

## CIT Pre/Post-Training Questionnaire

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### Maine CIT Expansion Project DRAFT CIT Officer Follow-up Questionnaire

Respondent ID: _____	Current Rank: _____	Site: _____	Date: ____/____/06
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*In collaboration with the National Alliance for the Mentally Ill (NAMI) Maine, Center for Health Policy, Planning and Research (CHPPR) of the University of New England is conducting an evaluation of the CIT Program in your facility. We are interested in learning about your experiences and knowledge with mental health disorders. Your participation is voluntary and your responses will be kept confidential. CHPPR will not release participants' names. Accurate and complete information is necessary to determine the impact of the program. For all questions, please choose only one response. Please mail the completed survey to CHPPR in the attached envelope. Please contact CHPPR at (207)221-4560 if you have any questions. We would like to thank you for your cooperation.*

To what extent do you agree or disagree with the following statements:	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
1. When someone has a mental illness, their brain is impaired in a way that effects their behavior and emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When someone is paranoid and believes the FBI is out to get them, it is best to play along with them to get them to do what you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Most people who have mental illness had poor parenting as children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In between episodes, people with a mental illness can think and feel pretty much like other people who are not ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. One of the main causes of mental illness is a lack of self-discipline and will-power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The best way to deal with people in mental health crisis is to set firm limits and make it clear that the officers are in charge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am comfortable in my encounters with people displaying signs of mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am confident in my ability to recognize signs and symptoms of mental illness in people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am adequately trained to de-escalate a crisis situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am confident in my ability to recognize aggression at an early stage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am confident in my ability to defuse aggression before it becomes violence (verbal de-escalation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't Know
12. In your view, is mental illness a biological process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you understand how people develop a mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you know of anyone among your friends or family who has a mental health problem or a mental illness, including depression?	<input type="checkbox"/>	<input type="checkbox"/>	NA
15. About how many encounters with mentally ill people in crisis have you had in the past 30 days?	# of Encounters		

For the following statements please rate your level of preparation:	Very well prepared	Moderately well prepared	Somewhat prepared	Not at all prepared
16. How well prepared do you feel when handling people with mental illness in crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Overall, how well prepared do you think the other officers in your department are to handle people with mental illness in crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. To what extent do you feel you are prepared to address a person threatening to commit suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Overall, how effective is your department's response to handling people with mental illness in a crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PLEASE TURN PAGE

*CIT Pre/Post-Training Questionnaire*

20.	How would you rate your department's ability to implement a new program for improving mental health crisis response?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
21.	How would you rate the level of administrative support for the CIT program at your jail at this point in time?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
22.	How helpful are your community's mental health resources in providing assistance to you when you are handling people with mental illness in crisis?	Very helpful <input type="checkbox"/>	Moderately helpful <input type="checkbox"/>	Somewhat helpful <input type="checkbox"/>	Not at all Helpful <input type="checkbox"/>
23.	How helpful is the emergency room/hospital system in providing assistance to you when you are handling people with mental illness in crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>To what extent do you agree or disagree with the following statements:</b>		Strongly agree	Somewhat agree	Somewhat disagree	Strongly Disagree
24.	I am comfortable in working with other agencies in finding solutions to problems encountered by persons with mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	I am familiar with agencies in my community/jurisdiction that I can refer a mentally ill person to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	My department has established relationships with local organizations to assist with a mentally ill person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Access to mental health services is adequate in my jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Public/private community services are conveniently available to my agency to assist with substance abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	My department's written policy/protocol adequately provides guidance for handling mental health encounters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	I have someone I can count on in my agency who can support me in my work with people with mental illness in crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please rate your satisfaction with each of the following aspects of your job.</b>		Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
31.	The meaningfulness of the work itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Recognition of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Interpersonal relationships with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Adequate training for job responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Working relationship with your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Skills and knowledge to resolve inmate crises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Overall job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please rate your impressions of CIT.</b>		Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
39.	How satisfied are you with the CIT training you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	How satisfied are you with the way the CIT training has prepared you to respond to handling people with mental illness in crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	How satisfied are you with the way the CIT has been implemented at your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female			
43.	What is your age?	_____ Years			
44.	How many years have you served as a Corrections Officer?	_____ Years			
45.	How many years have you served at this facility?	_____ Years			