The subject cannot reach uninvolved persons or escape to a more dangerous position. Without containment, communication may extend the period of danger rather than reduce it.

Distance. Officers have enough separation that the subject cannot close to attack range before communication can work. Distance creates time; time is what de-escalation requires.

Communication channel. The subject can hear and process what is being said. Acute psychosis, severe intoxication, delirium, or traumatic injury may reduce or eliminate that capacity regardless of the quality of the communication approach.

Safe wait. Continuing the communication strategy does not expose officers, bystanders, or the subject to a threat that worsens as time passes. Where a hostage is being actively harmed, time is not neutral.

A barricaded suicidal person holding a knife – contained in a room, not actively threatening others, able to communicate – is a strong candidate for all three crisis resources. A person advancing at a run toward another person with a knife is not.

Edged-Weapon Encounters Specifically

An edged weapon changes the crisis-response problem because it adds the possibility of rapid serious injury while leaving many of the same underlying dynamics – mental health crisis, suicidal behavior, fear, acute distress – intact. The clinical and communication value of crisis resources remains; their viability depends on whether the tactical conditions that permit communication are present.

In a contained edged-weapon incident, a CIT-trained officer or co-responder may help determine whether the person appears suicidal rather than assaultive, whether the weapon is being held defensively or aggressively, whether a specific responder can establish rapport, and whether voluntary surrender is negotiable. A trained negotiator may sustain that communication over extended time, gather intelligence, distinguish self-directed from officer-directed threats, and coordinate with family or clinicians.

None of this mechanically prevents weapon use. A person who appears to be calming may still advance suddenly. The key operational question is not only whether this person can be de-escalated, but whether responders can safely allow time for that to work while preserving the capacity to respond if behavior changes.

Co-Responder Deployment in Armed Encounters

"Co-response" does not require co-location at contact distance. A mental health clinician who remains staged away from the immediate threat can still:

- advise the tactical team on psychiatric presentation and known history
- provide access to clinical records where available
- identify effective communication approaches and potential triggers
- speak from a protected position once containment is established
- support family or collateral communication
- plan clinical disposition for after the weapon is secured

Deploying an unarmed clinician into an active, uncontrolled threat environment may increase rather than reduce overall risk. The staging decision should be based on whether the scene is safe enough for the clinician's specific role – not on an abstract commitment to co-response presence.

Legal Framework

Graham v. Connor governs all police force in mental health encounters – there is no separate constitutional standard. A subject's apparent mental illness is a totality-of-circumstances factor bearing on threat assessment, the significance of noncompliance, and the feasibility of less-restrictive alternatives, but it does not require ignoring an immediate threat.

Deorle v. Rutherford (9th Cir. 2001) held that officers dealing with a known emotionally disturbed person must, where circumstances permit, account for diminished capacity and use tactics appropriate to that reality. *City and County of San Francisco v. Sheehan* (2015) addresses the other direction: mental illness does not require tolerating an immediate lethal threat; officers who responded to a knife-wielding mentally ill woman after she threatened them were entitled to qualified immunity.

The Americans with Disabilities Act adds a separate liability layer. ADA/Section 504 reasonable-modification requirements may apply to police tactics in crisis encounters independently of the constitutional analysis. Circuits are split on whether the ADA duty persists when an immediate threat exists – the Fifth Circuit's categorical exception (*Hainze v. Richards*, 2000) is not the majority rule. The presence of CIT-capable officers or a co-responder may make accommodations practically available that would not otherwise exist. Systematic failure to deploy crisis resources in foreseeable situations can support a Monell failure-to-train claim. *Estate of Hill v. Miracle* (6th Cir. 2017) confirmed that a CIT-trained officer's factual record differs from an untrained officer's, though CIT certification does not raise the individual constitutional standard.

Policy Implications

1. Call crisis resources early. A negotiator who arrives while communication is still being established can support without disrupting. A negotiator who arrives after 45 minutes of confrontation is working a harder problem. Early deployment does not require that the specialist immediately assume control of communication already underway.
2. Define scene conditions that permit co-responder entry explicitly. Co-response is most effective when clinicians know when and how to enter – staged at what point, cleared on what signal, positioned where. This should be in policy and training, not improvised at the scene.
3. Containment and distance management are what make communication possible. Officers who allow distance to close under the pressure of an armed encounter have often foreclosed the very resources the department deployed. Positioning decisions early in an encounter determine what options remain available.
4. Failure to provide or deploy CIT resources in foreseeable crisis situations creates Monell exposure. An agency that has CIT-trained officers but fails to route them to crisis calls has not mitigated institutional liability merely by completing the training.
5. Document whether crisis resources were available, requested, and deployed. Post-incident analysis cannot evaluate the institutional response if dispatch records do not capture whether co-responders were offered, whether negotiators were requested, or whether CIT protocols were followed.

HOW TO CITE

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