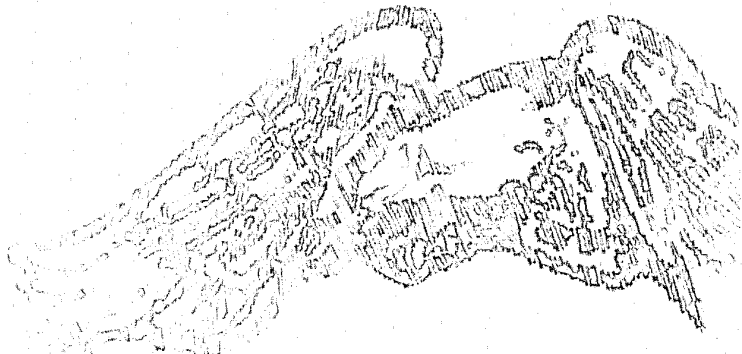




U.S. Department of Justice
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PSYCHOLOGICAL
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PSYCHOLOGICAL SERVICES FOR LAW ENFORCEMENT

A compilation of papers submitted to the
National Symposium on Police Psychological Services
FBI Academy, Quantico, Virginia

Edited by

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PREFACE

On September 17, 1984, a dedicated group of professionals came together for the first time at the FBI Academy, Quantico, Virginia, under the banner of the National Symposium on Police Psychological Services (NSPPS). Taking as their theme "Helping Services," over 150 professionals worked intensively throughout the week to improve and maintain mental health services for our nation's law enforcement officers.

The special character of the symposium cannot be overstated. A "call for papers" prior to the symposium laid its academic groundwork. Presentations and panel discussions during the symposium both elaborated on the issues and ideas raised by the papers and initiated new directions. Critiques written by participants at the close of the symposium summed up and acclaimed the work that had been done. By September 21, 1984, Police Psychology had emerged as a discipline of study in its own right.

This publication sets forth the groundwork laid at the NSPPS and stands as a legacy of its work. As a vanguard in the new discipline, it can serve as a reference for those already engaged in the field of police psychology—and as a textbook for those who wish to enter the field.

I am proud of the FBI—and of the Behavioral Science Unit in particular—for its commitment to psychological services, and I am proud to have the opportunity to provide a forum for the advancement of these services. I especially thank the participants for developing and cultivating the ideas that made the meeting a success. Thank you for your spirit, support and collaboration but, most of all, for your commitment to the good mental health of America's law enforcement officers.

James D. McKenzie, J.D.
Assistant Director
FBI Academy
Quantico, Virginia

FORWARD

If there is a traditional role for mental health professionals, it has not been one of helping the law enforcement community. The current, urgent need to keep law enforcement officers functioning however, is changing this role. More frequently, mental health professionals are learning of the needs of the law enforcement officer and officers are likewise learning of the skills which mental health professionals can use to assist them.

As little as ten to fifteen years ago there was little communication between law enforcement and mental health systems. Although psychological consultants of all types have worked for police departments for decades, only recently has there been an increase in the employment of psychologists in policing. The Law Enforcement Assistance Administration (LEAA) set money aside in 1970 to fund "Psychiatric aides—psychiatrists and psychologists—to work on a regular basis, with a number of medium-sized and larger police departments". Today, many police departments have included funds for psychological services in the department budget.

It is estimated that there were only six police agencies with full-time psychologists by 1977. Prior to that time, some psychologists and psychiatrists, such as Dr. James Shaw, Olympia, Washington, Dr. Harold Russell, formerly of the Tucson, Arizona Police Department, Dr. Martin Symonds, New York City Police Department and others were providing assistance as early the 1950's and 1960's. Since then many have joined their ranks.

Perhaps the first major step in bridging the gap between the law enforcement community and the mental health profession was the publication of *The Police Psychologist* (1972) by Dr. Martin Reiser, the first full-time police psychologist (Los Angeles, California Police Department). Also during the 1970's a large concentration of information came from the behavioral sciences, focusing on the criminal justice system, law enforcement organizations in particular.

The National Symposium on Police Psychological Services drew together some 166 behavioral scientists who were identified on a federal, state, and local level, through contacts with law enforcement, reputation, and publications, as being involved, motivated mental health professionals, and others, actively working with police officers and contributing to the art of psychological services.

The attendees do not represent all of the mental health professionals working with law enforcement. Several invitees were unable to attend, while many others who perhaps could have attended were not identified. It is hoped that the recent formation of the Police Psychology Section of Division 18 of the American Psychological Association, together with contacts with the Behavioral Science Unit, FBI Academy, will help to provide a means for their later identification and involvement.

Historically all that was needed for a career in law enforcement was the ability to shoot a gun and understand the penal code. Today, officers must learn of the pressures they and their families face and be able to monitor themselves. A necessary part of the monitoring system is access to mental health professionals through psychological services. The following manuscripts deal with various aspects of psychological services and are provided to enhance the state of the art.

James T. Reese, Ph.D.
Supervisory Special Agent
Behavioral Science Unit
FBI Academy

FOREWORD

Rapid and complex change in our society's fabric has prompted new and different demands upon the role and function of psychological services to public service institutions. This is especially true in police organizations where there has been evidence of alarming and disproportionate disabilities related to or accountable to stress. The provision for mental health or psychological services to the work place is not a novel concept. It has been widely recognized initially by industry and later by the public sector that "a work place service contributes measurably to the success of preventative intervention." Most of the responsibility for caring and "social control" used to be administered by the nuclear and extended families or resources within the local community. As technologies have advanced and developed, and work identities predominate, local resource people and the family are less and less able or willing to provide these functions. Community support systems seem to have become inaccessible and overburdened to working people. They are usually open when workers are unavailable and seem to be closed when workers are able and willing to seek services. This has been especially true for the rotating shift worker. The movement towards human services at the work place was originally designed to offer ongoing support and continuity of care without employee identification as a patient or need for the employee to provide a rationale for seeking help. It implies that a recognition of and investment in human capital would have positive ramifications for employee morale and productivity in addition to its preventative health aspects.

Police agencies entered late into this proposition. The first fully sanctioned police psychological services unit was created only sometime in the late 1960's. Only recently have police agencies recognized psychological services units and helping services can provide support in addition to protection against liability for police agencies.

Today, psychological services units around the United States are at varying developmental stages. Some still deal with the early areas of trust and mistrust issues in the department and stigma. Those which have obtained acceptance, work at restructuring policies which encourage wide scale programs of self-development for police personnel. Administrative acknowledgment that emotional problems need be expressed and dealt with without fear of repercussion is a message of institutional caring and concern as well as responsibility for human factor problems. Institutions, organizations, and industries have had to assume many primary group functions of validating individual identities, providing care, nurturance and autonomy. In a system's context the problem of burnout and stress related disabilities are defined as interactional problems which may require modification of the high stress environment as well as working with the individual style of coping and stress management. The recognized consequences of stress and burnout beyond individual pathology include ramifications such as loss of manpower, defectiveness of the agency to the outside community, as well as the internal effects on staff. The following compendium of papers presented to the First National Symposium on Police Psychological Services depicts a broad range of occupational health services at the work place.

The field of behavioral science has seldom been afforded the opportunity to demonstrate the spirit of its stated mission as in the service of law enforcement. Police agencies occupy a unique social and political position which offers psychologists a variety of opportunities to actively address the policies and practice of an institution as profound in its reflection of societal attitude, values, and beliefs. The imperative of public service psychology is to effectively apply principles of human behavior to those institutions which are most concerned with promoting human service. Police agencies need sound psychological methodology to maximize their adaptability and minimize the institutional lag inherent in times of rapid economic and social change. It is hoped that this compendium provides the state of the art that can be used as a bench mark against which further progress can be measured. Perhaps police psychology will then become the mechanism linking organizational health and behavioral technology.

Harvey A. Goldstein, Ph.D.

ACKNOWLEDGEMENTS

An undertaking such as the National Symposium on Police Psychological Services, as well as the compilation of these manuscripts, could not have occurred without the approval, diligent planning, and orchestration of many persons. There are numerous individuals to thank for their support of this venture. Risking the possibilities of forgetting someone, I wish to thank the following individuals: James D. McKenzie, Assistant Director in Charge of the FBI's Training Division for his constant support; Dr. James A. O'Connor, Inspector-Deputy Assistant Director for his total availability as counsel and his sound and valuable advice with regards to the processes with which such a symposium need be presented and approved in a bureaucracy; James T. (Jack) Stewart, Jr., Inspector-Deputy Assistant Director, for his administrative and financial support of this symposium; Dr. Roger L. Depue, Unit Chief, Behavioral Science Unit, for his support and approval of this symposium as well as his continued belief in the behavioral sciences place in law enforcement; Lawrence J. Monroe, Unit Chief, In-Service and Student Services Unit for his cooperation in seeing to the institutional needs for the participants; Dr. Charles G. Bollman, Unit Chief, Instructional Technology Services Unit for the preparation and maintenance of the equipment needed to service such a symposium; Robert Schaefer, Supervisory Special Agent, Behavioral Science Unit, for his most valuable rear echelon support and advice; Dr. Richard L. Ault, Supervisory Special Agent, Behavioral Science Unit for developing the computer programs which managed all of the data necessary to develop and plan this symposium; John Minderman, Supervisory Special Agent, San Francisco Division, FBI for organizing and hosting the first FBI Seminar dealing with psychological services; Dr. Ellen Scrivner, Psychologist/Law Enforcement Consultant, for her assistance in designing the structure of the symposium with regards to style and topical concerns; Dr. Bernard Hodinko, and Dr. Craig Messersmith of The American University, Washington, D.C. and Dr. David Sansbury, formerly with The American University, for providing opportunities for learning about student development, counseling, family therapy, and group dynamics, much of which information has since found its way into the FBI and law enforcement in general; Dr. William Lloyd Fox, Historian, Professor Emeritus of History, Montgomery College, Rockville, Md., for reinforcing the need to document the present for the sake of history; Mrs. Constance Dodd and other support personnel of the Behavioral Science Unit for devising the file system necessary to organize these manuscripts as well as for reproducing each many times over; Mrs. Margie C. Elmore and Mrs. Ruth B. Simmons, FBI Headquarters, Administrative Services Division, Printing Unit, for their patience and guidance with regard to this book; and a special acknowledgement to my co-editor, Dr. Harvey Goldstein. Dr. Goldstein was supportive of this symposium since its inception and offered his full cooperation and support. He served not only as a consultant and advisor but was the conduit between the FBI and the American Psychological Association. His meaningful input concerning the symposium, from the symposium format to his never-ending assistance during the event, was of inestimable value. Dr. Goldstein and I would like to add a note of thanks to our families, Sandra and Jamie Reese, and Laurie and Alexis Goldstein, for their encouragement regarding this event and their tolerance of our absences throughout it.

Lastly, but importantly, I acknowledge those who are the authors of the manuscripts found herein. Their response to the call for papers, their extra effort, will long be remembered and referenced. Without them, the efforts of myself, Dr. Goldstein, and those mentioned heretofore would not have been required.

James T. Reese, Ph.D.

INTRODUCTION

By virtue of its broad investigative responsibilities and the geographic location of its field offices and resident agencies, the FBI enjoys a national perspective of law enforcement functions throughout the United States. The FBI Training Division, which conducts instructional programs for approximately 5,000 law enforcement managers and specialists at the FBI Academy each year and for thousands more through its field training programs, is in a particularly good position to observe the latest developments occurring in the law enforcement community. One of the goals set out in the overall mission of the FBI Academy is to provide a forum for the exchange of ideas and information in an effort to promote improved law enforcement administration and operations.

For the previous decade, topics on police stress and so-called job-related personal problems had received a great deal of attention in police journals and publicity in the general news media. A wide variety of psychological service functions had been emerging in law enforcement agencies around the country. Both public and private organizations had come into existence to address the police health and welfare issues which had been raised.

Some of the myths about the policing job were being dispelled while others were being born. The time had come for a major conference to be held for the purpose of bringing order to the efforts, accumulating the knowledge, examining similarities and differences, and producing a police psychological services "state of the art" publication. To this end the National Symposium on Police Psychological Services (NSPPS) was conceptualized, organized and conducted by Supervisory Special Agent James T. Reese and Dr. Harvey Goldstein. It was dedicated to the improvement of the quality of law enforcement service through the support of psychological service functions which enhance the selection process, training and the overall well-being of law enforcement personnel. The attendees were carefully selected on the basis of their contributions to the field, and represented a diversity of interests. They were psychiatrists, psychologist, social workers, educators, peer counselors, administrators, union leaders, chaplains, personnel officers, and others. Those invited to present papers were leaders in their fields.

The 83 papers which were presented at the conference have been carefully edited by Supervisory Special Agent Reese and Dr. Goldstein and are presented here. They include a diversity of topics such as occupational stress and stress management, counseling and therapy, critical incidents, confidentiality issues, research, personnel selection and training, and various administrative issues. The commendatory efforts of these two men have produced an excellent document which can serve police administrators and mental health professionals alike as a ready reference for what is being done to maintain and improve the emotional well-being of police personnel throughout the country. I thank them and all the contributors for their creativity, dedication and hard work.

It is also our hope that this document will help distressed law enforcement officers to view those charged with psychological service functions within their agencies with the welcomed relief and pleasure that the distressed citizen stranded alone in a dark and dangerous neighborhood has come to feel when a police officer suddenly appears heading in their direction.

Roger L. Depue, Ph.D.
Unit Chief
Behavioral Science Unit
FBI National Academy

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SECTION ONE
POLICE OFFICER SELECTION AND ASSESSMENT

THE MMPI R-S SCALE AS AN INDICATOR OF THE FUTURE DEVELOPMENT OF CYNICISM IN POLICE APPLICANTS

Thomas E. Abbot, Ph.D.

This paper presents the results of a study on police officer cynicism and defense styles related to the development of cynical attitudes in police officers.

The present body of literature suggests that people who work as police officers undergo certain personality changes over time as a result of the job itself (Chandler and Jones, 1979). Studies on topics such as police cynicism (Wilt and Bannon, 1976; Regoli, Poole and Hewitt, 1979 a,b), police anomie (Lewis, 1973), authoritarianism on the part of police officers (Genz and Lester, 1976), and a particular type of "cop personality" (Crosby, 1976), further suggest that certain personality patterns in police officers change over time in order to cope with the pressures and stresses of the job. The present study looked at police cynicism in particular, and the way in which it relates to officer defense styles developed to handle stress and anxiety.

Background

Cynicism on the part of police officers has been identified as a major problem within police agencies, and also with respect to police-community relations (Niederhoffer, 1967).

Officer cynicism tends to increase over time (Niederhoffer, 1963). Therefore, attempting to measure for the level of cynicism in an officer at the time of entering the profession will not predict the degree to which the particular officer will become cynical during his or her years of experience in law enforcement (Lotz and Regoli, 1977). Poole and Regoli (1979) have stated that cynicism is diametrically opposed to the effective, efficient and judicious operation of police agencies.

Officer cynicism was operationally defined by Niederhoffer as, "a loss of faith in people, of enthusiasm for the higher ideals of police work and of pride and integrity" (Niederhoffer, 1967:96).

While coping mechanisms such as cynicism can be acquired over time, our basic styles of dealing with perceived threats from the environment and with anxiety remain relatively constant. Byrne (Byrne 1961; Byrne, Barry and Nelson, 1963) developed a repression sensitization continuum which suggests strong tendencies to repress and/or deny threat at the repression end and strong tendencies to confront, ruminate and intellectualize about the perceived threat at the sensitizing end. There is an implicit assumption that this dimension is stable over

time (Byrne, 1961).

The relationship between the development of cynical attitudes and a person's defense styles of repression-sensitization had not been explored until the present study. While cynicism among police officers is a problem, there has been no way to predict which officers will tend to become cynical later in their careers (Rafky, Lawley and Ingram, 1976).

Most police departments today are using clinical assessments by psychologist as well as medical examinations as a routine part of their selection process (Crosby, 1979; Mills, McDevitt and Tonkin, 1964). They also do an extensive record check and background investigation of the applicant, since past performance and behavior are judged by police agencies to be good indicators of future behavior. The procedure includes a search for criminal offenses, acquiring school transcript and employment histories, requesting references and comments about the applicant from family, friends and neighbors. The applicant's psychological profile and behavior history are also assessed on the basis of how well the applicant appears to fit in with those officers already working for the particular department (Mills, McDevitt and Tonkin, 1964). Although the psychological evaluation process for hiring police applicants is widely used "it has not always been well understood or used to maximum effectiveness" (Saxe and Fabricatore, 1982:8). Some of the problem areas cited by the authors include using evaluations to "select in" as opposed to "screen out" various applicants, the use of outside contract psychologists who aren't familiar with police departments and the special requirements of police officers, and the temptation of professional to "over sell" the abilities of various psychological tests in terms of their predictability.

In spite of these difficulties, however, the efficacy of the police selection processes, at least in terms of present prevailing standards, tends to be borne out in that police agencies are selecting the most psychologically stable and physically healthy candidates from the available population (Hogan, 1974; Cattell, Eber and Tatsouka, 1970).

Not only does it appear that there is a general agreement that the selection process works well, but also it appears to be selecting candidates for police officers that surpass the national norms in terms of self-acceptance, responsibility, sociability, intellectual functioning, self-confidence and empathy (Hogan, 1974).

While police applicants are being selected who, at the time of hiring, are psychologically well adjusted, this level of psychological adjustment is subject to change over time. Police populations are subject to large amounts of occupational stress which originates from many sources. A need to maintain an image of strength makes it difficult for police officers to admit to problems and to seek help for emotional distress (Reiser, 1972). Police personnel experience significantly higher rates of suicide, divorce and alcoholism than other occupational groups (Lester, 1978; Dishlacoff, 1976; Kroes, Margolis and Hurrell, 1974). As Eisenberg (1975:58) stated, "whether policemen express it or not, law enforcement contains dangerous elements which provoke fear—fear of serious injury, fear of disability, fear of death. The "anticipation of danger" and the line-of-duty contact with death and human suffering must be dealt with by the officer if he is to survive psychologically". Law enforcement has been reported to be one of the most stressful occupations in the United States (Stratton, 1980). Police officers' emotional adjustments and social attitudes have, on recent occasions, brought some police departments and the citizens whom they are sworn to protect and serve, into legal or physical confrontations. As a result, the psychological and physical well being of police officers has become a major concern of police administrators across the country (Roberts, M., 1975).

The present study was aimed at developing a way to identify those police applicants who may tend to develop high levels of cynicism later in their careers. It was felt that more efficient methods could be identified and utilized which would effectively allow police departments to screen-out candidates for police work who, by the nature of their defense styles, are likely to develop highly cynical attitudes.

While an officer's repression-sensitization defense styles tend to remain constant over time (Byrne, 1961), his or her level of cynicism tends to increase as a function of years of experience in law enforcement (Niederhoffer, 1963). The question had yet to be explored whether it was the "repressors" or the "sensitizers" who tended to develop the largest amount of cynicism during their years of experience in law enforcement. The present study addressed this issue.

Method

The study was implemented by the use of two standardized instruments: a measure of cynicism (Niederhoffer, 1963) and a scale measuring defense styles along a continuum between repression and sensitization (Byrne, 1963). A demographic data sheet was employed as a third instrument to measure and compare certain selected

demographic variables for their possible contribution to cynicism.

The study examined the question of whether it was the repressors or the sensitizers in the subject population who achieved the highest level of cynicism. The study also looked at the distribution of the repressors and sensitizers within the subject population. Comparisons were made between categories of repressors and sensitizers and cynicism, and between the selected demographic variables. It was felt that if there was a relationship between the levels of cynicism officers develop and their defense styles of either repression or sensitization, then this factor could be used as another screening tool in the original selection process to select officers less likely to become cynical later in their careers.

The Police Cynicism Index (PCI) was developed by Niederhoffer (1963) to examine police officers' cynical attitudes. It measures cynicism as a unidimensional construct, categorizing the officers as either cynical or not cynical. The PCI consists of twenty items. Points are given for selection of one of three statement-completion items; response A reflects an exemplary professional view of law enforcement (one point), response B reflects a middle-of-the-road approach to law enforcement (three points), and response C reflects a cynical approach to law enforcement (five points). The minimum possible score is 20; the maximum score is 100. A score greater than 60.0 (all B responses) is categorized as cynical. Greater and lesser degrees of cynicism can be determined as the scores move away from the 60.0 mark.

Regoli and Poole (1979) assessed the reliability of Niederhoffer's Index. When they treated cynicism as a unidimensional concept as proposed by Niederhoffer, through straight summation of item scores on the twenty items, a split-half reliability of .84 was obtained. Lester (1980) examined Niederhoffer's scale for reliability and validity and concluded that it met acceptable criteria and was an appropriate instrument of police cynicism. The test-retest reliability between the two sets of scores was .75.

The Revised Repression-Sensitization Scale (R-S) (Byrne, Barry and Nelson, 1963) is designed to assess the mode of defense style. The R-S Scale is a 127 scorable item, True-False, self-report instrument made up of items taken from the Minnesota Multiphasic Personality Inventory (MMPI).

The revised R-S Scale is scored on point for each item in the sensitization direction, with a high score indicating a sensitizing defense style of response and low score indicating a repressing defense style of response (Byrne, 1961). The coefficient of internal consistency for the revised R-S Scale was reported at .94 (split-half) and the coefficient of stability was reported at .82 (test-retest)

(Byrne, Barry and Nelson, 1963). Investigation into the face validity based on agreement criterion of seven out of nine expert judgments (Tempone, 1962) reported a 90 percent agreement for the scoring key. In a later study (Byrne, Barry and Nelson, 1963), cutoff points were established whereby the top 27% of the obtained distribution of scores was termed "sensitizers", and the lowest 27% of the distribution was termed "repressors". The study had an n of 740, a mean of 42.25 and a standard deviation of 20.10. Numerically, this gave a mean score of 42, with a score of 63 and above being classified "sensitizer" and a score of 21 and below being classified "repressor". This placed the individual along a continuum of repression-sensitization suggesting there were characteristic styles or modes of responding to ego-threatening stimuli that was consistent over time (Byrne, 1961; Byrne, Barry and Nelson, 1963). The researchers suggest that the repressor end of the continuum represents the best and most socially approved-of style of coping skill.

The subjects of this study were drawn from a population of law enforcement officers in a medium sized police department in Southern California. All of the subjects were adult males presently working as full-time police officers. All of the subjects had a minimum of a high school education and had been in the law enforcement profession for at least one year. The subjects were drawn from the patrol, traffic and detective bureaus of the department. Participation in the study was voluntary. In all, 90.2% of the sample, (74 subjects) turned in complete, usable inventories and were part of the final analysis.

The data were analyzed using correlational measures. The R-S scores were divided, using a median-split criterion into repressors and sensitizers and examined for their relationships to cynicism. (Table 2) Further analysis was done by dividing the data into three groups: repressor, mixed defense style and sensitizer. This allowed a detailed comparison of the pure repressor and sensitizer defense styles and cynicism scores (Table 3)

The data were analyzed by using the Pearson Product correlation and Kendall's Tau. Significance levels were set at Alpha = .05, and percentage comparison between selected variable were computed. Descriptive statistics were generated for comparison of selected demographic characteristics, as well as for the raw scores on the Niederhoffer Police Cynicism Index and on Byrne's Repression-Sensitization Scale.

Results

The average police officer in the sample as about 36 years old. He had been in law enforcement for a little over 12 years, and had spent most of that time with the present department. He is well educated, with at least

the equivalent of an AA degree. His level of cynicism was about the same as the general population. Overall, he was more apt to use a repressing defense style than a sensitizing one to overcome anxiety and threats from his environment. (Table 1)

Table 1. DESCRIPTIVE SUMMARY OF SAMPLE CHARACTERISTICS

Variable	Sample Mean	Standard Deviation	Range Min.-Max.
Age	36.88	7.31	22-56
Years Spent in Law Enforcement	12.26	6.77	1-33
Years With Present Department	10.93	6.65	1-27
Years of Formal Education	14.45	1.36	12-18
Cynicism Score on PCI	55.70	12.83	28-92
R-S Scale Scores	25.41	16.46	1-74

The results of this study indicated that there is a significant relationship between a repressor defense style and low cynicism scores, and between a sensitizing defense style and high cynicism with Tau = .39 (p < .01) (Table 2). Of the officers who scored in the low cynicism group, 69.2% used a repressor defense style. Of the officers who scored in the high cynicism range, 75.0% used a sensitizing defense style. In the low cynicism category, there were 44.0% more subjects with a repressor defense style than there were in the high cynicism category. There were 45.0% more sensitizers in the high cynicism category than there were in the low cynicism category.

The mean cynicism score for the sample was 55.7. This is below the mathematical average of 60.0 for the possible range of scores, suggesting that the officers in this study exhibited lower level of cynicism than police officers in general.

Table 2. THE RELATIONSHIP BETWEEN DEFENSE STYLES AND CYNICISM SCORES

Defense Style	Cynicism Scores					
	Low		Medium		High	
	n	%	n	%	n	%
Repressor	18	69.2	13	54.2	6	25.0
Sensitizer	8	30.8	11	45.8	18	75.0
Total	26	100%	24	100%	24	100%
n = 74						
Kendall's Tau = .39299						
p = .001						

Table 3 examines the extreme ends of the repressor-sensitizer continuum. The division between cynical and non-cynical was made based on whether the officer's score on the PCI fell above or below the sample mean. The classification of the officer's defense style was based on whether the score on the R-S Scale fell into the upper or lower 27% of the distribution or was in the middle between these two.

Table 3. CYNICAL AND NON-CYNICAL OFFICERS BY THEIR DEFENSE STYLES

Defense Style	Cynical		Non-Cynical	
	n	%	n	%
Repressor	5	15.0	15	36.5
Mixed	10	30.0	23	56.0
Sensitizer	18	55.0	3	7.5
Total	33	100%	41	100%

n = 74

Among the cynical subjects, only 15.0% fell into the repressor range, while 55.0% fell into the range of a sensitizing defense style. In the group of subjects who tested as cynical, 35.0% more of these demonstrated a sensitizing defense style than a repressing one.

Among the subjects who tested as non-cynical, 36.5% demonstrated a repressor defense style while only 7.5% demonstrated a sensitizing defense style. In the non-cynical group, 29.0% more of the subjects demonstrated a repressor defense style than a sensitizing defense style. In the group which did not demonstrate either a repressor or a sensitizer defense style, but exhibited elements of both styles (mixed defense style), 26.0% more of this group were in the non-cynical category.

The frequency distribution for the cynicism scores obtained on Niederhoffer's Police Cynicism Index is presented in Table 4. The scores were dispersed with a range of 28 (low cynicism) to 92 (high cynicism). The mean was calculated at 55.7 with a standard deviation of 12.8. The median score was 55.9. The raw scores on the distribution were skewed towards the lower end (non-cynical) of the distribution.

The frequency distribution for the raw scores obtained on the repression-Sensitization scale is presented in Table 5. The mean score on the R-S scale was 25.4, with a standard deviation of 16.5. The median score was 20.5. With the distribution divided into the upper 27% (sensitizer) and the lower 27% (repressors), the cutoff score for sensitizer was 30 and up and the cutoff score for repressors was 14 and below. With a median-split criterion, 23 and above represented the sensitizing defense style and 20 below represented the repressing defense

style. With either method of dividing the distribution, the scores were clustered in the low and medium regions, indicating a skewness in the sample towards the repressor defense style.

Table 4. FREQUENCY DISTRIBUTION OF CYNICISM SCORES

Score	f	%
25-29	1	1.4
30-34	3	4.1
35-39	3	4.1
40-44	6	8.1
45-49	8	11.0
50-54	13	17.6
55-59	16	21.4
60-64	9	11.5
65-69	5	7.0
70-74	5	7.0
75-79	1	1.4
80-84	2	3.0
85-89	1	1.4
90-94	1	1.4
	74	100%

Mean Score = 55.7
Standard Dev. = 12.8
Median Score = 55.9

Table 5. FREQUENCY DISTRIBUTION OF R-S SCORES

Score	f	%
1-5	3	4.1
6-10	10	13.5
11-15	8	11.0
16-20	13	17.6
21-25	7	9.5
26-30	10	13.5
31-35	6	8.1
36-40	1	1.4
41-45	2	3.0
46-50	5	7.0
51-55	1	1.4
56-60	1	1.4
61-65	1	1.4
66-70	2	3.0
71-75	1	1.4
76-80	1	1.4
	74	100%

Mean Score = 25.4
Standard Dev. = 16.5
Median Score = 20.5

To further examine the relationships between cynicism and defense styles as they relate to selected variables, a Pearson r correlation was computed for cynicism and for repressor-sensitizer designations across the demographic

characteristics of the sample. The results are presented in Table 6.

Table 6. CORRELATION OF CYNICISM SCORES AND R-S SCORES TO SELECTED DEMOGRAPHIC VARIABLES

<i>Variables</i>	<i>Cynicism Scores</i>	<i>R-S Scores</i>
Age	-.2821 p=.007*	-.1472 p=.105
Rank	-.3974 p=.001*	-.1274 p=.140
Years of Service	-.0383 p=.373	-.0987 p=.201
Years with Department	-.1458 p=.108	-.0735 p=.267
Education	-.0164 p=.445	-.0021 p=.493
Number of Children Living at Home	-.1793 p=.063	-.0816 p=.245

Pearson r
* p<.05

As shown in Table 6, age and rank were found to be inversely related to cynicism ($p<.05$). There were no significant relationship found between cynicism and the demographic variables; years of service, years spent with the present department, level of formal education, or the number of children living at home with the officer.

Cynicism is shown to be strongly negatively correlated to age ($r = -.28$). Cynicism was also negatively correlated with the rank of the officers ($r = -.39$). There were no other significant relationships between cynicism and the demographic variables.

No significant correlation appeared between R-S scores and any of the demographic variables. This is an expected finding if defense styles do, in fact, remains constant throughout an individual's lifetime.

The repressors in the study achieved a mean cynicism score of 48.5 on the PCI, and the sensitizers achieved a mean cynicism score of 66.65. The cynicism scores for both the repressors and the sensitizers represent a substantial departure from the group mean of 55.7. Of the officers who were cynical, 55% were sensitizers, 30% displayed a mixed defense style and only 15% were repressors. When using a median-split criterion for the R-S Scale, 69.7% of the cynical officers were found to be sensitizers.

When the non-cynical group of officers was examined, 36.5% were repressors, 56% displayed a mixed defense style and only 7.5% were found to be sensitizers. With a median-split criterion, 66% of the non-cynical officers were found to be repressors.

DISCUSSION

There appears to be a direct relationship between low cynicism scores and low R-S scores. Officers who scored in the direction of the low end of the PCI (non-cynical) also scored toward the low end of the R-S scale (repressors). Officers who used a sensitizing defense style tended to achieve higher scores on the PCI. With the officers who tested as cynical, 55.0% were found to be sensitizers; while with the non-cynical officers, only 7.5% were found to be sensitizers.

It is interesting to note that among the cynical officers, the sensitizers outnumbered the repressors by 3 to 1. Among the non-cynical officers, the repressors outnumbered the sensitizers by more than 2 to 1.

Among the demographic variables examined by the study, only age and rank were found to be significantly related to cynicism. As the officer becomes older, he tends to become less cynical. Also, as the officer rises in rank, he tends to become less cynical. There have been mixed findings on these two variables and their relationship to cynicism reported in the literature. While other studies have reported relationships between other demographic variables and cynicism, the present study found none. No attempt was made to evaluate this finding.

The characteristics of the repressor defense style are similar to those of the Hy scale on the MMPI and the characteristics of the sensitizing defense style are similar to the Ma scale on the MMPI. Although there is no direct research bearing on characteristics of repressors or sensitizers, inference may be drawn from the obtained data based on the similarity of the repressor and sensitizer defense styles to the MMPI profile types.

It has been observed that the officers in this study who exhibited a repressor defense style tended to also have low cynicism scores regardless of their age or the length of time they had spent in the law enforcement career. The repressing defense style and the lower cynicism scores associated with it also tended to be associated with higher rank. This may be due to a repressing defense style being associated with the use of denial when emotionally threatening stimuli occur. This denial system, and emotional constrictedness and inhibition, tends to result in a Pollyannaish approach to life in general. Repressors also tend to be very conforming and friendly in social situations. They tend to be agreeable with others and usually go with the group norms. They will tend to not "buck the system". These personality traits tend to make for someone who is generally well accepted by their peers and superiors and who is, therefore, suitable for promotion. This type of personality possibly has no need of cynicism as a defense against anxiety and occu-

pational stress, since they most likely don't perceive many events as stressful or anxiety provoking in the first place. Therefore, it may be quite likely that repressors would not tend to become cynical simply because they don't have need of a way to rationalize most negative stimuli.

The negative side to repressing defense style, however, is that these personality types can internalize when they are stressed. This can result in psychosomatic complaints such as cardiovascular, gastrointestinal and genitourinary disorders. Without the proper therapeutic counter measures being taken, these disorders can ultimately lead to serious illness or disability retirements when they occur.

The sensitizing officers in this study tended to be more cynical, and tended to have achieved fewer promotions as a group. A sensitizing defense style is associated with being attuned to any and all anxiety provoking stimuli. Officers who use a sensitizing defense style can also tend to get overly excited, be very active and productive, use a hostile joking sense of humor, have a quick temper, and be very verbal and expansive about their problems to almost anyone who will listen. These behaviors can often result in these personality types being viewed as a "nuisance" or as "getting on people's nerves". Where this perception is the case with these types, it seems obvious that promotions would not be given often. With the sensitizer types, cynicism may be a very useful defense to help them cope with situations they are acutely anxious about, but are powerless to effect any change in.

While cynicism allows these types to ward off anxiety producing stressors, it also results in lowered overall job performance as discussed earlier. Also, these type tend to run a much higher risk of becoming substance abuser or of becoming involved in illegal activities.

CONCLUSIONS

The findings of this study can be applied to the officer selection process at the time when an individual is considered for hiring by a department.

While cynicism is diametrically opposed to the goals and ideals of police work, it has largely been ignored in the selection processes of police applicants. Since cynicism is primarily a trait which only develops after an officer has begun his or her career, it has not been possible at the time of hiring to predict which individuals would become cynical and which would not where the person is new to the profession.

While the development of cynicism in a person who is new to the profession cannot be measured at the time of hiring, his or her defense style along the R-S continuum can be measured. It can be determined whether the individual falls into the classification of repressor, sensitizer or mixed defense style.

The R-S Scale is a sub-scale of the MMPI and the MMPI is widely used in the law enforcement field today as a screening device to assess the psychological suitability of police applicants. An R-S score can be easily abstracted from the MMPI. A low score on the R-S scale can act as a predictor that the individual being tested will tend to develop lower levels of cynicism during their law enforcement career. Individuals who score in the mid-ranges of the scale do not indicate a tendency one way or the other as far as the development of cynicism. High scores on the scale indicate that an individual will be more susceptible to becoming cynical during their career. With the R-S scale, police agencies can select officers for hiring who are less susceptible to becoming highly cynical during the progress of their careers by selecting individuals who score at the lower end of the R-S Scale (the repressors).

While the correlations developed out of this study do not imply a cause and effect link, they do indicate that there is a trend between defense styles and the development of cynicism. That is, that repressors will tend to become less cynical during their careers than sensitizers. When all other factors in the selection process fail to clearly distinguish which of several applicants is more desirable, the R-S scale can provide an additional measure which can be applied to the selection process.

While low scores on the R-S Scale by themselves are no guarantee that particular officer will not become cynical during his or her career, they do provide one more tool to be used in the overall screening process of police applicants.

To date, accurate cut-off scores for the three groups on the R-S continuum remain speculative. Specific norms for the scale need to be developed for police populations. This would greatly enhance the use of the R-S scale in the selection process of police department.

The relationship of defense styles to experienced stress and stress-induced illness needs to be explored. There are presently no studies which indicate whether a repressor or a sensitizer defense style is better able to withstand the long-term effects of the stressors inherent in the law enforcement profession.

Evaluating the success or failure of either the repressors or the sensitizers as police officers was beyond the scope of this study. Future research, however, can address this issue by comparing R-S scores to such measures of good job performance by police officers as: the number of citizen complaints, the number of commendations received, evaluations by supervisors, discipline actions against the officer, and other job-related criteria.

The Police Cynicism Index developed by Niederhoffer (1963) is now twenty-one years old. Much of its terminology is outdated. Also, much of the terminology is

specific to the East Coast, and not easily understood by young officers on the West Coast (i.e., good arrests coming from "the coup"). A new instrument needs to be developed and normalized that is free of geographically restrictive terminology and that takes into account the seeping changes that have occurred within our society over the last twenty years.

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PSYCHOLOGICAL SCREENING OF POLICE APPLICANTS

Alan W. Benner

Historical Perspective

In 1967, a Presidential Commission on Law Enforcement and Administration of Justice issued a report entitled, "The Challenge of Crime in a Free Society". This comprehensive study documented the evolution of policing, reported on the, then, current practices of selection, training, promotion, and management techniques. It then went on to make recommendations for major innovations in all areas. The report documented and clearly acknowledged the existence of corruption, discrimination and a general failure of police agencies to adequately respond to the needs and concerns of the communities they policed. It made explicit the duty of the police to vigorously protect the civil rights of all citizens. In this regard, "The Challenge of Crime in a Free Society" is a historic document which attempted to address the fundamental conflict between the need for the police and the misuse of police power. The report also addressed and legitimized emotional stability of police officer candidates as a necessary standard:

Psychological tests, such as the MMPI, and interviews to determine emotional stability should be conducted by all departments. These examinations should be conducted by all departments. These examinations should be administered only by trained professionals and their limitations should be fully understood. Federal and State funds should be made available in the form of research grants for the purpose of devising reliable tests or other means of evaluating the characteristics of applicants which may be detrimental to successful police work (p. 129)

Questioning long held beliefs, "The Challenge of Crime in a Free Society" report pointed out that there had been an attempt over the previous 30 years to upgrade the quality of police personnel but that some of the operating assumptions created artificial barriers to employment. Such things as height requirements, education, credit history, stringent requirements against any previous criminal record were examples of "common sense" selection criteria that did not necessary have a direct relationship to being a "good" police officer. Instead, these arbitrary standards had the effect of

excluding large segments of society from access to a law enforcement career. This, in turn, meant that these same segments of society were not represented in the most visible form of governmental control—the police. The report recommended strongly that selection and promotional criteria should be developed carefully to exclude arbitrary and exclusionary standards. Unfortunately, the report failed to point out the probability of federally mandated procedures soon to come.

The 1964 Federal Civil Rights Act was already prohibiting the private sector from discriminating in employment on the basis of race, color, religion, sex or national origin. In 1967 it should have been anticipated that a logical extension of this law would soon envelop the public sector, including police work. This possibility was not addressed and an opportunity was lost. Had "The Challenge of Crime in a Free Society" included the likelihood of the 1964 Civil Rights Act being expanded to include police work it could have had two effects. First, it would have provided a forceful reason why police agencies should seriously evaluate their employment procedures. And two, it would have sounded an advance warning to police administrators that they needed to learn about such things as "adverse impact" and validation of testing and selection procedures.

Police departments across the country attempted to respond to "The Challenge of Crime in a Free Society" report and its recommendations. In the attempt, however, to initiate such things as psychological screening and new selection criteria, police agencies persisted in applying a relatively uncritical approach of "common sense" implementation. The use of pilot studies or preliminary research was practically a foreign concept to the majority of the existing 400,000 police agencies (Benner, 1984). As a result, they were unprepared five years later when Title 7 amended the Civil Rights Act so that, in 1972, it *did* include the public sector. For a variety of reasons, not all of which are excusable, the great majority of police departments were still unprepared for the lawfully mandated requirements. Those requirements, affecting police departments and other public agencies, were made explicit in 1978. That year, the Federal Equal Employment Opportunities Commission issued its *Uniform Guidelines on Employee Selection Procedures*. As pointed out by Levinson (1982), the guidelines stipulated

that any hiring practice that has an "adverse impact" on women or on any race or ethnic group is illegal, unless the employer can show that the hiring practices are directly related to prospective employees' ability to do the job. "Adverse impact" has been interpreted by the courts to mean that recruitment, testing or promotional practice has failed to include members of minority groups or women in numbers equivalent to their representation in the local labor force.

The New Federal Guideline had immediate and far reaching effects. The existence of "adverse impact" was considered prima-facie proof of the existence of discrimination. It then became incumbent upon the defending agency to prove that the procedures in question were valid.

Police agencies were among the earliest targets of class action discrimination suits brought before Federal Courts. They found themselves then, and now, unable to address the highly technical psychometric issues embodied in the legal challenges to their procedures. This inability resulted in the discontinuation of many selection practices due to the police departments inability to defend their validity. Commenting on the resulting paradox, Benner (1979) summarized the problem as follows:

Many police departments are in the position of recruiting and hiring police officer in accordance with consent decrees administered by Federal judges. Other departments are being challenged in Federal Court as to the validity of their selection procedures. In most cases, police departments are being caught with their empirical pants down, unable to defend their old selection techniques and unsure on how to develop new "valid" ones. Moreover, in some departments "selection" has taken a back set to efforts to obtain "proportional representation" of minorities and women.

Affirmative action in law enforcement is needed and must continue until successful. However, many entry-level standards are in limbo during this period of challenge to their validity and there is uncertainty about what selection procedures can be used. Nevertheless, care must be taken that the people being hired as police officers today will be able to do the job. No citizen wants poor police service—regardless of the race or sex of the officer providing it. The issue remains: how to avoid discrimination by race and sex while still discriminating (overall) on the basis of an individual's ability to do competent police work. (p.21)

The goal of selecting competent police officers while avoiding discrimination has proven to be an arduous task. The effort to develop "valid" selection procedures in foundering in a quagmire of technical psychometric complexities. These complexities are exacerbated by a more fundamental problem. That is the lack of consensus over what constitutes a "good" police officer. Without this consensus, technical "validity" is irrelevant. The situation is analogous to building something before deciding exactly what that "something" is supposed to do. In terms of "building" better police officer, the problem is that it is difficult to obtain consensus on what it (the police officer) should and should not do or should and should not be. This fundamental problem exists, partly, because of the formal role police have in society and, partly, because of the conflict with the public which is inherent in that role.

The Issue of Control

Controlling the police has been an issue of concern throughout the evolution of law enforcement. It remains a concern today. The focus, however, has narrowed. Policing, as a formal institution, is clearly defined by law and constrained by political checks and balances. Granted, this is an ongoing process requiring constant monitoring but, for practical purposes—most police departments are "under control". The focus therefore, has shifted from the institution to the individual within it. The paramount concern, both for the public and police administrators, is controlling individual officers. Unwarranted and improper actions by individual officers result in civil suits and huge court awarded damages. Police administrators have been found liable for the actions of their officers if it can be demonstrated that those officers had been negligently selected, trained, or supervised. Thus, the legal term "vicarious liability" haunts all chiefs of police and makes them personally liable for the actions of their subordinates.

The concept of control has been expanded to include mandates about "controlling" the quality of recruits allowed into police agencies. Most states have commissions which set entry level requirements that include age, education, physical condition and an absence of felony conviction. The commissions may set the standards but it is the individual municipality, police agency, and police administrator who is responsible for seeing that these standards are satisfied. Many states, California included, now mandate that entry level candidates be evaluated for mental stability. Here again, courts have awarded punitive damages because of actions committed, both on and off duty, by individual officers whose mental stability was at issue and who had been psychologically evaluated

by their department.

The issue of control has narrowed, on the one hand, from a focus on the generic concept of policing to the specific actions of individual officers. On the other hand, "control" has been expanded to include not only overt "bad" behavior on the job. It has been further expanded to include the legal responsibility for predicting the tendencies for overt "bad" behavior of police candidates. The ability to predict "bad" police behavior is difficult. Even more difficult is predicting "good" police behavior. It is particularly difficult when no consensus exists on what "good" police behavior is.

What is a good, or stable, or suitable police officer?

The answer to "who is a good, or stable, or suitable police officer?" depends upon who asks the question. It depends, also, upon when the question is asked. When policing began in America, officers were glorified watchmen (Schlesinger, 1934). If you asked the mayor of a city employing police officers the answer might have been that a "good" officer was one who was dependable, did what he was told and stayed sober on duty. If however, you asked the working class citizen of the same era, the answer could have been different. From the viewpoint of the common working man, police officers were used primarily to guard property of the rich and were used to break strikes when labor disputes arose. In those early days, police officers worked for those who paid them and against those whose interests and loyalties did not coincide with those of the wealthy and powerful. There are people who believe that this is still the case today. During the Vietnam War, for example, police arrested demonstrators, protected draft boards and enforced the dictates of the federal government. This was done despite massive protests by the American public. During this period the police were viewed as "keepers of the status quo".

It must be admitted that, to a degree, "keepers of the status quo" is an accurate description of the police function. Police officers are sworn to uphold existing laws and protect life and property. This, in effect, means that they will also be protecting existing institutions, morality, and contemporary social values. The police are also sworn to protect citizen rights under the Constitution of the United States. It speaks, however, to a much different and legitimate process. Unlike the first example, where police protected the vested interest of the few, contemporary police uphold laws which have evolved through the democratic process. Ideally, these laws reflected, at least at one point in time, the majority views of the American people.

Public attitudes, and the laws which represent them

change over time. Change usually occurs after there has been a period of growing public dissatisfaction with an existing situation. This dissatisfaction creates political pressure which intensifies until, through the democratic process, changes in the laws or government policy occur. In the meantime, while the dissatisfaction and pressure grows, the police are enforcing laws and protecting that which is unpopular. Examples include not only the Vietnam War protest but also laws regarding prohibition, sexual behavior, the cultivation or possession of marijuana, and the protection of nuclear facilities against demonstrators.

Part of the legitimate police function is to protect "status quo" until, through the democratic process, the "status quo" is changed. This aspect of the police function guarantees an ongoing tension and conflict with segments of the American public. This tension and conflict is not only legitimate but inherent in the democratic political process and the police function within that process.

To the degree that such tension exists, it is unlikely that a consensus can be reached about what a "good" police officer should be. To those seeking social change, a "good" officer is one who represents or supports their goal. For those committed to affirmative action, an officer should ideally be an ethnic minority member, female, or an advocate of affirmative action. To those opposing the ongoing development of nuclear armaments, a "good" officer is one who will make a clear statement opposing existing nuclear policy. This might include refusal to engage in the arrest of demonstrators or participating in anti-nuclear demonstrations themselves. Contemporary issues like American intervention in Central America or the build up of nuclear missiles in Europe carry the potential for demonstrations, social conflict, and strong emotional commitment by large segments of the public.

The police function during political confrontations remains the enforcement of existing law. The government and those who agree with its current policies expect the police to act with unquestioning loyalty, regardless of the individual officer's personal beliefs. The expected behavior includes protecting constitutional right of free speech and the right to demonstrate. If, however, "unlawful" activities occur, the police are expected to take whatever steps necessary to control the situation. These steps can include the use of physical force and arrest. Failure on the part of officers to conduct themselves "appropriately" can result in an array of official sanctions. These sanctions include reprimand, suspension from duty, termination, and, in extreme cases, criminal charges. Ideally, an officer could engage in social protest on off duty time. In reality, however, there are likely to be informal sanctions imposed for such activities, particularly from fellow officers. This is engendered by a strong need in

police officers for solidarity and mutual trust, especially during periods of social unrest and confrontations. An officer whose activities and attitudes demonstrate sympathy with those who must be confronted is viewed with extreme suspicion by fellow officers. A "good" officer, in the eyes of the police subculture, is one who can be counted upon when "the chips are down" and whose loyalty to the police function and fellow officers is absolute.

It should be remembered that the dynamics of social tension are not only inherent in the evolving democratic process but include the interpersonal needs of the human participants. These needs reflect the opposition or dichotomy engendered by the issue and are exacerbated by the strength of the emotions involved. It is unrealistic to expect that the police will be able to satisfy the conflicting perceptions about "good" behavior during times of social conflict involving highly emotional issues.

The answer to "who or what is a good, stable, or suitable police officer" is also situational. An officer who needs to get information about a crime from the denizens of skid row acts differently from the officer who is trying to elicit information from a distraught mother whose three year old child is lost. Similarly, an officer who is called to break up a bar room brawl acts differently than the officer called to deal with a juvenile delinquency problem. Finally, the officer who takes a crime report from a family needs to act differently when stopping that same family in their vehicle for a violation. The dynamics of the situation and the perspectives of those involved determine their assessment of whether the officer they encountered was "good, stable, or suitable". An individual officer may be called upon to perform in each of these situations. The likelihood that he or she will "measure up" to the public's expectations in all cases is very unlikely.

Going back to an earlier point, it is easier to be specific about what is *not* wanted in an officer. A "bad", "unstable", or "unsuitable" officer is more easily recognized. However, even from the perspective of what is *not* wanted, specificity is still difficult to articulate.

As an example, it would generally be agreed that officers should neither be too aggressive nor too passive. In the first case, an overly aggressive officer can offend or abuse victims, suspects and uninvolved citizens alike. An overly passive officer, on the other hand, is ineffective because he or she loses control of situations. Further, officers need to be impersonal and enforce laws evenly without regard to race, religion or economic status. At the same time, however, officers must use discretion. Enforcing the "letter of the law" could overwhelm the Criminal Justice System with cases that could have been negotiated and abated by the first officer dispatched to

the scene. In sum then, what is needed is impersonal, even-handed enforcement by officers using discretion and diplomacy while maintaining the appropriate balance between passive and aggressive behavior. This sounds acceptable but lacks specificity. All too often, consensus on what distinguishes "good" versus "bad" police behavior is only achieved at the expense of a functional definition. A report by the Public Administrative Service of Portland, Maine in 1955, is a classic example:

The police are frequently confronted with emotion-charged situations that tempt strong responses from them. Important to success in dealing with such situations is a stability impervious to work-related and other emotional stresses and unhampered by prejudices and undesirable attitudes in getting along with people under trying circumstances. (p 109)

This can be paraphrased in terms of *not wanting* instability, prejudices or undesirable attitudes. Each unwanted characteristic is very broad, however, and open to a host of definitions. These unwanted behaviors are also set in an interpersonal context, individual officers interacting with individual people under trying circumstances. In other words, the message is that officers should not treat people badly. Specificity, however, is still missing. The Maine report goes on to say:

. . . Police service affords unusual opportunities and temptations to accept graft, to indulge in other forms of dishonesty, immorality, and excesses and to wreak vengeance on persons who offended. Successful police service is predicated on the integrity, morality, and fairness of the members of the force. (p. 110)

This is an even broader statement involving sociological terminology. The *wanted* qualities are "integrity", "morality" and "fairness" in order to accomplish "successful police service" by "members of the force". The wanted characteristics are more open to interpretation than the unwanted characteristics. The setting here is the institution, "the force", providing society "police service". The Maine report makes, what appears to be, an understandable and rational recommendation. Upon closer examination, however, we find that it is composed of useless generalities; what is meant by stability, prejudice, undesirable attitudes, integrity, morality, fairness, service, and success? On the surface, everyone can agree these are desirable characteristics. Consensus can be achieved. It is when we attempt to agree upon a functional definition that we discover there are a myriad of different interpretations. The person or group being asked and the situational context of the characteristic in question all effect the definitions that could be inferred.

Nonetheless, we are told "success" is *predicated* upon the existence of these character traits. Without specificity, how can we expect to select "good", "stable" and "suitable" police officers? The fact of the matter is that, lacking consensus on specifics, we do not know and have yet to determine the answer.

The Role of Psychology

Psychologists have been interested in defining appropriate police behavior and selecting "good" officers long before the Wickersham Commission Report in 1932. It was the recommendations of the President's Commission on Law Enforcement and Administration of Justice in 1967 that really encouraged the involvement of psychologists in police selection.

Today, it is estimated, over 50% of the nations police departments use some form of psychological screening of their entry level officers (Benner, 1984). This translates to well over 20,000 agencies employing psychologists or psychiatrists to help select their personnel. Most police agencies must rely upon the professional expertise of their consultants as to the appropriateness of the procedures they employ. Unfortunately, there is a lack of consensus among psychologists and psychiatrists as to what they are looking for and how it will be found. They, too, suffer from lack of specific guidelines about what makes a "good", "stable" or "suitable" police officer.

Police selection requires appropriate strategies. Is it better to "select in" the best possible officers or "screen out" inappropriate candidates? The "select in" strategy assumes that the desired and appropriate characteristics are known and, further, a way to identify them exists. The "screen out" strategy is less ambitious and infers the ability to identify undesirable characteristics and the elimination of candidates who exhibit them. Prior discussion explored the lack of consensus and specificity about desirable characteristics. As a result, the "select in" strategy seems premature. For now, the "screen out" approach is definitely the more possible and practical approach. Saxe and Fabricatore (1982) state the argument very clearly:

Too often, police administrators are led to believe in a "select in" strategy, which suggests that psychological evaluations can aid in selecting the best candidate for police work. This is not quite true. — the most effective use of psychological evaluation is to "screen out" or identify those applicants who may not be emotionally suitable or may be a high risk for law enforcement.

The former strategy—"select in"—implies

a precision and level of accuracy that psychologist do not possess and psychological procedures do not produce. In addition, this strategy ignores the possibility that future events, such as personal problems, could severely impact applicants initially judged to be acceptable and cause them to become high-risk employees at a later time. (p.9)

Stability and Suitability

Stability

Within the "screen out" strategy there are two related issues. They are stability and suitability. Stability is a major legal concern. If an officer, sometime in his or her career, commits a serious, harmful, and inappropriate act, the question of his or her mental stability will be raised. Further, and more to the point, the agency for which the officer works may well be asked to provide documentation as to why the officer was deemed stable at the time he or she was employed. There are a substantial number of court cases which have established the responsibility of police agencies in this area of selection (Benner, 1984).

A determination of emotional stability can be made and defended by most competent psychologist and psychiatrists. The assumption is that police candidate who is emotionally unstable fits the general diagnostic criterion that would be applied in any other setting. The rule of thumb is that exclusion for emotional instability should be determined in a manner that would be accepted, understood, and agreed with by other mental health professionals. This can be accomplished through the use of standardized and widely used diagnostic instruments such as the Minnesota Multiphasic Personality Inventory (MMPI) in conjunction with a clinical interview of the applicant.

In police selection, it has been found that 2-5 percent of the applicant pool may be eliminated due to severe emotional/mental dysfunction (Note 1). However, this can vary. For example: between 1953 and 1957, of the 760 persons tested by the Los Angeles Police Department for personality disorders, 86, or 11.3 percent, were rejected as not meeting acceptable psychiatric standards (Rankin, 1957). In the same study, fifty-one percent of the rejected applicants were found to be borderline psychotic and twenty-two percent were diagnosed as schizoid personalities. Although there is considerable conflict over the reliability of psychological tests as they relate to vocational success or failure in police work (Levy, 1966), properly administered tests and interviews can eliminate many of the emotionally unfit police can-

didates. The police administrators' burden of responsibility is met by having qualified professionals determine, using appropriate "state of the art" means, the emotional stability of police officer candidates prior to their selection.

Screening for stability involves a process of eliminating candidates with unwanted characteristics. It is a process that, through the evolution of psychology as a professional field, has obtained acceptance by the general public. In other works, it is accepted that psychologists and psychiatrists can tell when people are "crazy" or not. This generally held belief represents a consensus about the field of psychology. The public may never agree upon specific characteristics of police officers but they *can* agree upon a generality, "crazy cops" are definitely undesirable. The determination of the specifics is entrusted to the "professionals", psychologists and psychiatrist. A consensus is thereby achieved, not by agreement about specifics but, by delegating authority to the credentialed professionals.

The authority to determine emotional stability of entry level police candidates includes both a trust and a responsibility. There is reason to question whether this responsibility is being adequately met. This question will be discussed within the context of "suitability".

Suitability

In discussing suitability under the rubric of the "screen out" strategy, we are actually focusing upon unsuitability. This is recognizing, again, that it is easier to recognize and agree upon specific *unwanted* police behaviors as opposed to wanted behaviors. Saxe and Fabricatore, (1982), pointed out that psychologists arrive at a judgement of unsuitability through "clinical" or "expert judgement" rather than through statistical or scientific procedures.

Studies have been done relating various kinds of biographical or psychological test score information to criterion variables. These latter variables include disciplinary actions, number of arrests made, commendations, sick time taken, on-the-job automobile accidents, and, least frequently, daily observations and standardized evaluation of actual job performance. These studies are helpful in suggesting which tests and criteria may be of potential benefit. To rely totally on test scores and correlations, however, would be inappropriate. Saxe and Fabricatore (1982) summarize the issue this way:

Psychologists cannot predict the future. However, assuming they know the intricacies of a police officer's job, they can develop relevant information regarding an individual's suitability. Psychological screening minimizes the admission of inappropriate

applicants and is consistent with the safeguards and precautions that the law and common sense dictate. (p.11)

This point of view is augmented by Hargrave and Kohls (1984). These two researchers have had the responsibility of evaluating the existing psychological screening procedures applied to entry level police officers within the state of California. Both Kohls and Hargrave were employed by the Peace Officers' Standards and Training Commission of California to determine the appropriateness of requiring statewide psychological standards by January 1985. They point out the need to back up "expert" opinion with the ability to defend the "job-relatedness" of professional recommendations. They caution that professionals who engage in psychological screening of police applicants need to have a "working knowledge" of the *Uniform Guidelines on Employee Selection Procedures*, 1978 (Note 2). They have found that many research efforts have correlated massive quantities of test data with comparably massive numbers of criterion variables and have produced low correlations with questionable reliability.

Hargrave and Kohls (1984) go on to delineate the three basic validation strategies defined by the "uniform guidelines": criterion, content, and construct validity. Their comments about the construct validation approach are particularly germane to the issue of professionalism:

Construct validity requires evidence that shows that the selection procedure measures an underlying psychological construct related to the work behaviors being performed. Although psychological tests do purport to measure psychological constructs, the Uniform Guidelines state that empirical support for the claim of construct validity must include criterion-related validity studies. In light of what has already been stated about criterion-related validation, the application of this promising strategy to psychological screening is problematic. (p.27) (Note 3)

Hargrave and Kohls provide a warning here. In a formal and academic manner they are cautioning against a course of action all too frequently followed. That course of action is the less than professional use of psychological constructs to screen police applicants without first determining their job-relatedness.

The logic is as follows: "construct", in a psychological context, is a description of an emotional or attitudinal disposition which has evolved with the development of theory and research in psychology. "Prejudice", "integrity", "morality", and "fairness" are examples of psychological constructs. As discussed earlier, they are also generalities that are open to a variety of definitions.

When psychologists or psychiatrists develop constructs, it is the result of his or her best mental effort to synthesize the variables contained within the phenomenon. They are attempting to operationally define the specifics contained in a general concept. This is laudable; however, there is no reason to believe that the myriad of situational and perceptual variables involved in these general constructs will be any less intractable for the professional than they have been for the layman.

As was argued previously, the lay public has delegated the authority to determine what specifics constitute "crazy" behavior to the psychological professionals. In the area of police screening, many psychologists and psychiatrists have extended their expertise to include defining undesirable psychological constructs and rejecting applicants who fall within their definition. The problem is not that they have constructed what they believe to be a valid construct and used it to screen police applicants. The problem is that they depend too heavily upon their own expert judgement. Until recently, "expert" decisions were rarely challenged. Now, challenges are becoming more and more commonplace. The more arbitrary the "expert's" psychological screening process is, the more likely that he or she will be hard pressed to defend its job-relatedness.

In addition, establishing the job-relatedness of a psychological construct requires, according to the *Uniform Guidelines*, the use of criterion-related validation. Hargrave and Kohls (1984) have called the ability to establish this type of validation "problematic", meaning that the researcher can only approximate a criterion validation, at best.

The most glaring omission, however, is the lack of research to develop psychological skills analysis of the peace officer's job. Such analysis is necessary in order to specify which constructs are related to the psychological demands of the job (Benner, 1984; Eisenberg and Kent, 1972).

In his review of the literature (Benner, 1984), found that the majority of police agencies had no idea how their psychological consultants arrived at a determination of suitability. An often heard remark was that the agency told the consultant what type of officer they were looking for and the consultant obliged. Of the agencies surveyed, virtually none had any idea of how the consultant determined the validity of the psychological screening procedures. In fact, there was very little understanding about the whole subject of validation. To Benner (1984), this indicated that the psychological consultants had either been unable to, or uninterested in, educating their clients about the validation issues involved in psychological screening. Yet, the police administrator, as client, is responsible if there is a challenge to the validity of the psychological screening procedures. The same or different consultants would then have to be paid to give "expert

testimony" in the court proceedings. If the charges against the psychological screening process are sustained, it is the police agency and the municipality which sustains the impact of the court's judgement. The psychological consultant simply moves on, leaving it to someone else to sort things out. The points is, "caveat emptor"—let the buyer beware—hardly seems the hallmark of professionalism.

In 1972, Eisenberg and Kent researched the contemporary literature on psychological screening of police applicants. One particularly harsh and strongly worded conclusion was that they found professionals whose selection and research procedures bordered upon charlatanism. Although many more professionals have entered the field of psychology in the ensuing twelve years, and a greater proportion of psychologists and psychiatrists have become involved in psychological screening of police applicants, there is no strong indication that the situation has markedly improved since Eisenberg and Kent reviewed it (Note 4).

SUMMARY AND CONCLUSIONS

Distrust of the police has always existed. First, the concept of policing was resisted. Then the individual departments were held to be corrupt. Today the focus is upon misconduct of individual officers.

The evolution of policing has been largely shaped by opinions about what policing and police officers should *not* be. While the "should not's" have been specific and clearly articulated, less consensus exists about what policing and police officers *should* be. This is clearly demonstrated in the area of police selection, particularly psychological screening. Citizens clearly do *not* want mentally or emotionally unstable or abusive officers. Authority to determine what constitutes "stability" has been delegated to mental health professionals, most commonly psychologists or psychiatrists. It matters very little that the field of psychology is only marginally capable of predicting "bad" officer candidates. Psychologists and psychiatrists are expected, not only, to screen out the "bad" but to be able to screen in the "good" Unfortunately, consensus definitions of "good" or "suitable" have not been developed either among the professionals or members of the lay public.

Absolute and unchanging definitions are not likely. The police function includes the role, within the democratic process, of being keepers of the "status quo". This means enforcing existing laws or governmental policies that may no longer enjoy popular support but, at the time, have not been changed. There is seldom a time when this dynamic, with its attendant tension, does not exist. Within this context, the police function will always be viewed as antagonistic to "progressive" or "liberal" causes. This ongoing tension ensures that a popular con-

sensus about what it is to be a "good" or "suitable" officer will *not* be achieved.

Police administrators are pressured by court cases involving negligent admission of "bad" candidates; they are, simultaneously, being confounded by complex issues of test fairness and validity. Attempting to satisfy these two technical, and related, but sometimes conflicting mandates, causes police administrators to turn increasingly to psychological experts for guidance. Unfortunately, the experts have no remedy to satisfy the dual mandate, as the mandate lies outside their professional arena. However, too often these professionals do not articulate, or are not aware of, the limits of their capabilities. Too often, psychological consultants depend upon their own "expertise" to determine what constitutes a "good cop". The police administrator, as client, seldom understands what the professional consultant is doing. The situation raises questions as to the professionalism with which the consultants provide their services. When failures or challenges do occur, it is the police administrators who bear legal responsibility. The public sometimes concludes that these administrators are either inept, unresponsive, purposely obstructive or all three. This perception causes the embers of distrust to be fanned, once again.

It is necessary to admit that, presently, there are no clear answers. Police administrators must learn more about the central issues involved in psychological screening of police candidates.

Then these administrators must demand that their expert consultants clearly articulate how they can or cannot address those issues. There is a need to identify the social-philosophical and operational assumptions involved. These need to be critically evaluated to determine their appropriateness and utility.

As a starting point, there are three practical requirements that police administrators should include as part of their professional services agreement with any psychological consultants doing applicant screening:

First, the expert consultant needs to have a working knowledge of the *Uniform Guidelines on Employee Selection*. Additionally, the consultant should be responsible for providing training to police administrators or their designated representatives. This training should include how the psychological screening procedures are to be validated, why the consultant's research strategies are appropriate, and how their approach satisfied the *Uniform Guidelines*.

Secondly, expert consultants should agree to outside evaluation of their work. The aim is to obtain quality control through the use

of an objective third party. It also shows a "good faith" effort if the procedures are legally challenged at a later time. The evaluation can be achieved by requesting a review from appropriate state or federal agencies and/or by hiring a recognized expert.

Third, the expert consultant should be required to make regular reports to the police commission, the civil service commission, or the city council to which the chief police administrator is responsible. As a tactic, this reduces the police administrator's personal liability because the psychological screening procedures being used have been duly reported to the next level of governmental responsibility. As a practical matter it forces the expert consultant to clearly articulate, in lay terminology, what is being done, why it is being done, and then to answer questions that the officials or their constituency may have.

These requirements are practical because they address the very real needs that the police administrator, as a client, has. They appropriately shift the technical burden back to the "experts". These requirements will also increase the probability that competent professionals will offer their services while the less qualified will be intimidated by the increased responsibility and the high level of scrutiny involved. Finally, the reporting required is practical because it provides public information that, over time, will lead to more understanding and greater trust between the police and the citizens they service.

REFERENCE NOTES

Note 1. The 2-5 percent estimate is based upon conversations with various police psychologists who do police applicant screening. Drs. Hargrave and Kohls, researchers in the field for California Peace Officers' Standards and Training Commission, concur. Dr Hargrave's research indicates that, in general, the average percentage screened out by most psychologists falls in the 20% range; in other words, 2-5% for severe emotional/mental dysfunction are screened out while 15-18% are rejected as "unsuitable"

Note 2. U.S. Equal Employment Opportunity Commission, U.S. Civil Service Commissioner, U.S. Department of Labor, and U.S. Department of Justice. *Uniform Guidelines on Employee Selection Procedures*. Federal Register, 1978. 43 (166) 38295- 38309. This document is of critical importance to the issue of valid selection procedures. Yet, few police administrators know or understand it.

Note 3. There is a major problem associated with criterion validation within the law enforcement context. An attempt to do "pure" research could, ideally, involve the assessment of a large peace officer applicant pool without rejecting *any* of the applicants. Predictions about the applicants emotional stability and suitability could then be contrasted to their subsequent performance; this would be a predictive longitudinal study. This would mean, however, that "crazy cops" would be hired so they could fail! This would be an example of both "pure" research and pure legal liability. Thus, the issue becomes validation versus vicarious liability. This would be unconscionable. Therefore, assessment research within the law enforcement context has a built in restriction of range aspect that adds to the homogeneity of the applicant pool that many researchers feel already exists.

Note 4. The author reached this conclusion by reading the literature and talking informally with recognized experts. The issue is a sensitive one as it directly relates to professional reputations and profitable contracts. There are police psychologists who avoid the issue because they have been threatened with civil suits by those who feel their opinions were meant to discredit them.

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THE JOB PREVIEW IN POLICE SELECTION

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Selecting the right person for the complex and sensitive job of police officer is not any easy task. One of the complications is that many candidates have unrealistic expectations about the nature of the job. Whether they view themselves in the law enforcement mode, as prospective John Waynes or Dirty Harrys, or in the "Dudley Do-right" service model, they seldom have a clear picture of the complexity of the job. Unrealistic perceptions make the stressors less tolerable and encourage the cynicism which many authors have decried. In contrast, the literature on stress universally endorses the value of predictability in lessening the harmful effects of pressure.¹

One way in which industry has dealt with the problems caused by unrealistic perceptions of a job is through "job previews."² These have ranged from booklets describing the job to allowing prospective employees to perform some of the tasks. Both negative and positive aspects of the work are discussed or demonstrated. Studies on the effectiveness of job previews have shown that they lower the drop out rate and increase job satisfaction without appreciably increasing the number of people who are offered the job but do not take it.

Perhaps without realizing it, some police departments have provided job previews through their cadet, auxiliary or Law Enforcement Explorer Scout programs. While there is little research on the success of these programs as vehicles for selecting new officers, theoretically, at least, they represent the ideal job preview. They give the prospective officer a realistic view of policing, and, in some cases, may convince him or her that this is not the right career choice. They also provide much initial training and give the agency an opportunity to assess the candidate's performance.

A less intensive form of job preview, one that would be more practical when the department has only a few candidates, would be a "ride along" session. Not only could the prospective officer see the realities of the work, he or she also would be able to ask questions.

While programs such as this are ideal precursors of employment in law enforcement agencies, it is seldom practical for a department to require prospective employees to pass such a screening. First, some good appli-

cants may not feel they have the time to devote to an auxiliary program. Second, when the department has many applicants, it would be strained even to provide ride-alongs.

In the spring of 1983 the Montclair Police Department was selecting new officers. The economic situation led to the expectation that there would be many applicants, some of whom were desperate for any job. It seemed important, as much as possible, to spare both these applicants and the Department the trauma of appointing candidates whose unrealistic expectations would interfere with their ability to perform effectively as police officers. The Department began to explore possibilities for job previews which might encourage inappropriate applicants to screen themselves out.

Expectations were confirmed: almost five hundred people applied for the projected dozen opening in the Department. Although it might have been preferable to have given each of these prospective officers actual "street" experience, such a number made that impossible. As an alternative, the decision was made to provide a session in which officers from the Department could describe to applicants their experiences and perception of the "job," and answer questions.

To accomplish this, several "job preview" sessions were scheduled. To increase the chances that the majority of candidates could attend, they were given in the evenings and on weekends. Each candidate was informed of the sessions when he or she picked up an employment application.

The literature on job previews says that the best strategy is to tell the truth, including the disadvantages of the job, and that, of course, people are more likely to pay attention to others whom they perceive as being knowledgeable and also as similar to themselves. These principles guided both the selection of the officers to give the job previews and what they were asked to say.

Each session was run by three officers from the Department. One was a sergeant with seventeen years experience, and two were officers who had fewer than five years on the job. The purpose of the job preview was explained to these officers, and they were encouraged to

"tell it like it is." The Township's Personnel Director was present to answer questions about benefits and other personnel policies, and the psychologist who had developed the selection process was available to describe it.

About three hundred candidates attended the sessions. The officers laid out realities of policing in Montclair very graphically, including the relatively low pay, the times of boredom and the frustrations of working with what Wambaugh has called "the worst of people and ordinary people at their worst."³ They warned that new officers could not expect a regular schedule or vacation time in the summer, and would often be given the most distasteful assignments. They also described the things they had found rewarding, particularly the job security and the opportunity to provide a service. They answered the applicants' many questions thoughtfully and candidly.

Two hundred people took the written examination which was the first part of formal selection procedure. Of these, 80% had attended the job previews. Because the sessions were voluntary, it can be assumed that the candidates who attended were sincerely interested in the job and not just applying to fulfill a condition for unemployment benefits. That more than one hundred did not continue may say that the purpose of early self-screening was accomplished.

About fifty of the candidates who attended the sessions were interviewed informally for their impressions. All expressed gratitude for the opportunity, even those who decided not to continue through the process. Several mentioned that they had applied to a number of police departments and had not encountered anything similar. They felt it demonstrated concern on the Township's part. The officers who participated also were pleased, and favorable comments were received from other members of the Department and from Township officials who had heard about the sessions from colleagues or applicants.

Possible modifications for future programs include lengthening the sessions from one hour to two, and including a movie. The film, "Dealing with Death,"⁴ has proved an excellent vehicle for helping audiences understand the stressor of policing in other contexts and is one of the most powerful of those available commercially. Alternatively, it might be possible to make a short film about the local department. It might also be appropriate to follow the lead of the United States Military Academy,⁵ and include some of this information in the booklet which is given to each applicant.

Evidence of the success of this job preview program in preliminary and largely anecdotal.⁶ However, at the very least, even if the program only reduced the number of candidates who had to be tested, it will have more that paid for itself. At best it may increase the effectiveness and decrease the frustrations of future generations of Montclair police officer.⁷

Footnotes

¹See *Ellison, K. W., & Genz, J. L. (1983) Stress and the police officer, Springfield, Ill.: Thomas.*

²See *Wanous, J. (1977) Organizational entry: Newcomers moving from outside to inside. Psychological Bulletin, 84, 612-615; also Raphael, M. A. (1975) Work previews can reduce turnover and improve performance. Personnel Journal, 54, 97-98.*

³*Wambaugh, J. Quoted in Drefus, C. (1980) A conversation with Joseph Wambaugh Police. 3 (3), 33-39.*

⁴This film is available from Motorola Teleprograms, Inc.

⁵See *Raphael, op. cit.*

⁶This failing will be partially remedied in the next cycle when attendees will be asked for a more formal evaluation of the program.

⁷The authors would like to thank Montclair Township Manager *Bertrand Kendall*, Police Chief *Edward Giblin* and former Township Personnel Director *Joseph Maddaloni* for their support of this project.

DEVELOPMENT OF A COMPREHENSIVE SELECTION PROCEDURE FOR A MEDIUM SIZED POLICE DEPARTMENT

Katherine W. Ellison, Ph. D.

Selecting the right person for the complex and sensitive job of police officer is not an easy task; it has been the subject of much discussion in the law enforcement literature. Lawsuits challenging selection criteria—or the threat of such suits—often have provided impetus for the development of new procedures.

Some of the selection devices currently in use have drawn on the most up to date technology of test development and validation. However, many of the procedures being used by police departments, and even many of those described in the literature, are remarkably haphazard and based on untested assumptions. Even civil service procedures, on which there is usually at least some cursory validation, often have problems: they are especially likely to be out of date. Candidates have told us that they change little from administration to administration, so that there is a practice effect for those who try, try again.

In many instances, departments base their choice of selection procedures on the grateful testimonials of other departments, or select individuals or organizations to do their testing who, although they may be trained in the generalities of test administration, have little experience with police and little feeling for the unique requirements of the job. Thus, an administrator will contract a private agency that conducts "psychological test." Candidates are given standard intelligence and personality tests, and perhaps a short interview. (Background information is seldom available to inform this interview.) The examiner then writes a carefully ambiguous report on all but the most obviously disturbed or intellectually intellectually inadequate candidates.² In the few cases in which candidates are tested again, primarily because they were rejected on the basis of the first testing, and have sued, there is little interrater reliability. Further, and perhaps more important, the psychologists seldom take the time to explain their procedures to the street officer or to elicit his cooperation. The officers of the department, who are responsible for the critical process of socializing recruits, may distrust the selection process and fail to lend their support to those chosen by it.

One of the most common assumptions made by some department administrators as well as by many of the

professionals who help select officers is that the task of policing does not vary from jurisdiction to jurisdiction, or from assignment to assignment, so that a single test will suffice for all. Little evidence supports this (Ward, 1970, Wilson, 1968); indeed it contradicts the evidence from other occupations³ Along the same line, psychologists may even assume that the personality characteristics that are "normal" for other populations and other occupations will predict who will be a good police officer. Again, the evidence is not supportive. Rhead and his colleagues (1968) note that "certain traits ordinarily considered 'pathological' are essential ingredients of personality structure of the 'normal' police officer."⁴

It is also frequently assumed that personality is stable—that it will not change in response to experience "on the job." While the issue is still under debate, at least some research has demonstrated that officers' personalities can and do change even within the first few years on the job (Niederhofer, 1967; Lefkowitz, 1977).

The problem of selection is particularly critical for the small or medium-sized police department. In a large department, where flexibility is greater and, at least theoretically, individual idiosyncrasies can be taken into account, officers may be placed in jobs that suit their abilities. There are more "slots" in which to "bury" problem officers, especially those who are poor at dealing with the public. Large departments may have the resources to develop their own tests. In the smaller department, even if administrators are aware of the issues involved in the choice of selection procedures, few feel that they can afford the necessary professional help.

In the spring of 1983 the author was asked by the Township of Montclair, New Jersey, to develop a selection procedure for new officers. The Montclair Police Department has an authorized strength of just over 100, and needed a "list" of 12-20 names to fill expected vacancies over the following two years. Affirmative Action concerns were particularly important. Montclair is a town of just under 40,000 located approximately 15 miles from New York City. It is classified as an urban/suburban community, with a varied ethnic and socioeconomic mix.

The budget for this process was extremely limited.

The task of the team of psychologist and officers assigned this project was to provide the biggest bang for the buck." We decided to develop our own test rather than to use a "packaged" test with validity data based on other departments or a psychological testing service which had no validity data on its procedures for use with police.⁵

We saw the task as a joint venture, requiring the expertise, involvement, understanding and acceptance of a variety of people, whom we came to call, using Edwards' (1980) term, "stakeholders." Although we sought input from Township leaders and ordinary citizens, we realized that the involvement of police personnel at all levels of the Department hierarchy was particularly critical to our success. All phases of the project were reviewed with officers, supervisors and managers; we relied particularly heavily on the advice and suggestions of patrol officers. The use of police personnel and of students who received "independent study" credit for their work, as well as the cooperation of Montclair State College in allowing us the use of some of its facilities, greatly decreased the cost to the Township.

The commitment of the psychologists on the team to involving members of the Department provided the first challenge. Other professionals who have come in as "outsiders" to a variety of organizations to help in personnel decisions have described the problems inherent in gaining involvement, acceptance and trust, especially of the "rank and file" (French & Bell, 1978). The Montclair Department was far from free of the cynicism and distrust of "civilians," particularly of social scientists, which has been described in the literature (Lefkowitz, 1975; Meehl, 1970). To achieve the credibility necessary for a valid job analysis, much thought and many hours were spent identifying and gaining the cooperation of opinion leaders within the Department. These informal interviews also provided ideas for categories for the more formal phase of the job analysis.

The opposite peril for the social scientist who works with police is that of being "coopted:" of becoming so identified with the officers, so much of a "buff," that objectivity, and the claims of other legitimate "stakeholder," are sacrificed. This is a particular problem when the social scientist is a permanent employee of the police department.

The first formal step was a job analysis to determine the specific tasks performed by Montclair patrol officers, and necessary skills and abilities. We interviewed randomly selected patrol officers and the majority of the patrol supervisors, and spent many hours "riding-along," sampling from all three shifts on every day of the week. A checklist was used to record the frequency of various calls and kinds of interaction with the public. Special

attention was given to the handling of the kind of calls which the interviews identified as "critical incidents" for performing the patrol function. Interestingly, there was substantial agreement among supervisors and patrol officer both on the critical functions and on those officers who were particularly skilled at performing them. Files and records were then analyzed to support the interview data and to study seasonal differences.⁶

The next step in the job analysis was a series of questionnaires and structured interviews given to Township "stakeholders." The instrument was adapted from Dunnette and Motowidlo (1976), and was similar to one given to officers. It asked citizens to rate the importance of various police tasks. All the members of the Township Council, community leaders (including clergy) and a stratified quota sample of 100 people from the general population were included. An analysis of the training provided by the county police academy helped identify the skills for which training would be provided, and those for which we had to select.

The job analysis indicated that we needed to try to select for several rather different kinds of abilities. The first kind could be gauged most profitably by a written examination. We developed a 100 question multiple choice which tapped reading comprehension, basic arithmetic, memory, and ability to understand diagrams. A section on "judgment in police situations" was also included, as was a "writing sample." Although there was a section of "personality" questions, particularly on authoritarianism, it was not included in the scoring, but is being used for research purposes.

Validating the written test presented serious problems. We would have liked to have administered the test to all the current patrol officers and correlated their scores with other measures of performance, such as supervisors' ratings, peer ratings or measures of performance such as evaluations, commendations and the like, thereby obtaining a measure of concurrent validity. Unfortunately, the interviews with officers and supervisors confirmed our fears that there would be much resistance to giving negative ratings, and that an attempt might injure our credibility. Measures of performance from the officers' files were not considered reliable. Also, even if we had been able to collect these data, the patrol force has only about 60 officers, limiting the statistical accuracy. More serious was our concern for the security of the instrument; many of the officers had relatives or friends who planned to take the test.

In light of these concerns, we decided to limit our efforts largely to content validity, assuring that the items tested a representative sample of the necessary abilities. To increase the chances that the items would not discrimi-

nate on the basis of race or sex we tested them with equal numbers of blacks and whites, males and females in their early twenties matched for education with the applicants for the previous test. We then eliminated items on which there were major differences between groups.

Although the literature scorns face validity, claiming that there is no need for a test to "look right," officers were almost universal in condemning the instrument which the Department had used previously on the grounds that "it didn't have anything to do with being a police officer," and was, therefore, not trustworthy. We decided that it was as easy to make a test that satisfied both content and face validity criteria; our reading comprehension material was drawn from legal texts, our arithmetic asked for bail bond amounts, our memory items were of wanted posters, and so on.

The process of performing the job analysis, developing and validating the test took three months. Meanwhile, the job was advertised. Four hundred and ninety six people applied. Inspired by an excellent booklet developed by the Educational Testing Service (Rosenfeld & Thornton, 1976), we decided to give each candidate a booklet describing the selection process and including the items to be used in the Memory section of the written test. It also included all the words on the test which were above the tenth grade reading level.

We also decided to practice what we had earlier preached (Ellison & Genz, 1978). Because it has been our experiences that many applicants for police positions either have an unrealistic view of the job, or little idea of what it entails, candidates were invited to attend a one hour "job preview" session.⁷ The sessions were scheduled in the evenings and on weekends to increase the chances that candidates who wished to could attend. In these voluntary sessions, a sergeant and two of the younger patrol officers each talked about their experience and perceptions of the job, and answered questions. They had been asked to include the problems as well as the advantages of the job, and were refreshingly candid. The Township's Personnel Director also was present to answer questions about benefits and the like. Over 300 candidates attended the sessions.⁸

Two hundred candidates took the two and one half hour test.⁹ The top hundred were invited to take a physical fitness examination.¹⁰ We used the standard New Jersey Civil Service Police Physical Examination, but, because we had no validity data on it and, indeed, suspected that many of the officers now on the job would have had trouble passing it we set the passing score fairly low. A second reason for this lower score was to increase the number of female candidates passing this hurdle. Ironically, more males were "saved" by this lower cutoff than females.

Throughout the first part of the selection process we had neglected what we consider—and the job analysis confirmed—to be the most important characteristics of the police officer: the interpersonal skills. Although we would have preferred to have conducted a full fledged assessment center time and money limitations precluded it. We decided that the next best alternative would be a panel interview.

Although panel interviews are extremely common in police selection, they often have severe problems (Landy, 1976). In preparing for ours, we talked with a number of other departments about their procedures. We found that most of them used unstructured interviews, with few specific criteria for rating. We decided on a structured situational interview, involving some of the job analysis, and gave the interviewers behavioral criteria defining the meaning of these dimensions. The weight of each dimension was determined by the job analysis. The rating instrument was behaviorally anchored.

The dimensions on which candidates were rated were (1) oral communications skill, (2) appearance, (3) ability to deal appropriately with pressure, (4) maturity, (5) emotional stability, (6) and "other" category for comments, and (7) an overall rating of suitability for police work. We asked members of the Department to give a list of questions and situational simulations that assessed these dimensions, and chose from this list those on which there was substantial agreement.

The next task was to choose the panel members. In our survey of other departments we found that, in most cases, their panelists were either all from the department or all outsiders from other law enforcement agencies. These officers were usually of command rank; it had been many years since most had been on patrol.

We decided that a mixture of people from inside and outside the Montclair Department would best serve our needs for objectivity and freedom from the accusation that "the selection was political," while still tapping the expertise of members of the Department. In the interest of time, we used two panels. Each had five members. Two members of each panel were from the Montclair Department: one was a sergeant or lieutenant, the other a patrol officer or detective.¹² A third panel member was an administrator from another police department, and the fourth was a psychologist. The last panel member was a citizen of the Township (but not a Township employee or official). Each panel had at least one member who was a member of an ethnic minority group, and one woman.¹³ Panel members received training in interviewing and rating.

Thirty-four candidates interviewed; there was considerable inter-rater reliability on all the dimensions. Of the candidates, fourteen were judged marginal or unaccept-

able, and four withdrew. An extensive background investigation eliminated several more. After a medical examination, seven candidates were appointed.

The seven new officers have now completed their Academy training and are in their probationary year. The written examination proved to be an excellent predictor of their Academy grades: the correlation between test score and Academy grades was $r = .92$. Thirty academy students from other jurisdictions were also given our test; the correlation between their scores and Academy grades was $r = .89$. The process of validating the panels' judgments is continuing.

Although we are pleased with our preliminary results, we realized from the beginning that selection is only one part of a complex set of factors determining the efficiency of any organization. As with any important change in a system, this procedure has had repercussions in the rest of the Department. One of these has been in training. We have stressed throughout our involvement that even if "ideal" candidates are selected, inappropriate training and poor first experiences on the job can ruin even those with the greatest potential. We therefore found it critical to coordinate the selection procedure with intensive training and evaluation, a process which is ongoing.

Other changes have also been taking place. Patrol officers and sergeants have become more involved than ever before in the decision-making processes of the Department. Finally, there has been an increased willingness to collaborate with social scientists for mutual benefit: increased efficiency for the Department and evidence for the scientist.

Footnotes

¹I would like to acknowledge gratefully the support and cooperation of Montclair Township Manager *Bertrand Kendall*, Police Chief *Edward Giblin*, and of those members of the Montclair Police Department and citizens of the Township who gave so generously of their time and expertise. I must also thank those students and staff of Montclair State College who worked with us throughout the process. Finally, special thanks go to my research associate, *Bruce A. Fornelius*.

²*Lefkowitz (1977)* and others have described these problems in some detail.

³Validity generalization remains a controversial topic in industrial psychology, with *Ghiselli (1966)* arguing that validity is situation specific, and *Schmidt* and colleagues (1976) believing that it is broadly generalizable.

⁴In a state such as New Jersey, where all civil service jurisdictions, from urban centers such as Newark to very rural areas use the same test, civil service examinations also suffer from this problem.

⁵The budget limitations preclude the use of some of the commercially—available tests which include provisions for validation by individual departments. The test described by *Dunnette and Motowidlo (1976)* is one such instrument.

⁶This analysis revealed that officers tended to overestimate the number of calls, especially "crime" calls in the "busy" lower socioeconomic zone, and underestimate them in the more affluent "quiet" zone.

⁷The ideal job preview would include at least a few hours of "ride-along," or, better, several months of serving as an auxiliary. Obviously this was not feasible with so many candidates.

⁸The concern and professionalism of those who participated in these previews: *Sgt. William J. Marshall*, *Detective David M. Harman*, *Officer Lee Martin* and *Officer Robert A. Sobers* of the Montclair Police Department, and *Joseph Maddaloni*, the Township's Personnel Director, made them successful.

⁹Other local police agencies have told us that they had similar attrition rates for recent tests. They attribute them to the possibility that many people signed up as part of the conditions for receiving unemployment benefits, but had no intention of contending seriously for the job. Of those who did take the test, 80% had also attended the job preview.

¹⁰The decisions on the number of candidates to pass on from stage to stage were made largely on a pragmatic basis, taking cost and previous experience into account.

¹¹To choose these individuals, we asked all the members of the Department we could reach to provide us with nominations. We chose at random from those who had received several nominations from officers at all levels of the Department hierarchy and who had no outstanding citizen complaints.

¹²I again want to thank our panel members: from the Montclair Police Department, *Lt. John McGill*, *Sgt. Thomas Russo*, *Officers Leonard DePoe*, *Robert Duncan* and *Robert Sobers*; *Deputy Chief Thomas Granahan*, *East Orange, NJ, Police Department*; *Lt. Robert Loudon*, *New York City Police Department*; *Dr. Joan Silverstein*, *Montclair State College*; *Dr. Steven Band*, *FBI*; *Ms. Gloria Ott*, *Mr. Bobbie Cottle*, *Ms. Jayne Rich*, *Ms. Ora Shears*.

¹³In each of these cases, some suspicions about the candidate had been expressed by panel members.

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DEPUTY MARSHALS AND PATROL OFFICERS: DIFFERENTIAL SELECTION STRATEGIES

Joseph M. Fabricatore, Ph.D.

Over the years physicians have typically certified the medical and emotional acceptability of peace officer applicants. But on January 1, 1984 existing law in California was expanded to include licensed psychologists meeting certain educational and experience criteria. Specifically, the law now states: "Emotional and mental condition shall be evaluated by licensed physician and surgeon or by a licensed psychologist who has a doctoral degree in psychology and at least five years of post-graduate experience in the diagnosis and treatment of emotional and mental disorders."

Psychologists had, in fact, been performing such evaluations for years, and the law simply recognized what had become an accepted practice. An unexpected consequence of the law's amendment, however, was to refocus individual departments concern on the emotional suitability of police officer applicants. Accordingly, the Los Angeles County Marshal's office saw the law's passage as the appropriate opportunity to install a psychological selection function. Up until this time Deputy Marshal applicants had not been psychologically evaluated but had been appraised through the usual written, oral and background selection procedures. The inclusion of a psychological assessment component was a significant departure for this relatively small law enforcement agency which consisted of some 750 employees, 575 of whom are sworn.

Job Description

Although agencies may differ among themselves, the basis job of the patrol officer is pretty consistent across all departments. By contrast, the job of the Deputy Marshal in Los Angeles County differs significantly from comparable jobs in the Sheriff's Department or in the Los Angeles Police Department. For one thing Marshals do not patrol. Secondly, while patrol officers are more likely to deal with suspects primarily, marshals deal with individuals who typically have already been arrested or convicted for some crime. Job observation and repeated ride-alongs made it clear that the Deputy Marshal, while still required to have the responsiveness and discretion of judgment that a patrol officer needs, also must rely

more heavily upon interpersonal skills and communication with the public in order to accomplish the job.

The position description then for Deputy Marshal encompasses the following areas:

1. Enforcing order within the courtroom.

One basic duty of Deputy Marshals is to act as bailiff in the courtroom of the Los Angeles Municipal Court. Marshals maintain order in the courtroom, guard prisoners and transport them to and from jails for trials. Bailiffs also maintain security for juries during jury deliberations. And bailiffs work closely with judges and court clerks to assure the efficient operation of the courts.

2. Serving civil processes and writs.

Deputy Marshals are authorized to serve civil processes and writs that are issued by the court. In this area Marshals must be thoroughly versed in all aspects of civil procedures as are outlined in the various code books planning the law.

3. Transporting prisoners.

In addition to transporting prisoners to and from courtrooms and jails, Marshals control the courthouse lock-up facilities and are responsible for prisoners while they are housed in courthouse jail facilities pending trial or arraignment.

4. Serving warrants.

Deputy Marshals arrest individuals for outstanding traffic warrants, bench warrants, misdemeanor warrants and non-support warrants. In addition to serving civil subpoenas, they are also responsible for serving criminal subpoenas when directed.

The Deputy Marshal, then, operates primarily within the courtroom or the jail, deals mainly with prisoners and serves warrants. These basic jobs were then reviewed with an eye towards the psychological requirements needed to successfully enact the role demands. For example, in dealing with prisoners and monitoring them during transport, Deputy Marshals must be able to responsibly physically to altercations and yet maintain sufficient emotional control that they are not provoked or ruffled by prisoner behavior. In this regard Marshals need the self-

confidence and emotional stability as well as the judgment required of patrol officers when dealing with hostile suspects. In the area of serving warrants the role of the Deputy Marshal perhaps comes closest to that of the patrol officer. Here a "street sense" action-orientation and general awareness are all required to successfully carry out the job. Marshals serving warrants work with a partner, drive a car, enter peoples homes, search and apprehend identified individuals and transport them for jail.

In reviewing the job duties and requirements for the Deputy Marshal position, it became clear that a great deal of communication and interpersonal sensitivity skills were required to successfully carry out this job when looking at the contact with the public dimension. Deputy Marshals relate most to the public when they are evicting individuals from residences or repossessing cars. Evictions take up 90% of their non-warrant field activities. While maintaining the necessary degree of survival vigilance, the Deputy Marshal in serving an eviction must be persuasive to a resident who, in most cases, is not willing to be evicted and resists the action. Of course, the Marshal can arrest and jail an evictee for failure to comply, but a more persuasive, "talk strategy" is preferred. In this area the Marshal needs a balance of appropriate assertiveness and a lot of P.R. ability.

In addition, then, to the emotional stability that is required of all law enforcement officers, Marshals, because of the unique requirements of their role, must not only be "screened out" if emotionally unstable, but also need to be assessed with an eye toward the appropriate psychological or personality dimensions for the job. In contrast to the patrol officer function where healthy and controlled aggressiveness is considered a plus since the job is defined in terms of action and responsiveness, the Deputy Marshal role is weighted more toward interpersonal management, both of prisoners and public. Accordingly, some applicants who would be quite acceptable and desirable for a patrol officer's position might emerge as less preferable for a Marshal's position because of the interpersonal aggressiveness, action orientation and readiness to intervene physically as opposed to psychologically. Of course, other relevant psychological dimensions such as susceptibility to stress-related injuries are also considered in assessing applicants.

Selection Procedures

The actual selection procedure is probably a relatively standard one considering that psychologists have been appraising applicants for law enforcement agencies for some now 25 years. After completing oral, written and background investigations, the individual is reviewed on the results of the Minnesota Multiphasic Personality Inventory (MMPI) and a Sentence Completion blank. These results are reviewed by a psychologist and issues of potential concern are surfaced first with the background investigation officer to obtain additional information. In addition, the individual's application form is reviewed and an interview of one to one and one-half hours duration is conducted. Based on the overall result of the interview and review of above-cited material, the psychologist makes a determination whether or not the applicant is acceptable or not acceptable for the position of Deputy Marshal. In contrast to some agencies where the psychological evaluation occurs outside the loop of the regular evaluation procedures, the psychologist is in close contact with the Marshal's office and the background investigation unit so as to be alert to areas of potential concern or areas needing additional clarification. The final decision rests, of course, with the Marshal. The psychological disqualification rate is approximately 20% to 25%.

Development

This is a relatively new effort for the Marshal's Office, now only eight months old. Future plans include a closer evaluation of the selection processes' effectiveness with feedback to the psychologist regarding individual's performance in Academy training and on-the-job assignment. It is anticipated that the range of psychological services to the Marshal's Office will be expanded as time goes on. Current considerations include stress management as well as the inclusion of psychological input in the development of rating and performance scales. An additional effort currently receiving strong attention is the creation of a peer counseling program which would provide support to Deputy Marshals experiencing psychological or emotional difficulties. In the peer counseling program the psychologist would serve as trainer, resource and consultants, but the actual services would be provided by Marshal peers.

N.Y.P.D. PSYCHOLOGICAL SCREENING OF POLICE CANDIDATES: THE SCREENING PROCESS ISSUES AND CRITERIA IN REJECTION

Edward Fitzsimmons, Ph.D.

The Screening Process

Since its inception in 1979, the N.Y.P.D.'s pre-employment psychological screening section has evolved gradually into a highly professional, somewhat sophisticated assessment unit. Between November 1979 and July 1984, we have hired over 12,000 police officers. A typical civil service list may contain as many as 25,000 candidates to be processed. Under the current system, each candidate is given five group administered psychological tests, i.e., Minnesota Multiphasic Personality Inventory, California Personality Inventory, Police Candidate Questionnaire, Cornell Index, and the House-Tree-Person Projective. Additionally, the candidate is given a Biographical Data Sheet which outlines his history of functioning in areas of employment, schools, arrests, military, and specifies any contacts with mental health professionals for evaluations and/or treatment. Next, the candidate is asked to write a brief essay on what he considers to be the single most stressful experience in his life and how he reacted during it.

The veracity of biographical information about the candidate's history of functioning is investigated and reported to us by Applicant Investigation Unit. This is crucial because there is a small but significant pool of candidates who withhold and/or distort historical information relevant to their psychological functioning. For example, on March 21, 1984 Candidate John X. was given an in-depth psychological interview. Pertinent historical information was discussed including the three arrests he listed on Biographical Data Sheet, and he was qualified psychologically for police work. On April 10, 1984 the Applicant Investigation Unit reported to us serious psychological information about the candidate from their investigation, i.e., his sex crime information card revealing the rape of a six year old child. The candidate lied to the psychologist, and subsequently, he was re-interviewed and rejected.

All candidates are given a mental status interview by a staff psychologist who then recommends acceptance, rejection, or further evaluation. The latter recommendation is made only with cases that require a specialized

interview, for example, projective testing, or a substance abuse evaluation by one of our C.A.C. psychologists. The recommendation for projective testing usually is made when the psychologist intuitively feels that something is wrong with a candidate, yet he is unable to elicit symptomatology. In one recent case, for example, the psychologist noted peculiar affect in a candidate whose interview responses were not overtly disturbed. Also, his initial figure drawing contained an eviscerated torso, and was highly fragmented, distorted, and suggested a psychotic process. Administration of the Rorschach and T.A.T. elicited clear psychotic material along with suicidal ideation. Although not many candidates can be given individual projective tests due to the constraints that exist in a mass screening program, one can appreciate its importance with candidates suspected of latent serious psychopathology.

Since psychological screening is a subjective process not immune to mistakes, efforts are made to minimize judgment errors. All psychological rejections are supervised in-house, and either endorsed, re-examined or overturned. When a candidate is rejected, he then has recourse to an appeals process consisting of a board of psychologists and psychiatrists, and the Director of Psychological Services.

Rejection: Issues and Criteria

The goal of psychological screening as it stands today is to maximize the possibility of eliminating psychologically high risk candidates, and still operate within the constraints presented by civil service regulations and various legal challenges. Legally, rejection must be based solely on a *lack of ability to perform the job*. Since we are involved in pre-employment screening, all our judgments necessitate a professional estimate, with possible error factors. In the past, we were obliged to follow a rather stringent criteria for rejection, i.e., past history and/or present signs of extremely serious mental disorder like psychosis. Today, our criteria has expanded and includes any the disorders outlined in D.S.M. III. Additionally, any candidate assessed to have excessive person-

ality traits that would interfere with carrying out the duties of police work is rejected. These traits must be excessive, of a characterological nature, and in some way manifested in overt behavior rather than completely dormant. Since this latter criteria increases the range of rejection and thereby increases potential error factors, great care is taken to document its presence in rejection reports, and to give behavioral examples whenever possible. This makes special demands on police psychologists that are not made on other psychologists who write assessment reports in their private practice, where professional terminology usually goes unchallenged. The police psychologist must document why he is withholding employment from someone. He has to do this in a clear, specific manner, which is understandable to other professionals who are not psychologists. This means that psychological terminology should be followed by, whenever possible, behavioral illustrations or examples from his history of functioning, interview behaviors or actual quotes or statements made by the candidate. So for example, it is not sufficient to say in a rejection report, "Candidate shows manifestations of an immature passive personality structure coupled with strong regressive strivings." Some behavioral illustrations must follow this type of terminology, e.g., "Manifestations of this candidate's character pathology were noted in his failure to appear for two previous appointments without cause, his disheveled dress and grooming at interview including wearing a "Three Stooges" button, his lack of functioning since he dropped out of high school three years ago, and his statement that he has not looked for employment but prefers to stay at home and watch T.V., until he gets called for the police job." So any terminology that describes personality structure, intrapsychic conflicts, or failures in defensive functioning, should always incorporate behavioral illustrations.

Unfortunately, we cannot select from all the candidates interviewed those who we think will be best for the job. We use a negative screening process since we don't select the best, but eliminate those at high risk. We said before that legally we may only reject those who will not be able to perform the job. This on occasion, forces us to accept certain marginal candidates who would have otherwise been rejected under a positive selection process. Remember that the applicant pool for police officer is normally distributed (bell-curve) like other populations. There is a small group at one end of the distribution possessing superior psychological capacities for police work, and a small group at the other extreme who are at very high risk. The majority lie in the middle where you will find those with good or average abilities. Exactly where the line between average and high risk candidate

begins, is the most difficult part in making these clinical judgments. Occasionally, a candidate is encountered where a decision cannot be clearly made whether he is either mediocre or at high risk, even after additional testing and interview. When reasonable doubt exists even after all available methods of assessment have been exhausted, we take a conservative position and reject the candidate. This kind of decision is in the best interests of the department as well as the community at large. The justification for this lies solely on the job requirements which necessitate possessing firearms, and responding to potentially life threatening situations. The candidate is then free to use the appeals process thereby placing the burden of proof on the psychologists he employs to show whether or not we made errors in our own assessment.

The police psychologist is required to integrate psychological test results with background data and clinical interview. No candidate is ever rejected on written test results alone. Paper and pencil tests are classified as "soft data" which present questions and hypotheses to be verified or disconfirmed in interview. So for example, if written test results strongly suggest impulsivity in the candidate, but background data and clinical interview do not find this condition present, he is considered qualified. Conversely, if paper and pencil tests are all normal yet background data and clinical interview show impulsivity, the candidate is rejected.

Certain psychological tests, e.g., H-T-P Projective, are designed to elicit conflicts from any person who takes the test. The psychologist must ascertain whether or not a conflict interferes significantly in the individual's psychological functioning, and how this could effect his ability to perform police work. So for example, a well defended individual with good psychological functioning could show aggressive conflicts on a projective, but that cannot be considered a problem in and of itself. Confirmation of test results by the interviewing psychologist always is required in rejection.

What kinds of rejections do we usually encounter? It is quite rare to find psychosis in a police candidate. Most of our rejections are personality disorders, and of these, very few are pure types that meet the full D.S.M. III criteria. Generally, they are mixtures of various types and features. Candidates who have not made a minimal adjustment to the demands of adult life are rejected. Usually they display arrested development in major areas of psychological functioning, e.g., school, employment, and interpersonally. They show patterns of instability characteristic of the Borderline Personality Disorders. Frequently, their deficient super-ego development and penchant for acting out causes psychopathic behaviors

with little or no insight. A candidate's level of emotional stability is assessed by looking at patterns in his history of functioning. Also, we examine his past performance under conditions of stress. Individuals vary in their stress tolerance level, and in how they behave in stressful situations, e.g., action oriented individuals become impulsive or hysterics characteristically somatize. Personalities considered too fragile to deal with the stresses of police work are rejected. These candidates usually show manifestations of excessive dependency, passivity or lack of assertiveness, and poor resiliency in responding to ordinary life stressors. Candidates who show a poor capacity for interpersonal relatedness in their socialization history and interview demeanor are rejected. This capacity is extremely important since the majority of police work requires good interpersonal skills which schizoid individuals do not possess. For example, an officer can defuse a potentially volatile situation by his sensitivity to the interpersonal nuances operating, and by his appropriate response in that situation. Someone with poor interpersonal skills could for example, escalate a simple family dispute into a neighborhood donnybrook, or even into

something life threatening. This applies even more with action oriented, impulsive individuals who are poorly related.

The importance of good pre-employment screening in all areas, psychological, physical, medical and character, cannot be overemphasized. Economically, it has been estimated that it costs the city approximately \$500,000 for each employment error, i.e., for each candidate who is mistakenly hired and gets through his probationary period, and subsequently must be surveyed off the job. Police work presents to the individual unique stressors that cannot be handled by certain personality structures. Most of these individuals we have kept off the job. We have just established a Statistical Tracking Unit which is now in process of doing validation research on our selection procedures. This will provide empirical data on the utility of numerous predictor variables used in our clinical judgments, and on their relevance in predicting successful performance with job specified criterion measures. More importantly, we will be able to construct profiles of some of the psychological qualities needed for successful police work.

DIFFERENCES IN ENTRY LEVEL TEST AND CRITERION DATA FOR MALE AND FEMALE PEACE OFFICERS

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Lynda Oldenburg

During the past twenty years, an expanding body of literature has addressed the question of whether police officers have a consistent personality pattern. Although Reiser (1972) asserted that, "There is no such thing as a police personality," he and other authors (e.g., Balch, 1972; Black, 1968; Gottlieb & Baker, 1974; Matarazzo, et al., 1964; and Lefkowitz, 1975) have identified numerous attributes shared by law enforcement officers. A simplified typical profile which emerges from research on officers is that of an extroverted, independent, guarded, controlled, assertive, secretive, authoritarian individual who is average or above intelligence and relatively free of psychopathology. Almost all of the investigative efforts in this area, however, have been conducted using male officers as subjects.

The past decade has shown at least a two-fold increase in the number of female in law enforcement with even a much greater percentage of women now being assigned to nondesk duties (Nelson, 1982). Horne (1982) cited research from seven different locales indicating that, at the time of his investigation, females constituted approximately 3% (15,600) of the nation's municipal, county, state, and federal police force; of that group, approximately 10% were on active patrol duty. How these females compare to their male peace officer counterparts in background, personality dimensions, and job performance, however, has only recently received much attention.

Nelson (1982) examined the interest patterns of 206 females incumbent officers. She reported that, compared to women in general, these officers endorsed Strong-Campbell Interest Inventory (SCII) items reflecting interests in adventure and risk-taking activities, positions of power in judging others, physical activities, competition, and helping others. They also expressed less interest in such traditional women's activities as sewing, bridge, and contribution to charities. On Holland's Self Directed Search, they resembled their male counterparts (Holland, 1973) in being more realistic and enterprising. Like the males, they also expressed less interest in artistic endeavors (Johnson and Hogan, 1981). Lester, et al., (1982) further reported that female state police recruits

differed from a comparison female group in being more masculine on Bem's androgyny scale. The source of this difference was not that the recruits rated themselves as less feminine but rather that they intergrated more masculine traits into their personal style.

Turning to performance criteria, Horne (1980) reported a general agreement that women compare favorable to men in the quantity and quality of their arrests, written reports, and efficiency ratings. The components of his survey indicated that the Washington, D.C., St. Louis and Denver studies found fewer public complaints made against female officers than male officers and that the former were also more effective in defusing potentially violent situations. Conversely, the Denver study found that policewomen shoot less accurately than men, and a California Highway Patrol study reported that it was more expensive to recruit, train and maintain female officers. Female officers tend to take slightly more sick leave than men, but their absence includes days for pregnancy and childbirth. The women's attrition rates are higher, in most instances, than those for men. The area in which women perform consistently lower than men is physical abilities (Charles, 1981, 1982; Horne, 1977). Charles questioned the way in which academies measure, train for, and validate physical abilities. He stressed that alternative job procedures might be developed but that the selection criteria should be the same for men and women.

Examining academy performance, Charles (1981) found no differences between males and females in intellectual abilities or technical performance. He reported that although the males accepted the females more willingly in the technical aspects of the job as opposed to the more physical aspects, basically the academy experience had little effect on the male's perspective of females as police officers. The women recruits tended to form alliances with other women recruits and receptive male recruits. Both Horne (1977) and Charles (1982) saw the woman's ability to adapt to her new role and the men's to accept her as a patrol officer of equal importance to the woman's job performance.

The present study is a component of a large scale research project designed to develop emotional stability

standards for California peace officers. It consists of predictor and criterion variables obtained from selected law enforcement academies in the state. Although the data presently reported describe predictor and criterion differences between male and female cadets, over the next few months research will focus upon the relationships between the predictors and subsequent academy and job performance.

METHOD

Subjects

The subjects were 596 cadets who had entered training at law enforcement academies throughout the state of California. None had completed any psychological assessment as part of his/her pre-employment screening process. The mean age of the the sample was 24.9; 481 were male; and 398 were white with other subjects being primarily distributed among Native Americans, Blacks, Filipinos, and Hispanics. Fifty-eight percent reported completing high school; 24% had an A.A. degree; and 18% had a baccalaureate degree or above. There were no differences between male and females in age ($t = .0009$, $p = .99$), education ($\chi^2 = 2.68$, $df = 4$, $p = .61$), or race/ethnicity ($\chi^2 = 1.794$, $df = 3$, $p = .61$). A significantly greater number of males were married with more females both having never been married and having been divorced ($\chi^2 = 19.99$, $df = 2$, $p = .0001$).

Test Instruments

On the first day of academy training, all subjects were administered a battery of psychological tests. This consisted of a research instrument, the Law Enforcement Academy Questionnaire (LEAQ), and either the Minnesota Multiphasic Personality Inventory (MMPI) or the California Personality Inventory (CPI). Approximately half of the subjects received each of the latter personality instruments. Subjects were instructed that test information would be used for research purposes only and that all feedback to their respective agencies would be in the form of grouped data.

The LEAQ was developed as part of the standards research project being conducted by the California Commission on Peace Officer Standards and Training. It consisted of several scales from previous studies, including Hogan's Survey of Ethical Attitudes (SEA) (Hogan & Dickstein, 1972; Shealy, 1977), Wilson's Conservatism Scale (Wilson & Patterson, 1968; Wilson & Nias, 1972), the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960, 1964), a measure of alienation (Role

et al., 1978), and five scales developed by the first author to provide measures of family disruption, group (team) affiliation, religiosity, educational emphasis, and expression of anger. In addition, the LEAQ contained questions on demographic background information found to be of predictive value in previous studies (e.g., Spielberger, 1979).

The LEAQ supplemental scales (e.g., family disruption) were derived by a factor analysis of a large number of items which rationally assessed the desired dimensions. The initial analysis was performed on the responses of 146 subjects. Those items which loaded most heavily on the general factor being studied and had the highest item-total correlations were retained. Table 1 presents Cronbach's (1970) alpha coefficient for each of the scales, computed separately for the first two samples of subjects.

Table 1. CRONBACH'S (1970) ALPHA VALUES FOR SCALES OF THE LAW ENFORCEMENT ACADEMY QUESTIONNAIRE (LEAQ)

Scale	n Items	Sample 1 N = 146	Sample 2 N = 177
Family Disruption	7	.64	.66
Group Affiliation	5	.59	.59
Religiosity	10	.73	.72
Educational Emphasis	5	.62	.60
Expression of Anger	6	.59	.44
Alienation	5	.65	.67

Criterion Variables

Four global criteria were examined at the end of academy training; they were (1) class standing, (2) peer ratings, (3) instructor ratings of emotional suitability for law enforcement work, and (4) resignations from training. Class standing, a composite criterion, was computed for each individual by standardizing and summing measures of academic achievement, physical performance, and use of firearms. Peer ratings consisted of those cadets rated "best"- and "least"-suited for law enforcement careers, each designation constituting approximately 10-15% of the sample. Instructor ratings consisted of ratings of overall suitability on a 5-point scale (1 = not suited to 5 = exceptionally well suited).¹

Resignations consisted of those cadets who either resigned during the first week of training or resigned after one week and would not be considered for reinstatement at a later date. Complete academy records were obtained on all cadets who graduated, and instructor ratings were returned for analysis on 479 subjects.² Of those individuals completing training, 110 subjects were selected for further follow-up ratings by field training officers

(FTOs) after 30 working days. The FTOs rated each new officer on overall emotional stability with the same scale as that used by the instructors.

Demographic data and scales of each test were analyzed for male-female differences using various statistical techniques. Since multiple comparisons were made, greatly increasing the likelihood of a Type I error, and alpha level of .002 was adopted for determining significance.

RESULTS

Table 2 presents the mean T-scores for males and females on the LEAQ. Males and females differed significantly on three LEAQ scales: Family disruption ($t=5.07$, $df=591$, $p=.0001$), Group (team) Affiliation ($t=6.81$, $df=584$, $p=.0001$), and Expression of Anger ($t=3.15$, $df=591$, $p=.002$). In the first instance, females scored higher than males, indicating a greater degree of disruption; on the latter two scales, females' scores were lower, indicating less experience in team affiliation and less overt expression of anger.

only 27% of the females reported comparable team involvement.

Males and females both expressed a high degree of anger control. Compared to females, however, males reported that they were more likely to hit something when angry and also to have had histories of getting into trouble because of their anger. Males endorsed that they were also more likely to hold on to angry feelings and that their anger frightened other people. Although not included as part of the scale, females differed significantly from males in coming from families where parents allowed an open expression of anger. In general, females saw themselves as being open and direct, but harmless in expressing anger.

As noted above, there were no significant differences on the other LEAQ scales. On the Marlowe-Crowne Scale both males and females scored approximately one standard deviation above the mean in the direction of social desirability; on Wilson's Conservatism Scale, both groups scored at approximately the mean with females scoring in the liberal direction relative to males ($t=1.88$,

Table 2. T-SCORE DIFFERENCES FOR MALES AND FEMALES ON THE LAW ENFORCEMENT ACADEMY QUESTIONNAIRE (LEAQ). N Males=478; N Females=116.

Scale	<i>X</i> Males	<i>SD</i> Males	<i>X</i> Females	<i>SD</i> Females	<i>t</i>	<i>p</i>
Family Disruption	48.98	9.59	54.14	10.65	5.07	.0001
Group Affiliation	51.32	9.73	44.45	9.25	6.81	.0001
Religiosity	50.47	9.92	48.19	10.07	2.21	.027
Educational Emphasis	49.80	9.60	50.67	11.43	.84	.403
Expression of Anger	50.61	10.29	47.49	8.33	3.04	.0025
Alienation	49.56	9.92	51.84	10.20	2.20	.028
Hogan's SEA	50.35	9.84	48.59	10.59	1.71	.088
Wilson's Conservatism	50.39	10.06	48.45	9.62	1.88	.060
Social Desirability	50.01	9.87	49.88	10.63	.10	.92

An analysis of the items on the Family Disruption Scale indicated that females were more likely to have grown up in homes where there was a greater degree of economic hardship, larger families, parental conflict (including separation and/or divorce), and a greater degree of drinking and drug abuse by both parents. In addition, the female sample reported having poorer relationships with their parents than that experienced by their peers. They also endorsed a greater degree of child abuse while growing up.

Although males and females did not differ in rating themselves as more athletic than their peers, the females' exercise activities consisted of more running, dancing, and individual sports (e.g., weight lifting, gymnastics) whereas males tended to engage more in team sports. Approximately half of the males reported playing on a formally-organized team for more than four years while

$df=596$, $p=.06$). Scores on Hogan's SEA tended to be more in the direction of defining ethical attitudes by rational, conforming responses for both males and females. Both groups scored in the mid-range on the educational emphasis scale, endorsing education as important to their careers. On the scales measuring religiosity and alienation, both groups, again, tended to fall in the mid-range, leaning somewhat in the direction of being religious and non-alienated.

In addition to the LEAQ scales, there were several other significant differences in background data. Females reported significantly less social activity than males ($\chi^2=15.35$, $df=1$, $p=.0001$). Although there were no significant differences in the occupation of fathers ($\chi^2=11.79$, $df=4$, $p=.019$) and mothers ($\chi^2=7.38$, $df=4$, $p=.12$), or in the educational level of the fathers ($\chi^2=1.72$, $df=4$, $p=.79$), there was a highly significant

difference in the educational level of the mothers for males and females ($x^2=25.53$, $df=4$, $p=.0001$). This latter difference as bimodal, with females having a higher percentage of mothers with both less than high school education and with more baccalaureate degrees. On attitudinal variables, significantly more males endorsed a "we against them" attitude ($x^2=13.64$, $df=1$, $p=.0002$), and an expectation of "sticking up for each other" ($x^2=11.20$, $df=1$, $p=.0008$). Although not quite significant, more men also endorsed going along with friends when they did something wrong ($x^2=4.90$, $df=1$, $p=.026$).

scales Socialization (So) ($t=3.86$, $df=310$, $p=.0001$) and Femininity/Masculinity (Fe) ($t=6.15$, $df=310$, $p=.0001$). Since males and females are scored on separate norms, standard scores were used in these comparisons. Figure 1 shows the mean profiles for males and females, and Figure 2 shows these profiles compared to samples of male police reported by Gough (1975) and Mills & Bohannon (1980). Although not reported as significant; there was substantial difference between males and females on scales To ($t=2.78$, $df=310$, $p=.006$), AI ($t=2.44$, $df=310$, $p=.02$), Ie ($t=2.37$, $df=310$, $p=.02$), and FX ($t=2.28$, $df=310$, $p=.02$). As figure 1 indicates, females scored higher than males on these scales.

On the CPI, females scored significantly lower on

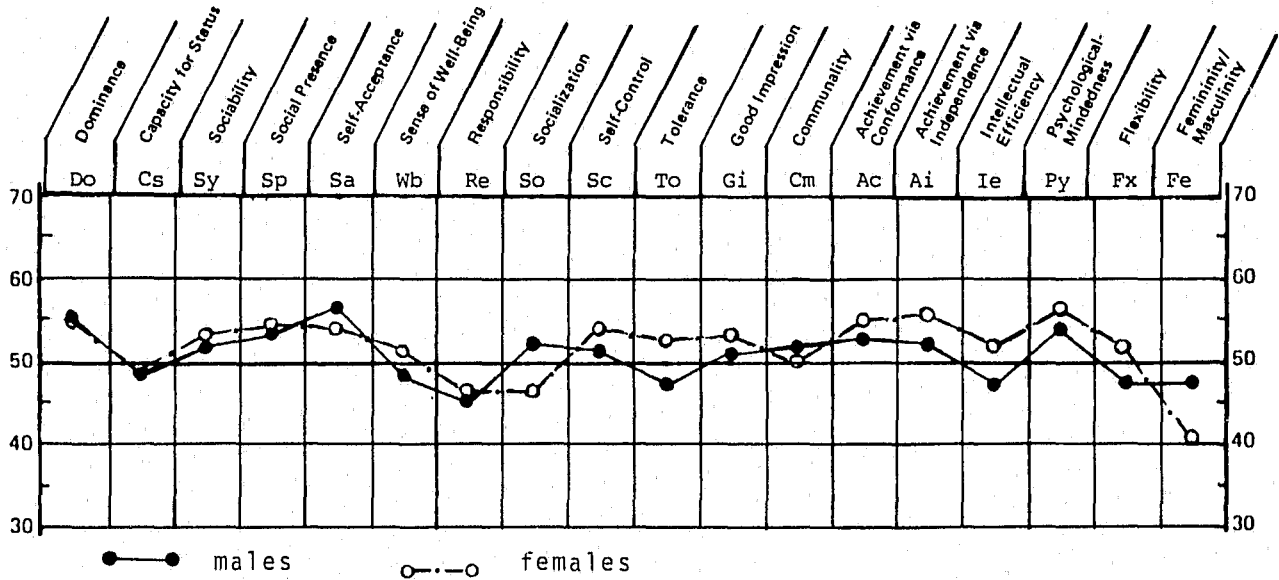


Figure 1. Mean CPI Profiles for Males and Females, N=311.

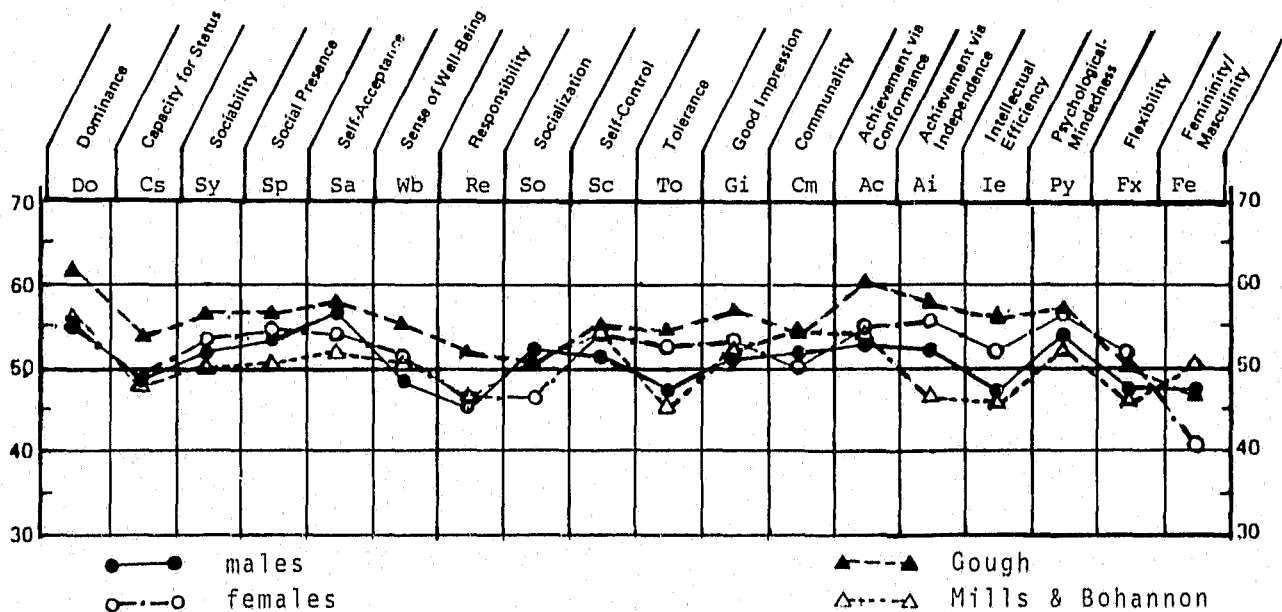


Figure 2. Mean CPI Profiles for Males and Females Compared to Samples Reported by Gough (1975) and Miles & Bohannon (1980)

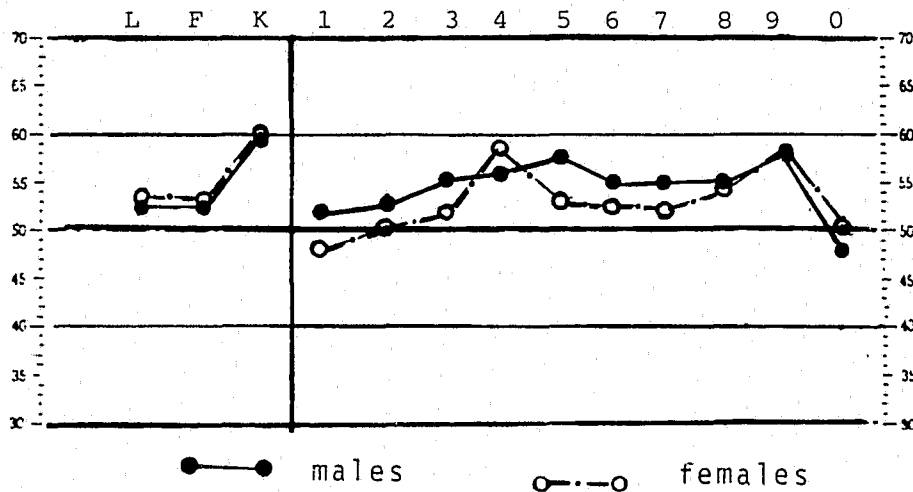


Figure 3. Mean MMPI Profiles for Males and Females. N=310.

Figure 3 provides a comparable male-female comparison of MMPI profiles. Females scored significantly lower on Scale 5, Masculinity/Femininity ($t=3.25$, $df=309$, $p=.001$), and substantially lower on Scale 3, Hysteria ($t=309$, $p=.003$). As shown in Figure 3, smaller differences were also obtained on Scale 1 (Hypochondriasis, $t=2.35$, $df=309$, $p=.02$), and Scale 7 (Psychastenia, $t=2.02$, $df=309$, $p=.04$) with females scoring lower in both cases. Again, standard scores were used for comparisons since there are separate norms for males and females. A previously reported (Hargrave, 1983) clinical assessment of a sub-sample of these profiles found no difference in the number of deviant profiles for males and females.

Criterion Data

Table 3 presents the intercorrelations between the criterion measures of class standing, peer ratings, instructor ratings, and FTO ratings.

Class Standing. As noted before, a composite criterion of class standing was computed for academics, defensive firing, and physical performance. (A score for driving was also included for those academies which included this training in the curriculum.) Table 4 presents intercorrelations of the separate criterion components in the class standing variable. Males scored significantly higher than females on class standing ($t=9.604$, $df=456$, $p=.0001$).

Table 3. INTERCORRELATIONS OF CRITERION MEASURES. N=457.

	Class Standing	Peer Ratings	Instructor Ratings	FTO Ratings
Class Standing				
Peer Ratings	$r=.554$ $p=.0001$			
Instructor Ratings	$r=.273$ $p=.0001$	$r=.698$ $p=.0001$		
FTO Ratings	$r=.193$ $p=.055$	$r=.610$ $p=.004$	$r=.308$ $p=.007$	

Table 4. Intercorrelations of Criteria comprising "Class Standing" Variable. N=457.

	Academics	Firing	Physical Training	Driving	Standing
Academics					
Firing	r = .207 p = .0001				
Physical Training	r = .114 p = .015	r = .254 p = .0001			
Driving	r = .493 p = .0001	r = .241 p = .0003	r = .193 p = .004		
Standing (Composite)	r = .666 p = .0001	r = .680 p = .0001	r = .633 p = .0001	r = .714 p = .0001	

Examination of the separate criteria shows that men scored significantly higher than women in three out of the four areas; these were driving ($t=3.40$, $df=215$, $p=.0008$), firing ($t=5.75$, $df=455$, $p=.0001$), and physical ($t=9.60$, $df=456$, $p=.0001$). Significant Sex by Academy interactions were also found for the variables firing ($F 4,452=6107$, $p=.0001$) and physical training ($F 4,452=41.34$, $p=.0001$).

Peer Ratings. Classmates' ratings of each other as best- or least-suited for law enforcement were examined for differences between males and females. In some academy classes, cadets were assigned to these categories by their peers with additional information being only narrative in nature. In other academies, cadets were assigned an average score corresponding to their ratings by peers. In the latter instance, cadets in the upper and lower 10-15% were assigned respectively to the best- and least- suited categories. Of those rated best-suited by their peers, 13.5% were males, and 8.6% were females. Of those rated least- suited, 19.8% were females, and 9.6% were males. This difference was significantly different ($\chi^2=10.576$, $df=2$, $p=.005$).

Ratings of Overall Emotional Suitability by Instructors and FTOs. Academy instructors rated males as more emotionally suited than females for law enforcement work ($t=2.05$, $df=432$, $p=.04$). FTO ratings, on the other hand, did not reflect this difference ($t=.29$, $df=98$, $p=.78$).

Resignations from Training. Of the total sample of 596 subjects, 116 (19.5%) resigned from training and were not recommended for subsequent reinstatement. This group was comprised of 40 females (34.8% of the total female sample) and 76 males (15.8% of the total male sample). This difference in attrition was highly significant ($\chi^2=21.79$, $df=1$, $p=.0001$).

DISCUSSION

The data obtained in the present study indicate that women who go into law enforcement and have backgrounds and personality characteristics which differ from their male colleagues and from women in general. The females in this sample tended to come from backgrounds which were unusually high in family discord. Families were large; economic hardship, parental conflict, and substance abuse were prevalent; and 14% of the sample endorsed the felling of having been abused by parents. They also were more likely than their male counterparts to have been divorced and to have children by previous marriages. They resembled the males in educational level and in being predominantly white (66%). A feature which seemingly set this group of females apart from women in general was that they viewed themselves as more athletic than other women.

The personality profiles showed few overall differences between men and women. The most prominent feature to emerge on both test instruments was that the females had more masculine interest patterns than females in general. Compared to this latter reference group, female cadets have a more active, direct, and somewhat aggressive interactional stance. A particularly interesting feature of the composite CPI profile (Figure 1) is that females differed from men on scales associated with a factor pattern labeled as independence vs. dependence (Levin & Karni, 1981). On this factor, females scored more in the direction of independence, self-determination, and spontaneity. The composite MMPI profiles for males and females are also quite similar to each other, both showing the defensive validity configuration and elevation on Scale 9 (Ma) characteristic of published

police profiles (e.g., Butcher, 1977). With the exception of a slightly higher Scale 5 (Mf), the male profile is basically that reported by McAllister (1977) and Bernstein (1982). The female sample, on the other hand, produced a more distinct average low-level 4-9 code type. Although interpretation of an average profile is conjectural (since no one in the sample may have actually produced a 4-9 profile), this suggests the possibility that female recruits are independent, energetic individuals with wide-ranging interests and relatively few somatic complaints.

All of the subjects perceived themselves as being quite controlled in their expression of anger and "middle-of-the-road" in such dimensions as religion and socio-political attitudes. Women differed from men, however, in the way they perceived their expression of anger. Men were more likely to see their anger as potentially destructive requiring a greater exercise of control. Although speculative, this may be related to the low-level elevations of Scales 4 and 3 on the average male police MMPI profiles where impulse control is an interpretative factor. Females, on the other hand, were more likely to see their anger as open and direct but void of harmful consequences. To speculate further, this may reflect a difference in socialization regarding the physical expression of aggression. Perhaps even a bigger difference related to the socialization process, however, is the difference found in team affiliation and concomitant attitudes.

Men greatly differed from women in the number of years they played organized team sports. They were also more likely to endorse attitudes toward team membership and friendship which included "we against them" and "sticking up for each other" dimensions, as well as a greater likelihood of going along with the group even when it did something wrong. This indicates the possibility that an element of comradery related to team membership is more important to men than to women. An interesting preliminary finding in the current research project indicates that the group affiliation scale only has predictive value for males in the area of physical training whereas for females it significantly predicts class standing and FTO rating of overall suitability. These results suggest that being a loyal team member is an integral aspect of being a good officer, and those women with more team experience fit the role better. Integrating this tentative conclusion with Shealy's (1977) finding that from participation in high school athletics correlated with his "low integrity" group of officers suggests the possibility that there are positive and negative elements to this team-membership emphasis.

Two differences in criterion measures were quite consistent with those reported in previous research. By far the biggest performance difference found in the present

study was in the area of physical training; this was followed by firing and driving. Since these criteria were included in the composite class standing variable, male-female differences were obviously in that variable as well. It also seems quite likely that performance on these academy variables influenced the ratings by peers and instructors. In any event, females were not as successful in the academy as their male colleagues. However, corresponding male-female differences were not found in FTO ratings. Another major difference, also consistent with previous research, was that females had a much higher academy attrition rate than males. Although subsequent analyses will be examining what predictors are associated with this attrition, one which has emerged as significant in preliminary analyses is the team membership scale.

As noted in the introduction, the increase of women in law enforcement is a relatively recent movement. It seems reasonable to assume that the characteristics of this applicant pool will vary over time, depending upon such factors as economic conditions, social sanctions, and the demographic characteristics of the incumbent officers. The present sample of female applicants being studied appears to be an upwardly mobile group who, because of numerous factors, including more masculine interest patterns and athletic skills, have chosen a nontraditional career role. As the number of female officers increases, however, it will be interesting to observe what, if any, changes occur in both the characteristics of female applicants and the attributes of peace officers in general.

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THE BENEFITS OF PSYCHOLOGICAL SCREENING TO THE APPLICANTS

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The theme of the National Symposium on Police Psychological Services in "Human Services" with a focus on services offered to law enforcement officers to improve or maintain their mental health. Consideration of psychological screening for police officers has usually focused on the benefits of screening out unfit applicants to society or to the police departments. In this paper, I would like to focus on the possible benefits of psychological screening to the applicants themselves, particularly in terms of improving or maintaining their mental health. I believe that psychological screening, when conducted carefully and with respect and consideration for the applicants, can be helpful in increasing their understanding of themselves, in assuring they do not find themselves in a situation that might be psychologically harmful for them, and in making it more likely they will use psychological services if necessary in the future.

The advantages of psychological screening to the departments that use it have been widely discussed. Departments can help avoid vicarious liability—being held responsible for the actions of officers who use unwarranted force, act unethically, or injure others—if they can show that applicants are psychologically screened before entry into the department. Departments can avoid having applicants who are a risk to overreact when under pressure, perhaps endangering other officers, bystanders, suspects, or jail inmates. They can select out any applicants who might be emotionally unstable. Screening can help identify applicants who may be unable to take criticism or who may be resistant to supervision. Financially, it is beneficial to eliminate applicants who would not be able to complete the police academy and field training before the department invests money in their training. Most discussions of these benefits to departments and to society do not focus on the potential benefits to applicants, particularly to those who are rejected. How receiving feedback during or after the screening interview will affect how the applicants feel about themselves and about mental health professionals is not frequently considered.

This paper is based on my experience in screening over 400 applicants for the last several years as a psychologist for Occupational Health Services, an employee assistance program that provides counseling services and screening for a number of law enforcement agencies in California. These applicants have been

screened for a wide variety of police and sheriffs' departments, both urban and rural, and include men and women from a number of ethnic backgrounds. In conducting the screening, we use a battery of psychological tests: the MMPI, CPI, FIRO-B, and Rotter's Incomplete Sentences, plus an individual semi-structured interview.

Often during an interview, applicants will say that being selected as a police officer is extremely important to them; they may say things such as "getting this job will really change my life," "I'm really counting on this," or, more blatantly, "You really are holding my future in your hands." For those applicants who are found to be suitable or receive very positive ratings (depending on the type of feedback given to the department), it is easy to understand how the decision can be psychologically helpful. These applicants can continue in the screening process and are likely to become law enforcement officers. They have attained their goal and can feel positive about having been selected.

But what about those who are rejected? With a few noticeable exceptions, they would lead you to believe that they will be devastated if they are found to be psychologically questionable or unsuitable. However, I believe there are some ways in which being found psychologically unsuitable for a particular department can be beneficial for the applicant.

It may be that a particular applicant is truly not suited for the pressures of police work. Perhaps if that person worked as a police officer, he or she would develop short- or long-term psychological problems that would be much harder to deal with than temporary disappointment of not getting a job. When I see police officers suffering from burn-out, serious depressions, and even psychotic states, I sometimes wonder if psychological screening could have helped prevent that officer from getting into a situation he or she was not suited for. An officer who has killed or injured a suspect because of overreacting under stress certainly goes through a worse time than someone who does not get a particular job.

Some applicants who are found unsuitable for one department may do well in law enforcement with another department. For example, an applicant with a high energy level and a moderately high 9 scale on the MMPI who grew up in an urban environment may have problems handling a slow-paced rural sheriff's department with

little action—and may be tempted to create excitement inappropriately. An applicant who is relatively low on scales 4 and 9 of the MMPI may have difficulty in an urban department in a high crime area with a high activity level. An individualist who may get along with other people on a surface level but who has difficulty having close personal relationships may have trouble in a public safety department where a significant portion of time is spent living together in a fire house. For these applicants, a low rating for psychological suitability may prevent them from getting into a kind of law enforcement environment in which they would be uncomfortable, not function effectively, and perhaps burn out or develop emotional problems. An unsuitable rating may make it more likely that such an applicant will eventually end up in an environment in which he or she would be content and effective.

A number of applicants who are found unsuitable at the time of one screening interview may be found to be effective law enforcement officers at a later time. I have seen a number of young applicants who appeared at a first screening with a high 9 scales on the MMPI, a low Re on the CPI, and a lack of life experience. They were not mature enough to be police officers at that testing. After several years of living on their own, perhaps including working as reserves in a police department, their psychological test scores appear more acceptable, their judgement seems better, and they seem to understand themselves better. If they had gone into a department at the time of the first screening, it is likely that they would not have passed field training or would have difficulty on patrol or in jails relating to the problems of the people they come in contact with.

I have seen in therapy or during screening a number of people who have told me they wish they had not begun their careers in law enforcement at the age of 21 or 22. Some have ended up being involved in serious accidents, or overreacted under pressure—incidents that they believed would not have occurred if they had been older. Although all the young applicants will maintain that they know they can handle the pressure or that they've always been told that they were very mature for their age, it is not necessarily a favor to allow those who are still immature and inexperienced into police departments. By being sure that an applicant does not try to function in a position that he or she is not mature enough for, it is perhaps possible to prevent the stress of feeling unprepared or the pain of losing a job that is likely to be worse than the pain of being initially rejected.

While providing insight or advice is not the primary function of psychological screening, I believe it is possible for the applicants to learn some useful thing about

themselves which can help them function effectively, whether or not they go on to become police officers. Pointing out to an applicant a self-defeating pattern of impulsiveness shown in quitting the physical screening part of the exam just before the final phase because "it didn't seem like I'd make it" may provide her with the impetus to reevaluate her actions. Another applicant got drunk and was arrested the evening after being accepted by two other departments, thus ruining his chances of being hired. Calling his attention to this incident might help him to begin to question his self-defeating behavior and, hopefully, his alcohol use.

I remember one applicant who had been seen several years earlier and had been rejected by the department because of immaturity, although his psychological test scores were unremarkable. At this testing, he presented himself as much more mature and less inhibited, which he thought would make him a better police officer. In fact, his MMPI now had significant elevations on scales 3, 4, and 8, and he showed evidence of acting impulsively. In addition, his speech contained some bizarre associations. I did suggest to him during the interview that perhaps his feeling of being more free and active was a sign of emotional problems and that it might be helpful for him to see a psychotherapist. While it was useful to the department to keep this emotionally unstable applicant from being a law enforcement officer, it was also useful for him to receive some feedback that his changes in feelings were not necessarily positive.

There is some evidence that candidates do take seriously what other psychologists have said to them in evaluation interviews. Applicants have also described learning things about themselves in previous screening evaluations. They have talked about realizing their alcohol use was excessive and deciding to reduce it significantly. Or that they seemed to be overcompensating for fears of not being tall enough or strong enough by being overly aggressive. Or that they really didn't seem to have had enough life experience to handle a position as a police officer. Applicants who have failed previous psychological screenings have discussed taking the feedback to heart and working to make changes in themselves.

When I began doing psychological screening, I took the position that it was inappropriate to give applicants any kind of feedback or evaluation. I believed that screening was being done exclusively for the benefit of the departments and they should be allowed to determine what feedback they wanted to give. I also believed that applicants who received negative feedback would be too defensive to be able to deal with it, would become unpleasantly argumentative, and would be more likely to complain about the screening process or challenge the

decision. What changed my views most was the experience of screening for a SWAT team for a local police department. For a number of reasons, we had developed a process that included a feedback session for each applicant after the written psychological tests and interview and before feedback was given to the department. Although initially reluctant to be involved in such a process, I found it to be extremely useful for me in making evaluations and useful as well for the applicants.

It was quite interesting and diagnostic to note the reactions of the applicants to the feedback. For one who had a MMPI scale 7 of around 65f and readily admitted to some compulsive traits, it was useful to discuss how his perfectionistic qualities might be helpful and how they could be hindrance. Another applicant said he found it helpful to be told that he appeared to be burned out and might well need to consider changing jobs. He was able to accept negative feedback about the wisdom of his participation in the SWAT team. Other applicants who were less able to accept negative feedback brought into question their ability to take supervision and to learn from self-criticism.

When I began conducting psychological screening for police officers, I was struck by how often applicants responded to questions about previous psychiatric treatment by saying, "You're the first one I've seen," or by talking about a previous contact with a psychologist for a screening interview. A number of them mentioned looking forward to the interview because they'd always wondered what it would be like to talk to a "shrink." For them, there was little distinction between seeing a psychologist for an evaluation interview and for therapy. It seemed that many of them generalized from experiences with screening to therapy.

Applicants who had previously been screened by a psychologist or psychiatrist did in fact seem to make this generalization. Several reported having been impressed by the tough yet understanding manner of the psychologist they saw for screening and having decided on that basis to see him for therapy when they encountered problems later on the job.

Others have reported negative encounters with evaluators that affected their perceptions of mental health professionals in general. Applicants have discussed with a certain amount of disdain the psychiatrist who wound up a small plastic duck and started it waddling toward the edge of the desk to see how they would react. Others have mentioned psychologists who berated them or tried to provoke anger or tears, viewing these professionals as sadistic and manipulative. They have used these incidents to justify positions that they don't want anything to do with therapists.

Hearing from applicants about the effect on them of these negative interactions has reinforced my objections to the so-called stress interviews designed to put applicants under purposefully manipulated pressure situations to see how they react. I am not discussing role-playing situations in which applicants realize they are being evaluated under conditions similar to those they might encounter on the job. I have in mind situations in which the evaluator is purposefully rude, insulting, or unpleasant and to "see how well the candidate can take it" I believe the psychological interview situation (even though many applicants won't acknowledge it) generates sufficient feelings of being stressed, and that it is unnecessary to artificially increase that anxiety. I am certainly not convinced that being insulted by a therapist in an office situation is really comparable to the situations applicants would actually face as police officers. These kinds of interviews leave applicants with the image of psychologists as unfeeling and manipulative—certainly not the sort of person to be sought out when personal problems come up.

This does not imply that applicants should be made as comfortable as possible during an interview. It is important to ask applicants direct, pointed questions about their motivation for police work, past and present family relationships, alcohol and drug abuse, past and present strategies for coping with stress, and questions dealing with a wide range of other areas. It is possible to learn a good deal from these sort of questions about how applicants handle stress without resorting to artificial attacks.

Some applicants have described interviews in which they were too comfortable. They expressed a lack of respect for evaluation that they thought did not pay attention to the weaknesses the applicants were aware of in themselves or that treated them in a perfunctory manner.

Of course, all these reports of treatment by other evaluators cannot necessarily be taken at face value, since they are affected so much by the position of evaluator and evaluated. They do, I believe, give us reason to consider our impact on applicants, not just as professionals making psychological evaluations, but as representatives of mental health professionals generally. Someday these same applicants may be the officers who we will see for a critical incident debriefing, because they have marital problems, or because they are concerned about drinking too heavily. Their previous experience with the person who conducted the screening interview may well affect their decision to seek help or at least affect their expectations of that interaction. If their previous experience with a psychologist or psychiatrist has been one of being taken seriously and treated with respect and understanding, they will more likely be recep-

tive to the idea of seeking help.

Psychological screening, if conducted thoughtfully and thoroughly, can be useful to the departments who can avoid the vicarious liability of hiring someone who might act illegally or unethically. Psychologists can benefit by a greater understanding of the backgrounds and entry-level psychological functioning of police officers.

Applicants themselves can benefit from not being accepted for a position for which they are inappropriate, from learning about their psychological strengths and weaknesses, and from coming out with a positive view of mental health professionals that makes them more willing to seek out psychological help when necessary.

ISSUES & GUIDELINES FOR MENTAL HEALTH PROFESSIONALS CONDUCTING PRE-EMPLOYMENT PSYCHOLOGICAL SCREENING PROGRAMS IN LAW ENFORCEMENT AGENCIES

Robin E. Inwald, Ph.D.

Is Testing Necessary at All?

The first issue is whether psychological testing should be conducted at all in law enforcement agencies. Some administrators have argued that there is no need, since background investigations, rigorous training and probationary periods of employment provide enough opportunities to weed out unsuitable candidates. Psychologists and their tests batteries may be seen as luxuries or another "procedure" to cause more difficulties for administrators. Some psychologists have also argued that the validation evidence in support of psychological screening is not strong enough to justify the widespread use and added expense of routine testing.

On the other hand, arguments in favor of psychological testing have become stronger in recent years. Considering additional departmental expenses for training officers who are "unfit," legally and publicly defending negative incidents, and maintaining "burn-out" or "substance abuse" cases on an agency's payroll, the use of psychology testing can be demonstrated to have a cost-benefit ratio that will save departments significant financial outlay. Morale among working officers can also be improved by showing that the administration is taking every precaution to assure that new recruits are emotionally "stable" and will be able to provide the necessary backup officers need on the job.

In addition, when serious incidents do occur, causing the effectiveness of the entire selection process to be questioned, psychological testing has become a critical legal issue. In one case, a widow who was shot by her police officer husband won a large settlement because his department failed to administer appropriate and available psychological tests. It was ruled that the police agency had been negligent for failing to have an effective program of screening and monitoring of police officers and failing to "adopt measures to reasonably ensure that officers were fit to carry guns without endangering themselves or the public," (*Bonsignore v. City of NY*). This department now has a fully staffed psychological screening unit.

Other court cases have supported the idea that psychological testing is appropriate and even necessary for use with prospective law enforcement officers since it is "the duty of a police chief to maintain a capable and

efficient force...by examination, either physical or mental," (*Conte v. Horcher and McKenna v. Fargo*). In these cases, psychological testing has been judged as one relatively inexpensive method that can help to assure that "unstable" individuals will not be hired. In 1983, the New York States legislature passed a bill making psychological testing of all prospective correctional officers mandatory by law. This program has recently gone into effect and a report back to the legislature will be made in 1985 as to its overall effectiveness. Since psychological testing is being called upon to aid law enforcement agencies, the issue of whether or not to test may be moot. Rather, the goal of mental health practitioners might be simply to increase the effectiveness of such testing and document the limitations so that there will be less chance for misuse.

Since it is unlikely that psychological testing will be banned and/or discontinued as a screening device, professionals must reach some consensus regarding minimum standards for conducting psychological testing programs. At the present time, there are psychologists and psychiatrists from many different backgrounds who bring a variety of experiences, procedures, and practices to this field. However, those with clinical experience may not have research or testing skills necessary to evaluate the effectiveness or utility of various psychological instruments for their agencies. On the other hand, those with test validation/measurement skills may not possess the clinical expertise necessary for making judgments about individuals.

This presents a challenge for professionals who may find it necessary to pool their resources in order to develop court-defensible, practical and effective psychological screening programs.

In order to begin this process, several suggestions for specific guidelines are presented below. It is proposed that these statements be discussed, possibly amended, and some or all of them adopted as preliminary guidelines for professionals working in the pre-employment psychological testing field.

1. Pre-employment psychological test result should be used as one component of the overall selection process. Practitioners should avoid rejecting a candidate with psychological results as the sole reason, but rather find evidence in the candidate's background that supports a

negative psychological recommendation.

2. A comprehensive rationale and definition of the psychological screening program's goals should be provided to the law enforcement agency. For instance, if screening for gross psychopathology is the only goal (where diagnostic codes following DSMIII will be employed), this should be clearly stated. If job "suitability" is to be predicted, the limitations and probabilities of successful prediction on each criterion measure should also be clearly stated. If this is unknown, proposed methodology for determining prediction accuracy should be outlined.

3. A rating system should be developed that provides for more than a "yes" or "no" determination of psychological suitability. Fully-defined categories that include different levels of projected risk can be used in followup studies to demonstrate overall program effectiveness. Probabilities of success or failure in specific areas should be presented to administrators rather than definitive statements about a candidate's future behavior.

4. Both formal and informal training efforts should be made in order to clarify goals and psychological testing procedures for administrators. Administrators should be encouraged to involve themselves in followup studies and take an active role in the testing program so that they will have the knowledge necessary to effectively defend their hiring decisions.

5. Before conducting their own clinical assessments of candidates, practitioners should familiarize themselves with the specific field of psychological testing for law enforcement officers. If they have not conducted this type of evaluation before, or have limited experience, it is recommended that they tour the work environment and become familiar with officers' day-to-day job requirements. Consultation with others who regularly conduct screening for law enforcement agencies is also recommended.

6. A psychological "job-analysis" should be conducted by interviewing departmental personnel and/or taking survey information regarding those psychological attributes considered most important for effective officer conduct. A clear connection should be made between these attributes and characteristics measured by psychological test scales and final evaluative reports.

7. A battery of at least three written psychological instruments should be administered to candidates, with results available to psychological staff before followup interviews are conducted. (Results from one or two tests may not provide information for making a reliable judgment about job suitability.) If assessment center methodology is employed, at least three different exercises should be presented to candidates.

8. Written tests selected should be validated for use with law enforcement officer candidates. If tests have been previously used for other purposes, validation studies should be conducted using the American Psychological Association's most recently approved guidelines as set forth in the *Joint Technical Standards for Educational and Psychological Testing* ("The principal obligation of employment testing is to produce reasonable evidence for the validity of such predictions and decisions," 1984). Where numbers of tested applicants permit, local validation studies should be completed using the most relevant and accessible job performance criteria. The *Uniform Guidelines on Employee Selection Procedures* (1979) should also be considered in evaluating any validation results.

9. All written tests selected should be normed by sex and race for law enforcement candidate populations. Within a specified period of time (depending upon the numbers of candidates tested), data should be made available to the contracting agency regarding local law enforcement norms by sex and race for every test to be retained in the battery.

10. Specific cut-off scores should be avoided unless there is clear evidence that such scores are valid and have been cross-validated in research studies in the agency where they will be used.

11. Written tests should be pilot-tested before being adopted into a final psychological screening battery. Some flexibility should be built into the testing programs so that new psychological instruments or improved methodology can be easily incorporated.

12. Written instruments should contain well-defined behavioral scales and should avoid the need for subjective interpretation. Projective tests or other measures that cannot be demonstrated to be reliable and valid measures of future job performance in the law enforcement field should be avoided.

13. Full followup interviews for all candidates should be provided in order to properly verify written test results. Difficulties with item comprehension (for those who have learned English as a second language) should be taken into consideration when evaluating elevated test scores.

14. A standardized, behaviorally-oriented interview format should be employed, with background material and test results evaluated by interviewers in advance.

15. Core questions in the interview should be periodically edited so that practitioners can increase their probability of collecting the most relevant information in a limited period of time. Followup questions to explore "problematic areas" and make factual verifications should be included.

16. Clinical diagnoses or psychiatric "labeling" of candi-

dates should be avoided when the goal is to identify those individuals whose emotional adjustment difficulties may adversely affect specific job performance. Unless investigations are not prohibited by time constraints, and full evidence can be collected to support psychiatric diagnoses, data should be presented in descriptive, less stigmatizing behavioral terms. Evidence suggestive of adjustment problems in the law enforcement setting should be clearly documented, avoiding challenges about the accuracy of psychiatric labels.

17. Written psychological reports should be prepared for each candidate tested, avoiding psychological jargon and "hospital language." Documented rationale and supporting material, including behavioral descriptions, observations, relevant quotations from candidate interviews, and background/test information making "psychological points" about an individual, are appropriate.

18. Administrators should be provided with full written reports and the information necessary for easy interpretation of all documents. Ratings reflecting degrees of projected difficulty for each candidate should be clearly described, and practitioners should be available for further consultation if required. Administrators should be advised of the probable "miss-rates" to be expected in any group of pre-employment evaluations.

19. Psychologists should attempt to retain their "professional consultant" status, rather than performing tasks more appropriate for Personnel Officers. Recommendations should be made regarding "risk potential," leaving administrators the option to accept or reject such recommendations based upon the candidate's entire portfolio. This is distinguished from the task of medical consultants who are often given specific and clearly diagnosable conditions, the presence of which "automatically rejects." Since the presence of mental conditions not-conducive to police work are not as easily defined or demonstrated, it is recommended that mental health practitioners be appropriately conservative in their conclusions and recommendations.

20. Validation efforts should be made to tie final "suitability" ratings to criteria measures such as terminations, disciplinary infractions, excessive absenteeism, lateness, and/or supervisory ratings. Correlations and rates of prediction accuracy can be generated in order to assess how closely psychological ratings are related to performance. These efforts should be geared to answer the following question, "What measured level or degree of psychopathology actually hinders an individual's ability to function as a law enforcement officer in this agency?" Individuals who are hired and later demonstrate difficulties on the job can be evaluated for any common trends

in their pre-employment psychological results.

21. If possible, baseline data on critical criteria measures (such as rates of serious incidents, negative reports etc..) should be collected before a psychological testing program is implemented. A "utility" analysis can then be performed to determine the overall value ("effectiveness") of the program as it related to dollar savings to a law enforcement agency.

22. Clear disclaimers should be made so that evaluations will not be deemed valid after a specific period of time (such as six or eight months). If a candidate reapplies after this time period, he/she should be re-evaluated.

23. Pre-employment test results should not be used for purposes other than making pre-employment hiring decisions. Reports and test data should be made available only to those administrators directly involved in making hiring decisions for candidates.

24. Provisions should be made for the security of all testing materials on agency premises. Only key administrators should have access to confidential files, and reports should only be forwarded to other agencies or individuals with the candidate's written consent. A consent form authorizing test results to be used in research studies (where candidate's identity will remain anonymous) should be completed at the time of testing.

25. If candidates will be denied employment based on s psychological testing results, they should be allowed an opportunity to appeal any negative decisions. Appeals should be made to a professional board of evaluators which is independent from those making the original disposition.

26. If possible, more than one mental health practitioner should be involved in making final evaluations or "ratings of suitability" for candidates. Procedures encouraging cross-checking and verification of presented data and test scoring accuracy are also recommended. All test materials and extensive interview notes should become part of the candidate's psychological record.

Although final psychological evaluations regarding candidates' ultimate suitability for law enforcement positions will always be subject to a certain degree of "expert clinical opinion," the above guidelines are presented as a way to maximize the accuracy and effectiveness of these judgments. In a field frequently criticized for its inconsistencies and "non-scientific" conclusions, practitioners must become especially "data-minded" when helping to make decisions that will affect careers and, possibly, lives of others. It can be demonstrated that even an overall ability to screen out an additional 10 to 20 percent of problem officers, expenses caused by one or two of these candidates (if hired) can far exceed the costs of an entire psychological screening program. By

the limitations as well as the advantages of psychological screening, and providing evidence that supports every individual hiring decision, mental health practitioners can help to reduce a law enforcement agency's liability and expense in the sensitive area of personnel selection.

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LAW ENFORCEMENT OFFICER SCREENING: A DESCRIPTION OF ONE PRE-EMPLOYMENT PSYCHOLOGICAL TESTING PROGRAM

Robin E. Inwald, Ph.D.

The following psychological screening program has been used in several police and correctional agencies in the New York area. It is also being used as a model for the New York State Department of Correctional Services, and other police and correction departments who have recently set up in-house psychological screening programs.

Written Tests – Candidates begin their screening process by taking the following test battery:

1. *Minnesota Multiphasic Personality Inventory (MMPI) with Clinical and Law Enforcement Norms* –

Because the MMPI has been the most widely used psychological test, it was selected for this testing program in order to measure psychopathology of candidates. However, since it was not originally designed to be used for the psychological screening of law enforcement officers, some additional features were added. After norms were developed on a large sample of over 2500 candidates, a specialized law enforcement profile graph and computerized narrative report based on these new norms were added to the standard clinical profile.

This addition has proved to be important since law enforcement candidates have higher scores than do clinical populations on scales such as L (Lie Scale) and Ma (Hypomania). To interpret a candidate's responses as unusually denying of shortcomings or overactive based on clinical elevations is inappropriate when the majority of candidates show these same elevations. In fact, a slightly elevated L Scale may simply suggest the rational response of a person who wants to present him/herself well in order to be hired. Also, a certain amount of energy (as suggested by a slightly elevated Ma scale) may be necessary for quick and effective responses by a law enforcement officer. In addition to the 13 standard scales of the MMPI, the MacAndrews Alcohol Scale has been found useful for identifying candidates with risk-taking tendencies (though not always drug or alcohol related).

In any case, the law enforcement norms, also available according to ethnic group, help to answer concerns that the MMPI was originally developed for hospital patients and is not geared for a "normally-functioning" law enforcement candidate population. The computerized

narrative report generated from these norms focuses on specific areas of importance to administrators including reactions to administrators including reactions to stress, anti-social attitudes/impulsive behavior/substance abuse tendencies, and interpersonal skill and style (see Appendix A for a sample copy).

2. *Inwald Personality Inventory (IPI)* –

When asked for their opinions on the subject, law enforcement administrators often cite specific problems they wish to avoid in their officers. These include over-reaction or lack of appropriate action in crisis situations, excessive absenteeism or lateness, physical and emotional disabilities related to job stress, chronic breach of rules and regulations, and drug/alcohol abuse by officers. Because of the need to better predict those officers who might later present these problems to their supervisors, the Inwald Personality Inventory (IP) was developed. Twenty-six separate behaviorally-anchored scales were developed using 310 true-false items. With the purpose of identifying serious emotional disturbances as well as characteristics predictive of poor job performance in the law enforcement field, four general content areas were formed with the following scale names:

1. **Validity Measure** – Guardedness (GD)
2. **"Acting Out" Behavioral Measures**
 - A. *Specific External Behavior*
 - Alcohol (AL)
 - Drugs (DG)
 - Driving Violations (DV)
 - Job Difficulties (JD)
 - Trouble with the Law & Society (TL)
 - Absence Abuse (AA)
 - B. *Attitudes & Temperament*
 - Substance Abuse (SA)
 - Antisocial Attitudes (AS)
 - Hyperactivity (HP)
 - Rigid Type (RT)
 - Type A (TA)
3. **"Internalized" Conflict Measures**
 - Illness Concerns (IC)
 - Treatment Programs (TP)
 - Anxiety (AN)

Phobic Personality (PH)
Obsessive Personality (OB)
Depression (DE)
Loner Type (LO)
Unusual Experiences/Thoughts (EU)

4. Interpersonal Conflict Measures

Lack of Assertiveness (LA)
Interpersonal Difficulties (ID)
Undue Suspiciousness (US)
Family Conflicts (FC)
Sexual Concerns (SC)
Spouse/Mate Conflicts (SP)

Since the best known predictor of future behavior continues to be past behavior, items on this test are direct and varied samples of behavior from the above categories. Despite the fact that some candidates who later have job adjustment difficulties deny evidence of past or present emotional problems on written tests and interviews, most candidates endorse IPI items candidly. Some information revealed on this test could not be discovered during standard investigations, yet candidates make these admissions, perhaps because they believe detailed investigations will eventually uncover the truth.

One of the main features of the IPI is the critical items printout, where all items are displayed that were endorsed and became part of the candidate's scale scores (see Appendix B for sample report). This allows interviewers to first scan the IPI profile graph to compare scores with those of other law enforcement applicants, and then to check for critical items. These may be revealing of important information even if scale scores are not significantly elevated.

After testing over 5,000 police officer candidates, over 9,000 correction officer candidates, and over 2,000 security officer applicants, several validation studies have been completed. When compared with other psychological inventories, such as the MMPI, the IPI has shown consistently superior predictive abilities on performance measures such as retention-termination, corrective interviews, disciplinary infractions, absence and lateness frequency, and supervisory ratings (Inwald, Knatz & Shusman, 1983; Inwald & Shusman, 1984; Shusman, Inwald & Landa, 1984). One study with security officer candidates indicated that behavioral information from the polygraph (which has persisted as a controversial screening mechanism for security personnel) was more closely correlated with the behavioral scales of the IPI than with the MMPI (Brobst, 1984). Scales on this inventory allow for valid and reliable testing of candidates' tendencies toward stress-related disabilities, alcohol and drug abuse, antisocial behavior, job adjustment, and interpersonal difficulties.

3. Law Enforcement Personal History Questionnaire (PHQ)

This 34-item questionnaire was developed, normed and validated for law enforcement candidates to provide a "psychologically-oriented" background inventory and brief writing sample for each applicant. Information is collected about past job stability, legal difficulties, self-reported psychological strengths and weaknesses, and other verifiable data that can be cross-checked against admissions on the IPI or other tests. The PHQ has been administered to over 15,000 law enforcement applicants and was recently revised to incorporate new questions found to be important in the psychological screening interview. Information included in this questionnaire has been found to be significantly related to law enforcement officer performance (Levy, 1967), and is most effective in its ability to provide interviewers with questions for followup with candidates, (Inwald, 1980).

4. Skill Scale Inventory (SSI)

This stress symptom checklist requires candidates to note how frequently they experience various symptoms and behaviors (e.g. symptoms are endorsed as occurring "once a day," "once a month" etc.). A hand-scoring system has been developed for this inventory that has been validated against job performance criteria (Knatz & Inwald, 1983). The SSI has also been administered to over 15,000 law enforcement applicants and helps to focus on the precise frequency levels of specific stress symptoms rather than their absolute presence or absence. Symptoms occurring weekly or even monthly often reveal areas of vulnerability for law enforcement applicants.

Consent Form/Procedures

When candidates have completed their written test battery, the computer scored print-outs, narratives, and original test protocols are collected in each candidate's psychological folder. This is stored separately from the candidate's personnel folder and is accessible only to those directly involved in making a hiring decision about the candidate. A consent form regarding the purpose of the psychological testing and the use of anonymous test results for research purposes is also signed by the candidate at the time of testing (see Appendix C for sample) and included in the record. All results are then provided to the psychological staff responsible for conducting followup interviews. When candidates are called back for these interviews (usually one to two weeks later) they then speak with the psychologist who has reviewed their test results.

Pilot-testing Program

Immediately before applicants are called or their psychological interview, they are asked to take an additional written test. Results from this test are not able to be provided to interviewers until after the interview has been completed. However, it is at this point in the testing program when new instruments or questionnaires can be pilot-tested for research purposes and for possible inclusion in the regular testing battery. This test-selection flexibility built into the program allows for ongoing evaluation of new tests and their gradual adoption into the battery should they prove to be valuable screening devices. In this manner, mental health practitioners are not bound to use only those instruments initially chosen for the written battery. Structured panel interviews with investigators (Knatz, & Inwald, 1983) or abbreviated assessment center exercises can be incorporated as additions to the written battery and psychological interview at this time in the screening process.

Examples of some tests that have been used and evaluated during this period include the State-Trait Anxiety Inventory (STAI), FIRO-B and FIRO-F, Edwards Personal Preference Schedule (EPPS), the 16 Personality Factors Questionnaire (16PF) and the California Psychological Inventory (CPI). In one research project, the CPI, which shares many items with the MMPI, was examined for its ability to predict the MMPI using formulas derived for that purpose (Shusman & Inwald, 1984). Law enforcement profile graphs were developed using law enforcement norms for the CPI and law enforcement norms for an MMPI profile derived from CPI scores (see Appendix D for sample graphs). Research about common factors shared among different tests may aid practitioners in selecting the least redundant, yet most comprehensive and appropriate test batteries.

Psychological Interview

The one-on-one psychological interview next conducted with all applicants consists of a series of approximately 40 core questions (see Appendix E) which can be easily expanded depending upon responses and time limitations. Interviews are conducted to verify test results, and all candidate responses are written down verbatim by the interviewer so that any contradictions between test results and interview responses are clearly documented. The interview format follows an outline taken partially from the PHQ and lasts between 25 and 50 minutes. All interviewers are trained to follow this question outline adding followup questions where necessary. Although it is beyond the scope of this paper to describe the details of the interview process, this has

been discussed in other publications (Knatz & Inwald, 1983).

Interview questions are posed in as non-threatening a form as possible in order to maximize compliance and candor, with the most threatening question asked toward the end of the interview. A thorough and very specific inquiry is made regarding any past and/or present alcohol and drug consumption, and all incidents involving conflicts with authority or job difficulties are carefully explored. Questions are specific and behavior-oriented so that interviewers can focus on mostly factual rather than interpretive data. Another goal of the interview is to obtain any specific candidate statements or quotations that may reveal poor judgment under pressure or attitudes suggestive of difficulty managing responsibility. Very often, it is the candidates themselves who make spontaneous and possible incriminating statements about their behavior. For example, after explaining the reason for a post arrest, one candidate added, "I mean, when my friend had already backed up to the rear of the store and then asked me to help him escort the clothes to his van, how could I refuse?" Quotes such as this one can be included "as is" in written reports, thus minimizing the need for lengthy psychological interpretations of attitudes and responses. Any critical item endorsements or unusual statements found on the PHQ are questioned at the end of the interview if they have not been covered by the standard format.

Written Psychological Reports

When the individual interview has been completed, a full written report is prepared for the Director of Personnel. This report is divided into 9 separate sections so that key administrators can easily review specific results. The first area provides for the documentation of written test results. Here, scales on computer scored tests that were significantly elevated compared with other male or female law enforcement candidates tested are circled on the report form (see Appendix F). They are identified as being either one or two standard deviations higher than the mean scores of other same-sex candidates. Grouped by category (12 in all), it can be quickly determined when a candidate has scored in the high ranges of a tested area (such as "Alcohol/drug abuse") on more than one test.

In the first narrative section of the report, test scores are summarized. The practitioner provides statements about what test results alone might imply about a candidate's personality and behavior. This description is brief so that important verifying information obtained during the interview can be presented in the remainder of the report, (see sample narrative in Appendix F).

The next section is a discussion of the candidate's overall interview style and apparent motivation for the job. As much as possible, these descriptions are behavioral and avoid the use of psychological jargon. An example of this might be: "Candidate sat with his side to the interviewer, rarely made eye contact, and tapped his feet against the chair when questioned about his current use of drugs." Stated reasons for wanting the new job and for leaving an old one are often quoted here.

A synopsis of the candidate's work history is presented in the next section under the heading "Job stability/performance history". Here, any problems in school, military or job adjustment are described with the goal being to explore the candidate's ability to meet work responsibilities and demands. Attitudes toward past employers and incidents, as well as reasons for frequent job changes or unemployment are documented.

Under "Arrests/driving problems/antisocial behavior history", any incidents involving conflicts with authority figures are described along with the candidate's present attitude about these incidents. This may include arrests, school suspensions, motor vehicle infractions, fist fights, or other "acting-out" behaviors. The "drug/alcohol use" section provides for clear documentation of substance abuse habits. Social drinking is quantified, so that the reader can evaluate the possible extent of this behavior. Information about how many drinks it takes for the candidate to become "high", how often this happens, how many "joints" may be smoked in a given month, etc... is included when admissions are made about substance abuse.

Family and peer relationships and interpersonal skills are assessed in the section that follows. Here, the candidate's current living situation is described, along with the frequency of outside socialization, relationships with and attitude toward parents and other family members, and any evidence of difficulties communicating with a variety of people. Social skills observed during the screening process might also be documented here.

Finally, evidence suggesting unusual illness or health concerns, phobias, depression, or bizarre or unusual thinking is summarized. Quotations about stress symptoms from the PHQ or SSI may be included, and symptoms that are denied in interview by endorsed on tests may be mentioned. Stigmatizing psychiatric labeling of candidates is avoided in favor of "letting the data speak for itself."

An overall summary is made at the end of the report tying behavioral information and test data together. A recommendation is made regarding whether there is "some question", "serious question" or "no question" about the candidate's ability to handle the responsibilities and stresses of law enforcement work. When evidence

suggests a candidate has not previously been able to meet such responsibilities and presents a risk for the hiring agency, it is recommended that he/she not be hired. In the summary statement are noted the specific reasons for any recommendation. All summary statements are tied to psychological ratings given to each candidate as a clinical assessment of an agency's risk in hiring that applicant.

Psychological Ratings

After each interview is concluded, a preliminary rating, based on a scale from "1" to "5", is assigned to each candidate. This is finalized after the full written report has been generated, and is based upon verified test scores and interview results as compared with those of other candidates tested. Ratings are not designed to be viewed as absolute indicators or predictors of eventual job performance, but as guidelines to be followed by administrators who must make hiring decisions. A statement to this effect, which also explains how ratings should be used, is included on the cover page of each psychological report (see Appendix F). This statement also places a limit on the clinical validity of the report and suggests that applicants be retested after six months if a current evaluation is desired.

Validation

In addition to the validity studies that have been completed which correlate written test results to on-job behavior, the psychological ratings have been validated as well. Candidates who received poor ratings (such as "4" or "5") but were hired based on clear investigation reports and references were compared with those who had received better psychological ratings in one department. In this study, 13% of the hired population had received poor ratings, yet 26% of those eventually terminated were candidates who had received the negative ratings. Analyzed another way, a candidate had a 2% chance of being terminated if he/she had received a "1" rating, but a 10% chance of failure on the job if he/she had received a "4" or "5". Since most "4" or "5" ratings were not offered the job in the first place, the overall validity of these ratings may have been underestimated (see Appendix G). It was also found in this study that those candidates with better ratings tended to resign with much greater frequency than did those with poor psychological ratings. This finding spurred the agency to make staying on the job more attractive to candidates who show the greatest promise in the training academy. Another study (Inwald, Knatz & Levitt, 1980) indicated that candidates given poor ratings had close to twice the probability of

having absences, lateness, and disciplinary infractions when compared with those who received more "acceptable" ratings.

While there may be no easy solutions to recruitment and selection problems, data gleaned from validity studies can aid administrators in improving management and screening techniques. In this program, data from pre-employment testing are merged with performance data once candidates are hired. A two-year followup study is made on each officer with results supporting the continuation of pre-employment psychological testing (Shusman, Inwald & Landa, 1984). Overall, it appears that this testing program can increase prediction accuracy by roughly 15 to 25 percent. While this does not suggest that such screening should ever be used as a sole source for denying employment to an applicant, it does indicate that psychological testing programs can save significant amounts of money for law enforcement agencies. When training costs, stress disability costs, and other expenses related to maintaining even a few poorly performing officers on the payroll are assessed, the benefits of psychological testing become apparent. Yearly expenses for two or three "problem officers" can easily outweigh the cost of the entire screening program.

Disposition of Cases

When the written report has been completed, along with the psychological rating, it is reviewed for accuracy by another psychologist. After the report cover sheet has been signed by both the interviewer and reviewing psychologist, the report is delivered to the personnel department where it is reviewed in conjunction with other material from the candidate's background investigation and other sources. When a final hiring decision is made, the agency has taken all factors and materials into account. When Administrators who make the final decisions have questions about a rating, or supporting data, consultations are provided as part of the service. Finally, if a candidate appeals a rejection, the agency can provide strong documentation to support its hiring decision since psychological testing has played its role as one important component to a comprehensive selection program.

As validation research lends increased credibility to psychological screening in law enforcement, more weight can reasonably be given to psychological ratings and recommendations. There can be little argument with clearly documented behavioral evidence that has been shown in validity studies, to be correlated with poor job performance. Provided that psychological screening provides probability ratings of success (or "non-failure") on the job rather than absolute predictions of job suitability or stigmatizing psychiatric labels, it may grow to be

viewed as an important and reliable addition to effective law enforcement officer selection procedures.

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TM*
MMPI LAW ENFORCEMENT CANDIDATE REPORT

03/29/85 HRINC 7/84

Agency 1 - 1 Case 8178 Sex -M- Race -H-

INTRODUCTION

This report is intended to be used as an aid in assessing an individual's emotional stability and suitability for a Job in the law enforcement field. It is not intended as a substitute for a clinical interview, as a final evaluative report regarding a candidate's ultimate job suitability, or as a sole source for denying employment to an applicant.

It has been developed with the purpose of providing relevant material to be further explored in individual interviews and investigations. These results are also intended to provide supportive material with regard to administrative hiring decisions. It is expected that the results will be used as one component in a comprehensive selection procedure, including other elements, such as written tests, interviews, and background investigations.

TEST RESPONSE STYLE

This individual was willing to admit to minor shortcomings, suggesting that he was candid in responding to such items on this test. He fell in the average range in attempting to portray himself as virtuous or lacking of minor faults when compared with other male law enforcement candidates.

On one scale testing response style, he did not appear to be more denying of worry or social discomfort than other law enforcement candidates tested. Such questions were approached with apparent insight and candor.

He did not attempt to portray himself as vulnerable or in need of help, and did not endorse items that clearly point to unusual symptoms of distress or emotional adjustment difficulties. This response pattern is common for law enforcement candidates in the pre-employment setting who wish to minimize psychological weaknesses.

ANTISOCIAL ATTITUDES/IMPULSIVE BEHAVIOR

Scores show little evidence of restlessness or of a tendency for this candidate to overreact to situations where careful planning or decisionmaking is required. On the basis of this test, hyperactivity is not indicated by his scores.

- * Compared with other male law enforcement applicants tested, this candidate endorsed some items suggestive of antisocial attitudes and/or behaviors. He may feel misunderstood by others and may indulge in activities which deviate from social norms. A careful background check is necessary in order to determine whether his responses are reflective of cynical attitudes alone or represent actual difficulty adhering to society's rules and regulations. Some conflicts with authority, especially with regard to accepting criticism, may also be present.

This individual did not endorse items on this test in a pattern indicative of substance abuse tendencies or risk-taking behavior. He does not appear to have difficulty controlling behaviors requiring moderation (such as excessive eating, drinking, gambling or smoking). While this does not rule out this type of behavior entirely, this candidate showed little similarity to others known to be prone to substance abuse or other excesses.

INTERPERSONAL SKILLS & STYLE

- ** A social introvert, he does not appear to enjoy spending time in the company of others, especially strangers or large groups. In new situations, this candidate may be particularly shy and withdrawn, preferring not to be the center of attention. Social contacts may be minimal and, in times of stress, his support network may be quite limited. Interpersonal skills may be impaired due to this candidate's self-consciousness in social situations.
- * There is some indication that he is suspicious and wary of the intentions or motives of others. He may feel people try to control or take unfair advantage of him, and he may react to new situations with wariness or cynicism. While some caution is necessary for effective law enforcement job performance, this candidate should be further evaluated for any signs of overreactivity or undue suspiciousness of others.

This candidate appears to have interests and preferences which are similar to those traditionally held by most male law enforcement officer candidates. This suggests compatibility with other same-sex officers with regard to general interests and free-time pursuits.

REACTIONS TO STRESS

Compared with other candidates tested, this person has not admitted to having an unusually large number of specific physical symptoms or stress-related ailments at this time.

This applicant does not appear to be unduly concerned about his general health or well-being, and may not view complaining to others as socially acceptable behavior for himself. He may tend to minimize the effects of illnesses or physical conditions when they do occur.

** This person has described himself as a very sensitive, worryprone, and fragile individual. He may have more fears than the average law enforcement officer candidate, and may react to stressful situations with symptoms of anxiety, obsessiveness, and/or avoidance behavior. It is recommended that a check be made to determine whether or not this tendency to become anxious under pressure has had any detrimental effects on past job performance.

** Test scores show evidence of discouragement and worry, and this candidate has endorsed items in a manner similar to those known to suffer from clinical depression. Apparently dissatisfied with his situation in life, he may feel he has not accomplished proper goals. He may tend to internalize anger, may be highly self-critical, and may become withdrawn, moody, or morose under stress. A careful evaluation of this person's present functioning and past reactions to pressure at home and on the job is suggested in order to rule out depression as a significant personality feature.

Test responses suggest this individual has not endorsed items in a highly unusual or bizarre fashion compared with other candidates. There is little similarity between responses here and those of people who suffer from serious thought disorders or emotional disturbances such as schizophrenia.

SUMMARY STATEMENT

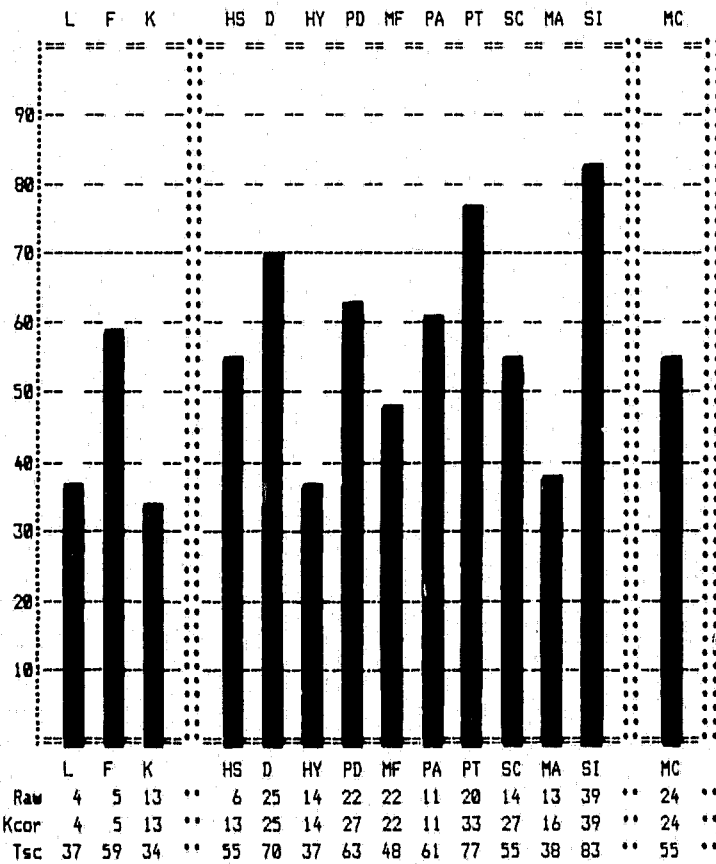
Overall, these test results suggest that, in some areas, this individual has significantly elevated scores that do not resemble those of other male law enforcement candidates tested. These scores may indicate problem areas that may have affected past job performance, and could significantly affect future job functioning as well. If there are several significant elevations, this individual may show a serious behavioral or emotional adjustment disorder (see graph for scale scores of $t \geq 70$). It is strongly recommended that followup testing and interviewing be conducted in order to determine the significance and range of these difficulties.

HILSON RESEARCH INC. PERSONALITY PROFILE GRAPH

03/29/85

TM*
**** MMPI PROFILE ****
*** LAW ENFORCEMENT CANDIDATE NORMS ***

Sample 1 - 1 Case B17B Sex: -M- RA: -H-



*Minnesota Multiphasic Personality Inventory is a trademark owned by the University Press of the University of Minnesota.
 Norms are based on a sample of 656 male law enforcement candidates collected by Hilson Research Inc.
 NUMBER OF OMITTS = 1

OMITTED ITEM NUMBERS ARE
 362

APPENDIX B

Page 1

***** ***** *****
IPI NARRATIVE REPORT
***** ***** *****

03/29/85 HRINC 1/83 V1.1

Agency 3 - 1 Case 75 Sex -M- RACE: -W-

INTRODUCTION

This report is intended to be used as an aid in assessing an individual's emotional stability and suitability for a job in the law enforcement field. It is not intended as a substitute for a clinical interview, as a final evaluative report regarding a candidate's ultimate job suitability, or as a sole source for denying employment to an applicant.

It has been developed with the purpose of providing relevant material to be further explored in individual interviews and investigations. These results are also intended to provide supportive material with regard to administrative hiring decisions. It is expected that the results will be used as one component in a comprehensive selection procedure, including other elements, such as written tests, interviews, and background investigations.

***** ***** *****

VALIDITY MEASURE

This individual has been candid in answering the items on this questionnaire. He has been willing to reveal minor faults and shortcomings.

"ACTING-OUT" BEHAVIOR MEASURES: SPECIFIC "EXTERNAL" BEHAVIOR

He does not appear to be an abuser of alcohol. He denies habitual drinking.

** This person may be a habitual user of drugs. He is likely to use marijuana on a regular basis, and may also use other substances. A history of frequent drug usage and/or drug dependence may be indicated.

** He shows a significant history and/or pattern of motor vehicle infractions and driving difficulties. These are likely to include moving violations, automobile accidents, and, in some cases, driving while under the influence of drugs or alcohol. Such individuals may be immature, impulsive, and somewhat resentful of authority.

According to item responses, there is little evidence of significant work adjustment difficulty in this person's background. To verify this finding, it is suggested that an evaluation of his work record also be made.

- ** This individual shows evidence of clear antisocial tendencies. He shows a history of brushes with the law and societal norms. This may include arrests and convictions for criminal activities. Disciplinary problems in school or military service may also be indicated. Such individuals tend to be cynical and manipulative, unable to control their hostile impulses. If this person is being considered for a position of responsibility, a very careful background check is highly recommended.

He does not admit to a pattern of attendance or lateness problems on the job.

ATTITUDES AND TEMPERAMENT

- * Items endorsed indicate this individual may be an impulsive risk-taker who may tend to make "spur of the moment" decisions and try things for a "thrill". This may be associated with substance abuse tendencies.

This individual does not express a large number of antisocial attitudes, cynicism about society, or a sense that he feels justified in breaking rules in order to "beat the system".

- * According to item responses, he may be a restless, over-active individual who may have difficulty controlling his impulses. He may be overtalkative, aggressive, and/or impatient. An energetic, highly sociable lifestyle may also be evident. He may make "spur of the moment" decisions and seek immediate gratification from life.

He does not appear to be an overly rigid, critical person, or to have fixed, stereotyped views of the world.

There is little evidence that this person is overly "driven" or competitive with regard to his career or life goals. He does not endorse items indicating similarity to "Type A" personalities.

INTERNALIZED CONFLICT MEASURES

He does not admit to a large number of physical symptoms or minor illnesses that might adversely affect job performance. He does not appear to be overly concerned about his health, and may not be particularly prone to physical conditions or illnesses.

This person denies having had past counseling for a problem, having participated in a formal treatment program, or having ever taken tranquilizers.

He does not show evidence of excessive anxiety, or a tendency to be a chronic worrier.

Based on item responses, this individual does not admit to symptoms or thoughts characteristic of people who have phobias or irrational fears that limit their functioning.

This person does not appear to be overly concerned with details, and does not show evidence of being particularly "obsessive" in his approach to life.

He does not admit to symptoms of depression, and appears to be satisfied with his general progress in life.

There is indication that this individual spends at least some leisure time in the company of others, and desires outside social contacts. He does not appear to be a "loner", and may enjoy a support network of friends.

He has not admitted to a large number of unusual experiences or thoughts common to persons who suffer from a severe emotional disturbance or thought disorder.

INTERPERSONAL CONFLICT MEASURES

This person does not appear to have difficulty asserting himself when necessary. He expresses confidence in his ability to speak his mind, and may be able to face confrontations with others in a straightforward manner.

It appears that this individual does not have significant difficulty getting along with others. He may be adept at avoiding unnecessary arguments, and does not appear to alienate others through aggressive, impulsive, or moody behavior.

He does not seem to be unduly suspicious or skeptical of the motives of others, nor does he express a sense that others are likely to take unfair advantage of him.

* There is some indication of family problems in this person's background. He may harbor some degree of resentment towards his parents and/or relatives.

He does not endorse items suggestive of difficulties relating to or working with members of the opposite sex.

- * Some difficulties in spouse/mate relationship(s) are suggested for this individual. This may be part of an overall pattern of family conflict and interpersonal difficulty, or may be specific to only one relationship.

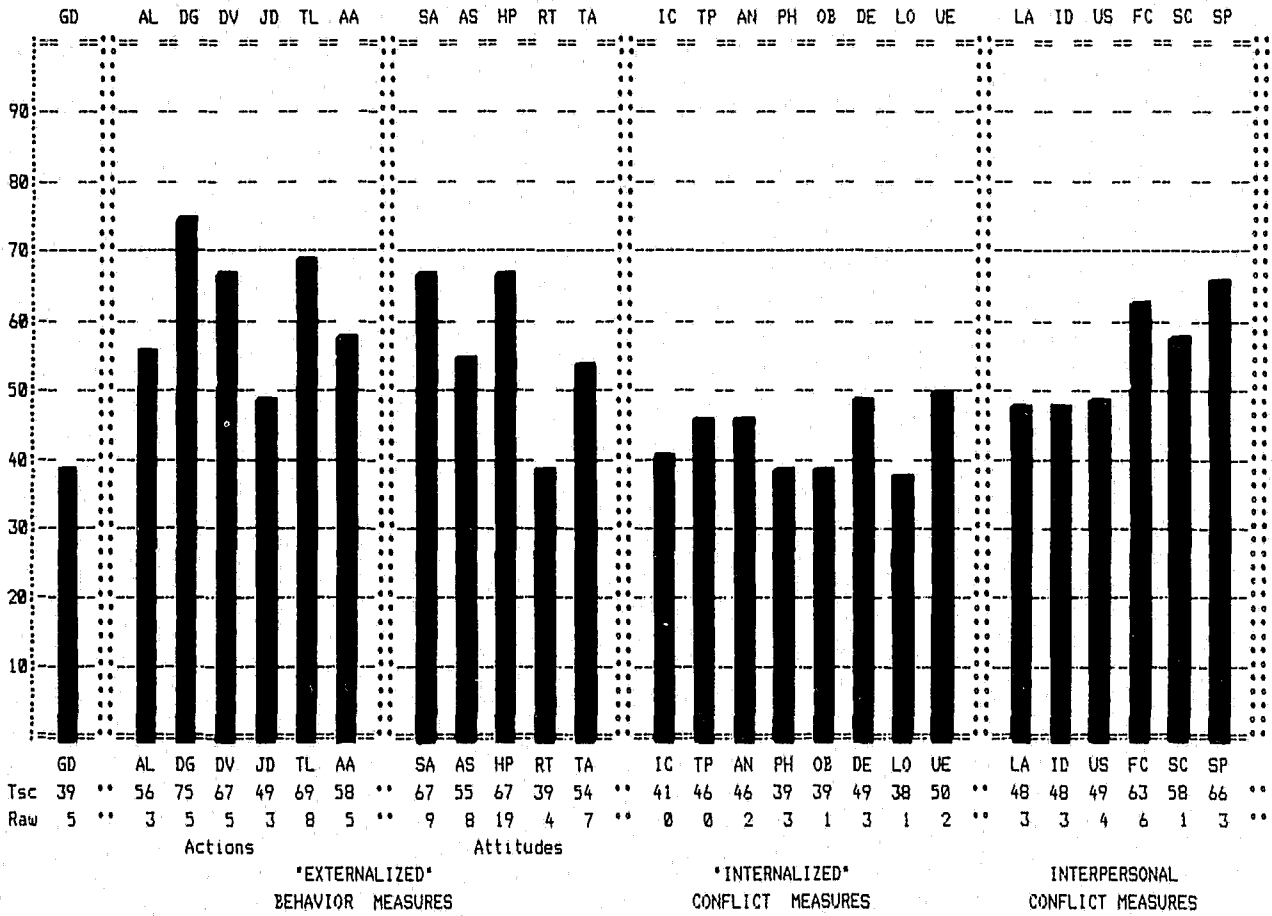
SUMMARY STATEMENT

Overall, these test results suggest that, in some areas, this individual has significantly elevated scores that do not resemble those of other male law enforcement candidates tested. These scores may indicate problem areas that may have affected past job performance and could significantly affect future job functioning as well. If there are several significant elevations, this individual may show a serious behavioral or emotional adjustment disorder (see Personality Profile Graph for scale scores of $t \geq 70$). It is strongly recommended that follow-up testing and interviewing be conducted in order to determine the significance and range of these difficulties.

**** IPI Personality Profile ****

Copyright HRINC 9/81 M&SD: V1.0 Sept. 20, 1981/ 1 0

Agency 3 - 1 Case 75 Sex: -M- RA: -W-



***** IPI CRITICAL ITEMS PRINT-OUT *****

***** AGENCY: 3 - 1 ***** CASE: 75 *****

*** Scantron File, Rc# IO041883/IPI:1 3 Case file, Rc# SAMPLE/MAT:1 1
(MF,RS: 1 1)

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***** START OF AN ANALYSIS JOB ***** Analysis date: 03/29/85

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9T EXAMI 40T HONEST 176T THANKU 258T CONFID.
188F NT*

<GD> Score= 5

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34T TROUBSTS 145T FEWRGTS 173T INDEPMND 207T GRIPES

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<AL>

5T SIXPK *157T SIXPKEZ 183T SOCDRINK

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*31T MARJLONE *73T MARJSO *248T COC>1 *284T MAR>2
111F TCOKE

<DG> Score= 5

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36F FFS20 129F PARTYR 131F PLAN

<SA> Score= 9

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42T ACCID *124T MV>1
77F LICUS 121F MVVIOLA 226F UNISURD

<DV> Score= 5

<JD>

13T UNEMP *239T OFFBKS
90F TRLAT/ABS

<JD> Score= 3

<TL>

*11T SUSPNDSCH 130T FF5YR *171T ARRYO 195T COW 246T LAWBR 287T BILL
36F FFS20 170F ACCUZHCH

<TL> Score= 8

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193T BEATSYS
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119T THELOUD 130T FFSYR 164T SITSTIL *172T USEDTEMP 173T INDEPMND 185T WORYLATE 200T PTSLD
213T RESTNBUZY 289T SP-HOME
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<TA>

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64F FAMPER 211F PACARE 216F TWPS 223F FAMPREC

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=====

<UE>
44T CRAZY 104T PDUND
<UE> Score= 2

=====

Omissions:
94 OUTLATE 150 ONEMATE 230 TAKENSTH
TOTAL OMISSIONS= 3

***** END OF ANALYSIS JOB *****

APPENDIX C

CONSENT FORM

I, _____ as a candidate for the position of Police Officer, understand that all personal information included in this psychological screening is confidential and will be seen only by those people directly involved in my recruitment.

I also understand that some or all of this information may be used for purposes of psychological research concerning recruitment and selection of law enforcement officers. All information for research purposes will be kept completely anonymous and will have no bearing on my candidacy or my tenure in this department if I am hired.

Signed _____

Date _____

APPENDIX D

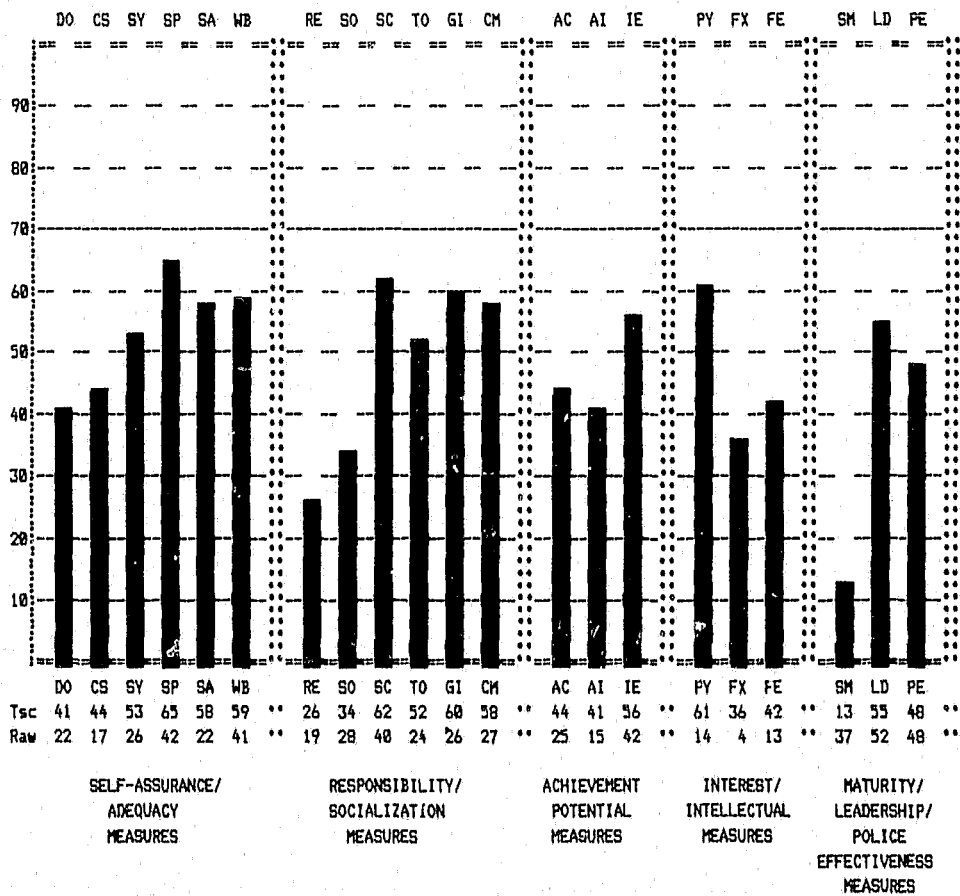
HILSON RESEARCH INC. PERSONALITY PROFILE GRAPH

03/29/85

* California Psychological Inventory *

** CPI **

Sample 1 - 1 Case 8711 Sex: -M- RA: -W-

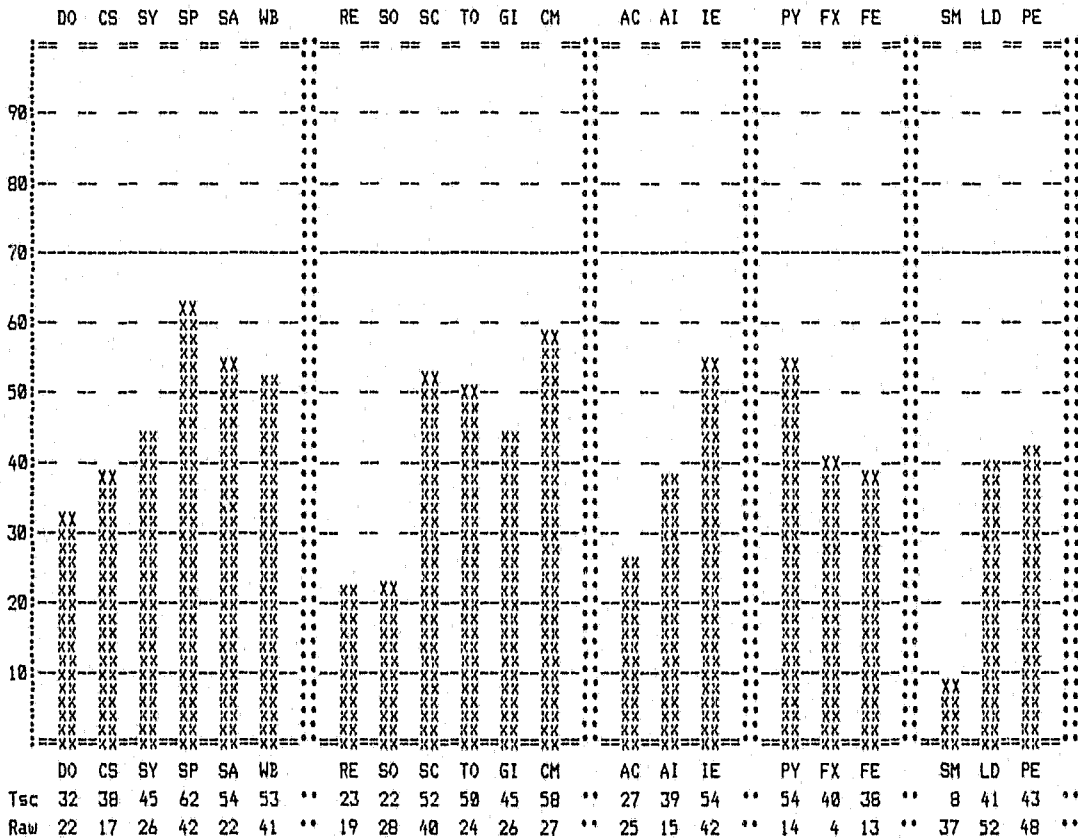


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*** CPI ***

* Law Enforcement Candidate Norms *

Sample 1 - 1 Case 8711 Sex: -M- RA: -W-



SELF-ASSURANCE/
ADEQUACY
MEASURES

RESPONSIBILITY/
SOCIALIZATION
MEASURES

ACHIEVEMENT
POTENTIAL
MEASURES

INTEREST/
INTELLECTUAL
MEASURES

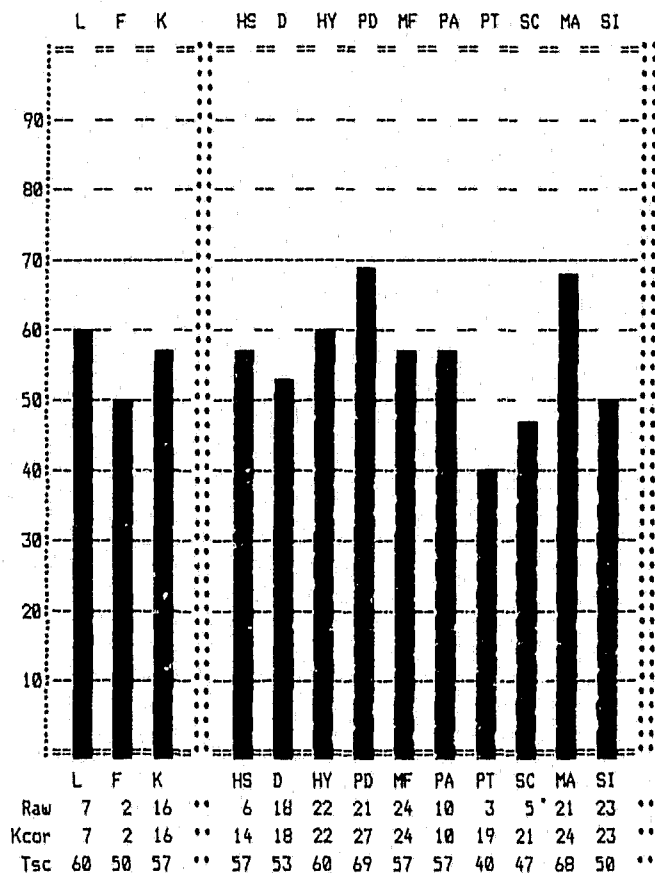
MATURITY/
LEADERSHIP/
POLICE
EFFECTIVENESS
MEASURES

Norms are based on a sample of 640 male law enforcement candidates collected by Hilson Research Inc.

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**** CPI-M PROFILE ****
*** MMPI PROFILE GRAPH DERIVED FROM CPI ***

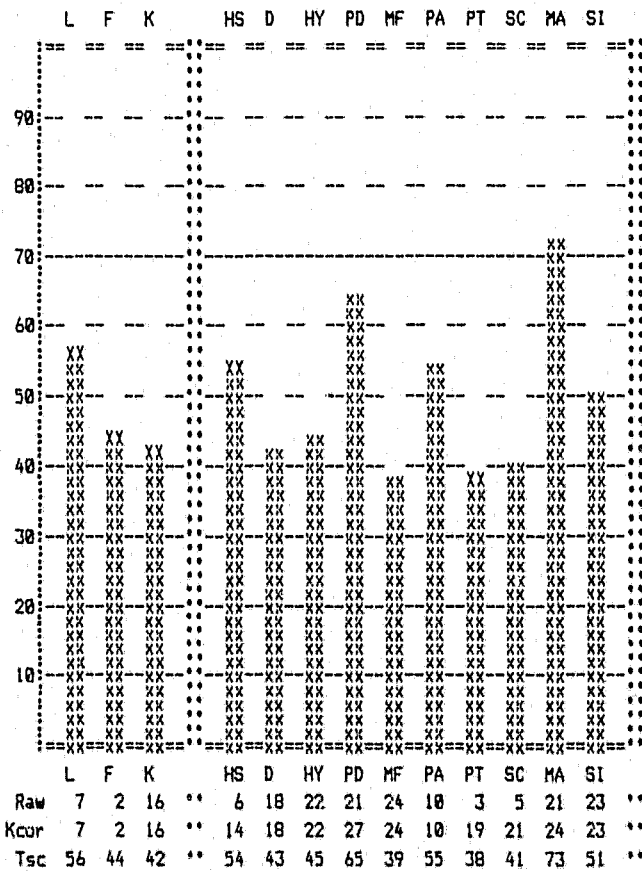
Sample 1 - 1 Case B711 Sex: -M- RA: -W-



NUMBER OF OMITTS = 1
 OMITTED ITEM NUMBERS ARE
 339

** CPI-M Profile **
 * MMPI PROFILE GRAPH DERIVED FROM CPI *
 * Law Enforcement Candidate Norms *

Sample 1 - 1 Case 8711 Sex: -M- RA: -W-



Norms are based on a sample of 312 male law enforcement candidates collected by Hilson Research Inc.
 NUMBER OF OMIITS = 1

OMITTED ITEM NUMBERS ARE
 339

APPENDIX E

Hilson Research Interview Format for Police Officer Candidates

Introduction to candidate: "Today I will be asking you to respond to a series of questions. My job is to verify some of the information you have provided us on the written inventories. You will notice that I will be doing a lot of writing. Do not be concerned with this, since I am simply writing down what you say so that I can refer to it later."

How old are you? (old)*

Who do you live with? (liv) How do you get along?

Ever married? If married or living together, how long have you been together? (Mar)

If separated or divorced, what happened?

Are you working? (wrk) At what? Full time? How long?

What did you do before that? For how long? And before that? (Jhis)

Were you ever asked to leave a job? Or fired? Why? (fired)

Are you currently applying for jobs with other agencies?

Are you on other civil service lists?(cs)

Would you prefer another type of civil service position?(e.g. fire, correctn)

What was the longest job you've ever had? (lg)

Have you ever been arrested? Why? What age? What was the outcome? (arr)

Other brushes with the law? Any summonses? (sum)

How many moving violations have you had? (mv) Any accidents while you were driving? (acc) How many?

Were you ever in the military? (mil) Ever receive any article 15's? (al5) Or been written up? Why?

Were you ever suspended from school? (sus)

Why do you want to be a police officer? (po)

If you don't get this job, what will you do?

Have you ever done any kind of police or security work before? If yes, what was most difficult for you on that job? What was easy? (exp)

How confident do you feel about handling yourself physically? (phys)
How would you react when people verbally abuse you, swear at you? (verb)

How does your family feel about you taking this job? (fam)
Is there anyone who is strongly opposed to your taking this job?

When was your last fistfight? (ff) What happened? (If recent) When was the fight before that one? What happened?

* () are tag words to be written on interview record sheets as question is asked of candidate. Following the tag words should be verbatim responses to questions.

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How many brothers or sisters do you have? (B,S.) How do you get along with them?

How would you describe your father? What is his personality like? What is his worst fault? What does he do? (fa) Describe your mother? Her worst fault? Were you raised by both parents? How do you get along with them?

Which relative or parent do you resemble most in personality? In what way? (res)

Were you ever physically abused or beaten? What happened? (abuse) till what age?

How often do you have family arguments?

When you do, what is it likely to be about? (arg)

Do you have close friends? How many? (frnd)
What do you do with your friends? How often do you see them?
What are your hobbies? Spare time? (hob)

Do you have a boyfriend or girlfriend? If yes, How long have you been seeing each other? If no, would you like to have one? (lover)
Have you ever had a serious relationship? What happened?

What are the strengths or best part of your personality? (+)
What would you like improve about your personality? What are your shortcomings? (-)
What does your family/girl friend say you need to improve?

Do you ever have periods of feeling blue--or depressed? (dep)
What makes you blue or depressed? Do you ever wake up feeling blue?
What do you do when you feel low?

When you worry, what do you worry about? (worry)
What makes you angry or impatient? (ang)

How do you feel about heights? Large groups? etc. (fears) Closed spaces?

Which period of your life has been the hardest for you to deal with? (hard)

What do you like to drink when you drink? When was the last time you were high?/took a couple of drink? How often do you take a few drinks? (last hi) How many does it take to get you high/tipsy?

How many do you usually have when you drink? When was the last time you were drunk-or had a hangover? (hang)

Has anybody in your family tended to drink too much? How about anyone using drugs in your family? (famdr)

Do you smoke marijuana sometimes? How often? (pot) How about on weekends? Do you sometimes smoke a joint after work?

If never, really? Why not? Do your friends smoke? And you never have? How come?

Have you ever tried cocaine? How many times? (coc) Have you tried other drugs pills, pcp? speed? heroin? Are any of your friends into heavy drugs? Have you ever sold drugs to your friends? (sold)

Have you ever had counseling or therapy? In school? on the job? (coun)

How's your health? How many sick days have you taken this year? Last year? How often do you have headaches? stomachaches? (health)

Have your ever been hospitalized? (hosp)

Ever seen something out of the ordinary? like a vision or may something supernatural? Ever heard voices that guide you? Do you have any premonitions, events or unusual powers? (powers)

Looking back on your life, what has given you most satisfaction? What has been most disappointing, or what do you regret?

What are your long term goals?

APPENDIX F



HILSON RESEARCH
PSYCHOLOGICAL SCREENING REPORT

Case # XXXX

4/9 1984

NAME XXX XXX SS XXX-XX-XXX
last first

LIST NUMBER XXXX EXAM. NUMBER XXXXXX

At the present time, this candidate's psychological evaluation suggests the following:

- 1. Candidate shows no evidence of psychosis or character disorder.
- 2. There is some question regarding biographical data relevant to this candidate's suitability for employment. Suggest careful scrutiny of all records by Director of Personnel.
- 3. There is serious question regarding biographical data relevant to this candidate's suitability for employment. Suggest careful scrutiny of all records by Director of Personnel.
- 4. There is some evidence of character disorder or emotional adjustment difficulties corroborated by biographical data.
Do not recommend.
- 5. There is evidence of psychosis or severe character disorder.
Do not recommend.

This recommendation is designed to be part of an overall candidate assessment. Narratives and ratings presented in psychological reports for all candidates are based upon clinical opinions of potential risk factors. They are not intended to be interpreted as validated projections of a candidate's ultimate suitability for the job of a law enforcement officer or as predictions of future job performance. Rather, the narratives and ratings are intended to be used as additional input to a comprehensive selection program involving other independent components. It is not intended that these reports be used as a sole source for denying employment to a law enforcement officer candidate, or as a component of any job performance assessment once a candidate is hired. This report is prepared solely for purposes of instant evaluation and should not be used for any other purpose. Reports may not be deemed valid after six months from the date of testing unless reevaluated.

Hilary Knatz, MA
Ronald, PhD

Hilson Research

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PSYCHOLOGICAL SCREENING REPORT

CASE #	MMPI	IPI	SEX	AGE
8609	L K	GD	F	26
1. DENIAL/GUARDEDNESS				
2. HYPERACTIVITY/IMPULSIVITY	Ma	HP TA		
3. JOB ADJUSTMENT		JD AA		
4. INTERPERSONAL ADJUSTMENT		RT ID SP FC		
5. ANTISOCIAL BEHAVIORS	Pd	TL DV AS		
6. ALCOHOL/DRUG ABUSE/ATTITUDES	MacA	AL DG SA		
7. PHYSICAL ILLNESS/CONCERNS	Hs Hy	IC		
8. ANXIETY/PHOBIAS	Pt	AN PH OB		
9. ASSERTIVENESS DIFFICULTIES	Mf Si	LA LO		
10. DEPRESSION	D	DE		
11. UNDUE SUSPICIOUSNESS	Pa	US		
12. UNUSUAL/BIZARRE EXPERIENCES	F Sc	UE		

Key: (//) = Significant scale elevation at 2 standard deviations above the mean for other candidates tested.

(/) = Slight scale elevation compared to other candidates tested.

ADDITIONAL COMMENTS: TEST RESULTS-

Candidate's score on the MacAndrews Alcohol scale of the MMPI shows a high similarity to those of individuals who abuse drugs and/or alcohol. Her test scores in general suggest an extremely anxious, restless, hyperactive individual with substance abuse tendencies. A pattern of work adjustment difficulties and interpersonal conflicts is suggested.

INTERVIEW STYLE/APPARENT MOTIVATION-

Candidate was pleasant in interview and communicated openly. She appeared moderately motivated for the job: "I can do the job. I need a little more responsibility -- more routine."

JOB STABILITY/PERFORMANCE HISTORY-

She has been supported by public assistance since 1975. She worked twice and was fired both times. A job at a bank lasted for two months, and she "can't remember" why she lost the job. She worked in a day care center for 8 months and was terminated because of absenteeism. She dropped out of high school in the tenth grade. She was suspended from school several times.

ARRESTS/DRIVING PROBLEMS/ANTISOCIAL BEHAVIOR HISTORY--

She indicates that she has never been in trouble with the law, though the principal and the police spoke to her mother several times about her attendance.

DRUG/ALCOHOL USE-

Candidate states that she has "given up getting drunk". She states that she last had too much to drink in December, 1983. She indicates that she drinks beer or wine, approximately three drinks once a month. She states that she no longer smokes marijuana, which makes her "paranoid". She admits that she has tried cocaine twice. On SKIL Scale, she indicates that she has "hangover symptoms" once a month.

FAMILY & PEER RELATIONSHIPS/INTERPERSONAL SKILLS-

Candidate was raised by both parents. Asked to describe her father, she responded, "I don't know. He could be my husband." She says of her mother, "She did the beating". Apparently her mother had a temper, and candidate indicates that she had "a lot of disagreements with her" as she was growing up. She indicates that her mother used to tell her to "slow down" ("when she could catch me.") Candidate's sister was in trouble with the law and was sent to Job Corps. Candidate was married for a year, but her husband, she says, was jealous of her daughter, and they didn't get along. She has a child of 5 and another of 8½. She indicates that she has 3 close friends and a boyfriend whom she has known for 3 years. When asked if she has enemies, she responded, "I don't know. Probably I do." She states that when she is angry she will "pace around, keep talking, holler, and yell."

ILLNESS/HEALTH CONCERNS/PHOBIAS/DEPRESSION/UNUSUAL EXPERIENCES-

Candidate admits that she is sometimes depressed for a day at a time. At these times she likes to "lay down", watch T.V. or read a book. She indicates that she is sometimes anxious and that she "worr(ies) a lot". She admits that she is "always on the go." On SKIL Scale, she indicates that she "overreacts", feels like crying and has "unexplained mood changes" once a month. She indicates that she has nausea, rashes and diarrhea once a month, also. She indicates, in interview, that she often consults a doctor when she has a cold, sore throat and body aches.

SUMMARY STATEMENT-

This is an extremely restless individual with poor control of her impulses. She may be an excessive drinker. Her poor work adjustment and her background of interpersonal conflicts suggest she represents a poor risk for law enforcement work. Unless there is strong evidence in her favor, do not recommend.

Appendix G

Followup Study of Job Status for 1023 Hired
Candidates according to Psychological Ratings (all male)

<u>Psych. Rating</u>	<u>Expected rate of Resign/Term based on hire rate</u>	<u>Actual Resigned</u>	<u>Actual Terminated</u>
1 (no concerns)	20% (200)	22% (71)	9% (5)
2 (minor concerns)	38% (393)	43% (136)	26% (14)
3 (serious concerns)	29% (292)	26% (81)	39% (21)
4/5 (very serious concerns)	13% (138)	9% (28)	26% (14)
Total	100% (1023)	100% (316)	100% (54)

USE OF THE CHAPIN SOCIAL INSIGHT TEST DURING POLICE PRE-EMPLOYMENT EVALUATION

H. Wayne Light, Ph.D.

Pre-employment police testing is now mandatory for the state of California and other states are drafting similar legislation. This legislation mandates that each applicant be assessed for emotional stability.

Although the typical police pre-employment psychological evaluation often consists of several personality evaluations, intelligence testing, etc., actually measuring social insight as an independent trait is rarely done. Chapin defines social insight as:

The ability to evaluate others and to foretell what may occur in interpersonal and social situations.

The ability to understand what others may do appears to imply that an individual may understand proper behaviors to bring about changes in others. In his manual Professor Chapin put this matter another way:

We begin with the working hypotheses that social insight is the ability to recognize this principle in a give situation: (1) the existence and operation of specific substitute responses such as projection, rationalization, regression, sublimation, transference, etc.; and (2) the need of some specific stimulus to adjust group conflicts or tensions, such as a humorous remark to relax a dangerous intensity, a suggested compromise to attain temporary agreement, a face-saving remark to avoid embarrassment and and to preserve status (to leave a loophole, a way out, etc.), or to discover the missing part required to complete a pattern of thought (Manual for the Chapin Social Insight Test).

The above skills may be an asset for an individual working as a police officer and it seems reasonable to access this area.

In 1980 through 1983 the author administered 100 Chapin Social Insight Tests to entry and trainee level police officer applicants. Ages ranged from 18 to 42 years of age with the mean age of 25. Academic grade level showed a mean of 13.6.

THE CHAPIN TEST

The *Chapin Test of Social Insight* was first published in 1942 (now published by the Consulting Psychologist's Press, Palo Alto, California). Chapin tells us that he initially prepared 45 items using case histories from conferences, therapy, individuals and other sources. His final test consisted of 25 items presented in a reusable situations booklet and an answer sheet in which four options are given as choices. The respondent is asked to consider each situation on its own merit, reassuring the applicant that there is no right or wrong answer. There is no time limit for the test administration and the respondent is given no further guidance.

Chapin uses the following sample in his manual and also on the cover of the Situation Booklet:

Mr. Asher, when told an acquaintance had purchased a new automobile, was heard to criticize him very strongly for spending so much money for a car when he probably could not afford one. Not long after this incident, Mr. Asher himself bought an expensive new automobile. About the same time he placed another mortgage on his home. Why did Mr. Asher criticize his acquaintance for an act he, afterwards, performed himself?

- a. Because he probably had "money left to him" upon the death of a near relative.
- b. Criticism of his acquaintance got rid of "an uneasy feeling" about something he contemplated doing himself.
- c. His acquaintance was probably an unsafe driver.
- d. In sections of the country long settled and in which Mr. Asher lived, most houses were heavily mortgaged.

Standardization was complete using a criterion of contrasting the responses of 100 high scoring and 100 low

scoring subject. Chapin then weighted the items in accordance with their differentiating power. Some items earn a score of one point, some two points, while others earn a score of three points.

PRESENT STUDY

As previously mentioned, administration of the Chapin Social Insight Test as a matter of routine police pre-employment screening was initiated. The first phase of this study is to determine current mean scores, standard error of the mean and standard deviation. A later study is planned to rate scores on this evaluation against supervisor comments and ratings.

Below is the current status of this study which consists of initial statistical analysis. Until later portions of research are completed, no assumptions have been made as to the validity or predictability of the Chapin Social Insight Test in police officer pre-employment screenings.

	<i>Number</i>	<i>Mean</i>	<i>Standard Error</i>	<i>Standard Deviation</i>
Police Applicants	100	22.34	.53	4.02

THE K SCALE (MMPI) AND JOB PERFORMANCE

Bob Neal, Ph.D.

Supervisors in a suburban police department rated an unselected sample of officers on performance (n=12). This sample contained an unexpectedly high number of individuals with high "k's" on their MMPI's. Two decision rules (Goldberg and Classification) were investigated as to their usefulness in predicting job performance.

Findings indicated k and k addition MMPI scales have little correlation with performance; however, the decision rules investigated in this study have a significant correlation with k added scales. There was no significant correlation between performance ratings and hiring decision rules.

The purpose of this article is to investigate unusual elevations of the k scale on the Minnesota Multiphasic Personality Inventory (MMPI) and subsequent job performance of suburban police officers.

The selection of police officers is complicated for many reasons. Defining "suitability" for police work is still more of an art than a science. The work of *Matarazzo, Saslow and Weinz (1964)* utilized a team that included psychiatrists and psychologists to derive risk statements about applicants based on traditional clinical diagnostic models. Both the models employed appeared to suggest that "clinical fragility" contributed to conclusions of high risk.

Costello (1976) in another screening experiment, asked experienced clinicians to sort MMPI profiles into two groups (high risk-low risk). As might be expected, the clinicians had different decision rules and concentrated on different clinically important combinations of scales as they saw them for their decision. They had an agreement coefficient of reliability for placements for only 60 of the 92 profiles. Costello concluded that selection systems must be validated on a department by department basis because departments are unlikely to have similar decision rules for arriving at placement.

Bartol (1962) investigated psychological characteristics of small town police officers using MMPI data and collapsed categories of above average groups as well as an average group. He also used a college control group. The t-test revealed significant differences between groups on the k scale and four other scales (Pd, MF, Pa, Ma). Police scored higher replicating *Matarazzo et. al (1964)*, *Mills et. al. (1964)* and *Gottesman (1975)* who studied urban police. The k scale identified examinees who deny

psychopathology and try to represent themselves favorably. This kind of dissembling dynamically appears to relate to attempts at adequacy, control and effectiveness as it is commonly accepted in the police culture. "Best foot forward" techniques so often used by job applicants, universally by police applicants and those in civil life, undoubtedly play a part in the raising of the k scale. Just how much a part this temporary job seeking role plays remains under investigation. A major finding of the former study was that the MMPI does have a part to play in differentiating between small town police officers who perform satisfactorily on the job as judged by department superiors and those who do not. Police candidates were more guarded (elevated k), but when defensiveness was controlled for only the officer's tendency to feel more physically confident (Hs scale) emerged as significant.

Merian (1980) looked at the validity of the MMPI differentiating acceptable and unacceptable police officers. An index rationally derived was not much better than chance. The low base rate of unacceptables in the selected department could well be a reflection of the hesitancy to pinpoint ways current officers are unacceptable to their superiors.

Various indices have been used for selection, including the Goldberg index, to differentiate between groups of officers. *Costello (1982)* divided officers into three groups: acceptable, intermediate and unacceptable. Acceptables versus unacceptable could be differentiated at a high level of confidence. He concluded that police officers are a heterogeneous population and that a number of predictive indices are required to select appropriately. The Goldberg index worked well with as many as 25% of a target population and thus is useful as an early screen.

In the *Saxe and Reiser* article (1976) the mean MMPI profiles of police applicants were found to be highly homogeneous and to be significantly deviant from MMPI "normals" in consistent directions thereby suggesting the existence of distinct personalogical variable and work needs among urban police applicants. A prior MMPI study done by *Mills, McDevitt & Tonkins, (1964)* had only patrolman recruits compared on MMPI profiles. The Saxe and Reiser study compared applicants who became successful Los Angeles police department officers and were different from applicants who failed the exam and different from those who passed but were unsuccessful

after selection. The authors tentatively concluded that candidates select themselves for police work because of preexisting traits.

In this study differences were all within "normal" range and too small in terms of clinical standard scores to have meaningful utility in selection of applicants. This study points out the danger of using test norms developed by one sample to predict the behavior of another sample from different population.

Another study, *Schoenfeld et. al. (1980)* explored the inter-reliability of two experienced selection judges using the MMPI and decision rules through a simulated selection procedure. As might be expected, the judges selected markedly different selection strategies and disagreed on nominal placement in two classes in about one third of the cases. Neither judge was more accurate than the other despite different strategies. They could not improve their overall individual performances when collaborating. This study concluded that the criterion variables required improved definition before research on valid predictors could be undertaken.

The use of the MMPI in selection is not limited to police departments. *Ruch and Ruch (1967)* investigated the k factor as a suppressor variable in predicting success in selling. Five MMPI uncorrected scales usually subject to the k correction differentiated significantly between the criterion groups in the expected direction. Within the sample, salesmen from beverage sales to business forms were cast into upper and lower criterion groups based upon sales managers' ratings. The k suppressor variable applied as directed in the publisher's manual decreased validity of selection.

All of these studies point to conflict in the research finding concerning the validity of the k factor as a potential selection tool for police applicants. In this study both k corrected and non-k corrected scales were employed with standardized performance ratings of the individual officers in question. An unselected sample consisted of 12 officers (11 male, 1 female) who had survived up to two years in the suburban department. An unusually large percentage of them had elevated k scores (see Table 1).

TABLE 1. FREQUENCY DISTRIBUTION OF MMPI SCALE SCORES

Scale L		Scale F		Scale K	
t-score	Frequency	t-score	Frequency	t-score	Frequency
40	1	46	4	57	1
44	1	48	5	61	1
46	2	50	2	62	1
50	1	53	1	67	1
53	2			68	3
56	1			70	2
60	3			74	2
66	1			75	1
Scale 1 (uncorrected)		Scale 1 (corrected)		Scale 2	
t-score	Frequency	t-score	Frequency	t-score	Frequency
40	7	41	1	41	3
42	3	44	1	44	2
44	2	48	1	45	1
		49	3	47	1
		50	1	48	3
		52	2	53	1
		57	3	56	1
Scale 3		Scale 4 (uncorrected)		Scale 4 (corrected)	
t-score	Frequency	t-score	Frequency	t-score	Frequency
44	1	37	1	43	1
48	1	40	1	46	1
49	1	42	2	50	1
53	1	45	4	53	2
55	1	50	1	55	2
56	1	53	1	57	1
60	1	58	1	60	1
62	1	63	1	64	1
64	1			65	1
				74	1

TABLE 1. FREQUENCY DISTRIBUTION OF MMPI SCALE SCORES—continued.

Scale 5		Scale 6		Scale 7 (uncorrected)	
<i>t</i> -score	Frequency	<i>t</i> -score	Frequency	<i>t</i> -score	Frequency
43	1	35	1	36	1
45	1	41	2	38	2
47	1	53	3	39	6
49	2	56	4	41	1
51	1	59	1	42	1
57	2	65	1	43	1
58	1				
73	2				
Scale 7 (corrected)		Scale 8 (uncorrected)		Scale 8 (corrected)	
<i>t</i> -score	Frequency	<i>t</i> -score	Frequency	<i>t</i> -score	Frequency
42	2	38	2	44	2
48	1	40	4	50	1
50	2	41	5	52	1
52	5	43	1	53	2
58	1			55	2
60	1			57	1
				59	2
				61	1
Scale 9 (uncorrected)		Scale 9 (corrected)		Scale 0	
<i>t</i> -score	Frequency	<i>t</i> -score	Frequency	<i>t</i> -score	Frequency
50	1	53	2	32	1
52	5	55	2	34	1
54	1	58	2	37	5
59	2	60	1	38	2
61	1	63	1	44	1
66	2	65	2	46	1
		70	1	50	1
		73	1		

The selection of police officers is not an academic topic. *Perr (1983)* has commented on the elaborate system used in the State of New Jersey and notes that there must be, "a right to a fair and reasonable appraisal and job accessibility. If examiners act in an arbitrary or shoddy fashion, then there must be a reasonable system to oversee the process." The State of New Jersey created the Medical Review Board to act as advisor to the Civil Service Commission. *Perr* noted that in a nine year period almost 50% of the applicants were upheld although they had been rejected for mental unfitness. *Perr* notes that there is always a danger of uncontrolled application of psychiatric or psychologic "power" and the Review Board acts as a fair and honest overseer of uniform public employment policy.

METHOD

All of the subjects were taken from a small suburban police force. There were 12 subjects, 11 male and 1 female. They were all active patrol officers who were

monitored for on the job performance using a standard procedure introduced two years ago. (See appendix for examples). Each performance ratings represents 10 areas of job performance which a supervisor periodically rates each officer on. These ratings were done for either a three month or six month time period. Each officer had also taken an MMPI as part of the hiring process.

All officers having both a performance rating and a prior MMPI were used for the study. The most recent performance rating was used as it was felt that this rated the most experienced portion of the officer's tenure. All ratings appeared homogenous, however, no reliability checks were made. These ten performance ratings were also summated to get an overall performance rating.

The MMPI scales used included the validity scales (L, F, K) and the ten standard scales (1-0) using k corrected and uncorrected T-scores.

Two MMPI decision models used in screening police applicants were also investigated. These are the Goldberg and Classification I methods (See appendix for formulas).

The statistical runs were made on a Control Data Cyber

Series computer using SPSS (Statistical Package for the Social Science) software version 8.3. The runs made were: 1. Frequency distributions, 2. regression of MMPI scales against overall performance 3. regression of the Goldberg decision model against overall performance 4. regression of Classification 1 decision mode against overall performance and 5. Pearson correlation of all elements with all other elements.

DISCUSSION

The researchers were surprised by the frequency of high k scores for many candidates. (see Table 1). Other police psychologists in the Twin Cities metro region also noted this clinical finding.

Decision rules used in hiring have no significant correlation with any of the performance scales. One possibility for this finding is after acceptance the decision rules are no longer effective in differentiating between successful officers. There are a number of possible explanations and certainly homogeneity of the population is among them. The decision rules correlate highly with k added scales, particularly those scales which k contributes most ($Pt + k$, $Sc + k$) on decision rules and performance have little in common.

The ratings in general have a low correlation with MMPI scales. The performance scores had little correlation with k or k added. The correlation is much higher with scales when there is no k contribution.

The decision rules correlate highly with the L scale. They also correlate highly with Pa and negatively with

Si scale. Where the pattern exists the correlation is high with L , Pa , and Si . The decision rules correlate highly with $Pt + k$ and $Si + k$. The higher the L scale the more likely the person is to be rejected.

Pa is an index of rejection. Highly extroverted people are not likely to be selected in favor of more introverted individuals. In performance standards, skill level and judgement are associated with D . As might be expected the F scale correlated with skill level and judgement negatively.

One of the benefits of the research is that it appears that officers who are rated high on performance are more guarded about revealing themselves than are unsuccessful officers. As might be expected officers who endorsed a large number of unusual responses are likely to get marked down on skill level and judgement.

The elevation of the L scale apparently relates to guardedness about revealing oneself as well as "best foot forward." This finding closely parallels *Bartol's (1982)* finding that police candidates as a group were found to be more guarded than the college male control group.

Echoing *Saxe and Reiser (1976)* a predictive validation study using the success group as one basis for police selection would have to be established in order to confirm the discriminative value of the MMPI in police selection.

Obviously a larger number of individuals are needed before any firm conclusion can be made. As with all small samples, both error and artifactual variance can quickly cloud true variance. However, most police departments in various regions of the country would have to participate in research to determine the discriminative value of the MMPI in selection.

**Table 2. CORRELATION MATRIX OF MMPI SCALE SCORES WITH PERFORMANCE RATINGS AND DECISION RULES.
PEARSON CORRELATIONS/SIGNIFICANTS ().**

	L	F	K	I	I+K	2	3	4	4+K
Attendance									
Per. Con.									
Skill Lev.		-.55 (.032)	.55 (.033)			.61 (.017)			
Judge.		-.64 (.012)				.89 (.001)			
Traffic En.									
Patrol Act.									
Report	-.62 (.015)					.05 (.05)		.66 (.001)	.56 (.029)
Dedication									
Equip. Care									
Grooming			-.51 (.044)						
Overall						.64 (.01)			
Goldberg	.76 (.007)								
Classification I	.60 (.019)			.58 (.025)			.68 (.007)		

**Table 2. CORRELATION MATRIX OF MMPI SCALE SCORES WITH PERFORMANCE RATINGS AND DECISION RULES.
PEARSON CORRELATIONS/SIGNIFICANTS ()-continued.**

	5	6	7	7+K	8	8+K	9	9+K	0
Attendance					.56 (.03)				
Per. Con.					.69 (.007)				
Skill Lev.									
Judge.			-.59 (.022)						
Traffic En.	-.54 (.035)								
Patrol Act.									
Report							-.56 (.03)		
Dedication					.57 (.028)				
Equip. Care									
Grooming									
Overall									
Goldberg		.83 (.001)		.57 (.025)		.55 (.032)			-.62 (.016)
Classification I	.58 (.024)	.59 (.021)		.63 (.014)		.50 (.049)			-.68 (.007)

APPENDIX

The "Goldberg Index" is a simple linear composite of MMPI scale scores (L + Pa + Sc - Hy - Pt).

"Classification I"

Group I (All required to classify)

- L ≤ 63
- K ≤ 62 (Raw ≤ 17)
- L and K not both ≥ 62
- N Scales ≥ 70 = 0
- N Scales ≥ 65 ≤ 2
- N Scales ≥ 60 ≤ 5
- 2 and 4 not both ≥ 65
- 4 and 9 not both ≥ 65

Group II (Any will classify)

- L ≥ 65
- K ≥ 64 (Raw ≥ 22)
- L and K both ≥ 62

Group III (Any will classify)

- 5 ≥ 70
- 9 ≥ 70
- 2 and 4 both ≥ 65
- 4 and 9 both ≥ 65
- N Scales ≥ 65 ≥ 3
- N Scales ≥ 60 ≥ 6

Police Patrol Officer Work Progress Report

- Attendance
- Personal Contact
- Skill Level
- Judgement
- Traffic Enforcement
- Patrol Activity
- Report Writing
- Dedication
- Operation/Care of Equipment
- Grooming/Dress
- Overall Performance

Figure 5

POLICE PATROL OFFICER WORK PROGRESS REPORT									
	Unsatisfactory			Satisfactory			Outstanding		
	1	2	3	4	5	6	7	8	9
Attendance	1	2	3	4	5	6	7	8	9
Personal Contacts	1	2	3	4	5	6	7	8	9
Skill Level	1	2	3	4	5	6	7	8	9
Judgement	1	2	3	4	5	6	7	8	9
Traffic Enforcement	1	2	3	4	5	6	7	8	9
Patrol Activity	1	2	3	4	5	6	7	8	9
Report Writing	1	2	3	4	5	6	7	8	9
Dedication	1	2	3	4	5	6	7	8	9
Operation / Case Equipment	1	2	3	4	5	6	7	8	9
Grooming / Dress	1	2	3	4	5	6	7	8	9

COMMENTS:

adhering to professional guidelines, clearly expressing the limitations as well as the advantages of psychological screening, and providing evidence that supports every individual hiring decision, mental health practitioners can help to reduce a law enforcement agency's liability and expense in the sensitive area of personnel selection.

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EFFECTIVENESS OF THE MMPI IN DIFFERENTIATING IDEAL FROM UNDESIRABLE POLICE OFFICER APPLICANTS

James H. Shaw, Ph.D.

Because of the discretion allowed by law, a law enforcement officer is the single most powerful person in the Criminal Justice System. No other individual has the unilateral authority to deprive other citizens of their freedom and/or property and is allowed to use physical force to enforce their directives, to the point of taking a life, as the result of non-compliance.

With such immense power, it is incumbent upon the employing agency to hire only those officers who have the ability to be productive, to work effectively and to properly utilize their discretion. On the other hand, the employing agency must also attempt to eliminate those applicants who will be unable to handle this responsibility. The psychological testing of law enforcement officers has an appropriate role in the pre-employment process to identify those applicants who are unable to manage their authority.

Lefkowitz in fact, found that nearly one-half of the citizen complaints against the police were due to incidents which were related to the abuse of their discretionary power.

Rankin in one of the first studies to discuss the personality patterns of police applicants, hypothesized that any overly neurotic or psychotic applicant had probably dropped out of the applicant group because of the long period of time between the civil service examination and the psychological screening. However, he noted that of 161 police officer applicants he tested, 25% were rejected on a psychiatric basis in which he classified them as latently borderline psychotic, inadequate personalities, schizoid personalities, schizoid personalities or paranoid personalities.

The 1967 Kerner Commission recommendation that all police officer applicants be psychologically evaluated, documented the value of this procedure, which until that time had been utilized by few law enforcement agencies.

The issue of the need to psychologically screen police officer applicants is very clear and has never been seriously questioned. The paramount issue in the screening of officers concerns which methods are the most reliable and valid. Both the effectiveness of the tools and methodology have been widely debated and while specific psychological tests have been found to be highly reliable by one researcher, another study will conclude the same test, on a similar applicant group, had no predictive value.

In setting the standards for police selection, Brereton indicated that in many instances "standards" are set in an *a-priori*, non-empirical fashion. He points out one problem with this approach is that it is based on the notion that the function of the screening process is to identify and eliminate emotionally unfit applicants. He saw this as a limited notion at best as it does not follow that the non-observance of pathological character traits is an indicator that the applicant will be a successful police officer, nor does it follow that the identification of certain psychological traits is a reason for rejecting an applicant.

Mills pointed out that the personality inventory examination has been standardized on different populations from that of the police recruit and that extrapolation from the standardized group to the police group was questionable.

Levy voiced a concern that rejecting the applicant who is emotionally unstable is not as effective in eliminating the high risk as would be the elimination of the emotionally unsuited. She concluded that we have not determined what constitutes emotional suitability for law enforcement, nor have psychological tests and psychiatric interviews demonstrated much predictive value.

As of this writing, the author is unaware of any instrument which has been specifically designed for selecting police officers and which statistically has been proven to be of value. However, many clinical tests such as the Minnesota Multiphasic Personality Inventory (MMPI), 16 PF, California Personality Inventory, Edwards Personal Preference Schedule, Thematic Apperception Test and the Rorschach are used routinely for police officer selection.

Murphy found that 36 different personality tests were being used in the police officer selection. He reported 48.75% of law enforcement agencies who utilized psychological evaluations of police officer applicants used the MMPI as part of the evaluation to determine emotional competency for police officer applicants.

He also confirmed earlier observations that there was an obvious weakness in the methods currently used for selection, as these tests are clinical instruments designed for use in the diagnosis of emotional disorders and none had been properly validated on police populations.

Buros comments that the MMPI is being researched at the rate of 200 articles, books and these per year and

still is the same inventory which was published in 1943. However, this concentrated research on the MMPI has not resulted in consensus among psychologists as to what it can and cannot do and the inventory is probably just as controversial, if not more so, than it was ten or twenty years ago.

However, there are indications that a psychologist who is familiar with the demands and responsibilities of a police officer can effectively utilize clinical data in making those predictions. Because of the nature of the information available, most psychologists tend to make their predictions based upon negative indicators which surface during the evaluation.

This study evaluates the effectiveness of the MMPI in differentiating ideal from undesirable officers based upon the MMPI profile obtained at the time of employment. The study was conducted with police officers employed by an agency having responsibility for providing law enforcement services to a population exceeding 500,000 citizens.

The MMPI was developed as a personality inventory which would identify traits which are commonly characteristic of persons with disabling personality abnormalities. The format used in this study, consists of 566 questions printed in a test booklet to which the subject's responds to the true and false questions by recording their responses on an answer sheet.

The MMPI questions vary widely in contents, covering such areas as physical symptoms, sexual adjustment, family relationships and symptoms of neurotic or psychotic disorders.

Some MMPI validation research has been completed, however, much of it has had significant flaws in the research design such as those described below:

1. Lack of specific and effective job performance indicators upon which to base conclusions.
2. Lack of an adequate rating system to document job performance.
3. The pre-employment elimination of questionable applicants based upon the psychologist's or psychiatrist's personal bias in the interpretation of the MMPI during the pre-employment evaluation.
4. A lack of consistency in the agency treatment of applicants, recruits and police officers.
5. Failure to obtain adequate research samples in a setting where variables have been closely controlled.
6. Failure to gather data over the time frame necessary to determine the career success or failure of an officer.
7. A lack of replication of studies.

This study was designed to eliminate many of the prior research deficiencies through the following research design:

1. Use of an adequate number of applicants.
2. Requiring at least three years of employment as a police officer with the same department before being considered for this study.
3. Avoiding pre-employment rejection of applicants based upon the results of the psychological data.
4. Standardization of the department selection, training and career development program for officers included in this study.
5. Selection rater who had an in-depth knowledge of the job performance of each officer.
6. Development of a rating system which would eliminate both positive and negative halo in raters, which is job related and easily understood.

No officer was included in this study who had not completed all aspects of the Department pre-employment process, graduated from the basic academy and been continuously employed as a full time police officer for a period of at least three years.

Applicants for police officer positions for the Department initially completed the civil service process which included a written examination, a physical agility test and an oral interview.

The written examination has been changed over the course of this study, but it has generally consisted of an academic ability examination. The entrance examinations have not been formally validated against later success or failure of the officers who were employed as a result of their performance on the civil service examinations. In fact, a study on the predictability of the civil service ranking indicated a lack of correlation between the civil service scores and job performance with both the academy and the field training officer program.

The initial step in the departmental pre-employment process involved the Department selecting the highest ranked applicant from the civil service register and beginning the background investigation process which included a medical examination, background investigation, polygraph and a psychological screening.

The psychological screening included at least the administration of the MMPI, the Edwards Personal Preference Schedule and the Rorschach along with a comprehensive clinical interview. The results of the psychological screening were shared only with the applicant in an effort to avoid contamination of the research sample by creating a bias with supervisory personnel. Further, to avoid pre-screening the sample, only two applicants were eliminated by the author. These two were psychotic and if not eliminated, they would have posed a serious liability to the Department. It should be noted, however, that numerous applicants who indicated significant psychological problems were eliminated as a result of the

background and polygraph mainly because of theft and/or drug involvement.

Upon employment, the new officer was assigned to a 400 hour basic academy and completed a twelve month probationary period. During the course of this study, virtually no officers were terminated during the probationary period due partially to the Department having an ineffective performance evaluation procedure. Because of this factor the Department evaluation was precluded from use in this study.

The majority of terminations from the Department and all terminations utilized in this research, came as a result of unprofessional behavior or unlawful activities on the part of the officer. There were no officers terminated because of "production" levels.

METHODOLOGY

The names of the officers who were currently employed and had been continuously employed for at least three years, were placed alphabetically on a rating form which allowed only one of three supervisory ratings: undesirable officer, can not rate, or ideal officer. The raters were five supervisors holding the rank of captain or above who had been with the Department for at least sixteen years and who had supervised each officer included in the study. In order to minimize rating error, the rater instructions were kept simple and requested the supervisor to rate according to the following:

Undesirable Officer – an officer who you would not want under your command. In other words, this officer has significant job related problems and if the pre-employment screening procedure were perfect, this officer would not have been hired or he would have been terminated during the probationary period.

Ideal Officer – an officer who you would highly desire to have under your command and one who meets all your expectations as a truly superior officer.

Can Not Rate - This officer does not fall within either the undesirable or ideal officer categories or you do not know him well enough to rate. The bulk of officers are expected to fall within this category.

In order to further minimize rating error, each supervisor was requested to rate the officers without discussing the ratings. The names of the raters were kept confidential and each rater was assured his ratings would be seen only the the author.

Upon return of the completed rating sheets, the rating of each officer was recorded according to the rating classification. However, to be placed in either the ideal or the undesirable classification, the officer must have been given the identical rating by at least three of the five raters.

The MMPI profile of those officers who had been terminated for cause during the study period were added to the undesirable officer category.

The MMPI T-scores and the classification of each officer were placed on machine readable forms and submitted for statistical analysis.

FINDINGS AND RESULTS

This study confirmed prior research which indicated the composite MMPI profile of both the ideal and undesirable police officer did not significantly vary from that of the MMPI normative group. However, there were variations in the scales which appear to be accurate predictors of the prognosis for career success of police officer applicants which will be discussed below.

The validity scales of the MMPI consist of the L, F, and K scales. The resulting T-scores on these scales generally indicated a "fake good" profile which suggests a deliberate effort to look good and to deny any psychological problems. Of the validity scales, only K was found to be statistically significant in differentiating the ideal from the undesirable group. Statistically significant in this study results from a probability of less than .05.

High K scorers are seen as people who can not tolerate any suggestion that they are insecure, that they have difficulty in social relations or that they may not have their lives well-ordered and controlled. They are usually intolerant and unaccepting of unconventional or unconfomist behavior in others.

The following clinical scales were found to be statistically significant in differentiating the ideal and undesirable group with a probability of less than .05.

Hs: High scoring applicants are seen as complaining persons who generally handle their hostile feelings by making those around them miserable. They tend to be cynical, unambitious, stubborn and narcissistically egocentric. Low scorers on this scale are seen as alert, capable and responsible.

D: This scale relates to immediate satisfaction and comfort in living. High scorers tend to be silent and retiring to the point they may be withdrawn. They are seen as aloof, evasive and timid. Low scorers are seen as active, alert, cheerful and outgoing.

Pd: The Pd scale deals with general social maladjustment. High scorers show an apparent inability to plan ahead and a disregard for the consequences. Usually social relationships are shallow and strong loyalties are seldom developed. These people sometimes make a good initial impression but upon longer acquaintance, their behavior becomes more apparent.

Typically law enforcement applicants have elevated scores on the Pd scale. This study noted that 24% of the ideal and 42% of the undesirable group had T-scores above 60. There was further separation at a T-score of 70 and above, where only 3% of the ideal, but 15% of the undesirable group scored.

Pt: This scale is a general measure of anxiety and self-doubt. High scorers tend to be obsessively worried, tense, indecisive and unable to concentrate. Low scorers are usually relaxed, self-confident and secure. Individuals having marked elevations on this scale almost always exhibit an obsessive-compulsive defense systems.

Sc: High scorers almost always fell alienated, misunderstood and not a part of the general social environment. They tend to have fundamental and disturbing questions about their own identity and worth.

The means and standard deviations of the MMPI scales for both groups are contained in Table 1.

TABLE 1. MEANS AND STANDARD DEVIATIONS FOR POLICE OFFICER APPLICANTS

Scale	Ideal N=75		Undesirable N=52	
	M	S.D.	M	S.D.
L	50.2	9.4	51.6	6.6
F	48.4	3.5	49.0	3.3
K #	62.4	8.0	65.5	7.9
Hs #	49.3	6.0	51.7	6.9
D #	49.3	5.9	52.4	6.7
Hy	56.1	7.1	56.9	4.9
Pd #	55.5	7.4	59.6	9.7
Mf	54.8	7.1	54.9	7.0
Pa	52.7	6.2	51.6	7.8
Pt #	50.8	6.5	53.8	7.3
Sc #	51.2	6.2	55.0	8.1
Ma	54.5	8.6	54.4	8.5
Si	42.4	6.3	43.7	6.1

Significantly different at .05 level

The pre-employment MMPI Profiles of officers who retired because of a "mental" disability were also evaluated. The results provide some interesting data. For example, at the a T-score of 50 and above, a higher percentage of the retired officers were represented than with either the ideal or undesirable group on scales L, K, Hs, Pa and Sc. Further, they had a higher representation at a T-score of 50 or below, on scales F, Hy, Mf, and Ma.

Psychologists experienced in the use of the MMPI do not make decisions based upon a single scale, but upon the entire "profile" of the applicant. However, it has been noted that some psychologists will utilize only the MMPI profile in making employment recommendations. This approach, without benefits of an interview and analysis of other data, is questionable in its accuracy, ethics and professionalism.

The accuracy of this approach was tested as part of this study by randomly selecting 15 profiles from each of the ideal and undesirable groups. The 30 profiles were coded and sent to seven clinical psychologists who are experienced in the selection of police officers. The psychologists were given the following instructions:

Enclosed are 30 MMPI profile sheets of police officer applications who have been employed as police officers for at least 3 years. The profiles were taken at random from two groups of police officers who were recently rated by their supervisors as either ideal or undesirable officers. It is requested you review each profile and based upon your clinical interpretation of the profile, indicate on the enclosed rating sheet your prediction of each applicant developing into either an ideal or undesirable officer.

Of the 30 profiles, all seven raters correctly identified only six profiles, but all the raters also incorrectly identified five profiles. Of the seven psychologist, two had an accuracy rate of 60% one had a 57% accuracy rate, two were 53% accurate and two were correct only 50% of the time.

SUMMARY

It has been shown that certain scales of the MMPI have differentiated between ideal and undesirable officers when the sample is taken from one agency, the officers have had sufficient time to mature into their profession, the rating procedure is structured and the applicants were not pre-screened.

Although the findings were not statistically significant, there were sufficient data from the "mental" retirement

group to indicate the MMPI may well have utility in predicting those officers who could be expected to retire because of emotional problems.

It was also shown that a group of experienced psychologists were unable to predict success of failure

more accurately than at a chance level when furnished only the data from the MMPI profile. This finding has real meaning for those agencies who utilize the MMPI but a psychologist does not actually interview each applicant.

CONFIDENTIALITY AND THE LEGAL ISSUES RAISED BY THE PSYCHOLOGICAL EVALUATIONS OF LAW ENFORCEMENT OFFICERS

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This paper will discuss the confidentiality issues raised during the psychological evaluation of law enforcement officers. It will attempt to give the reader an understanding of the legal issues in this context and distinguish between the role of therapist and that of evaluator. It will set forth some of the common dilemmas faced by evaluators in attempting to obtain information, and will describe what is essential to develop an opinion and report that can withstand legal scrutiny either in an administrative hearing or a courtroom. The paper begins with a general discussion of confidentiality and its exceptions.

THE IMPORTANCE OF CONFIDENTIALITY

Mental health professionals have always accepted the notion that confidentiality is essential if a therapeutic alliance is to exist. It is considered the *sine qua non*¹ for successful treatment and felt that without the person being assured of confidentiality it is likely that treatment will be prolonged at best; and at worst, make a thorough exploration of emotional conflicts impossible.² If the person engages in long term therapy, he "lays bare his entire self, his dreams, his fantasies, his sins and his shames."³

Often those who need mental health services are particularly reluctant to seek professional help. In part, this stems from the stigma attached to being labeled "mentally ill" or "emotionally disturbed." Many of those who recognize their need for mental health services also recognize the possible negative career, social, and economic consequences of seeking that assistance if it were to become generally known. These consequences can include the inability to be considered for a position as a law enforcement officer, or the unlikelihood of being considered for a promotion. A past or present history of having obtained treatment for an emotional problem may lead to a denial of life insurance and social ostracism. Additionally, a history of having been treated for a mental illness can have adverse consequences in litigation in which the person is a plaintiff, defendant, or even a witness.⁴ As one nationally expert respected in this area has pointed out:

Because of the material disclosed to a psychiatrist includes information relevant to a patient's relationships to the whole outside

world, the psychiatrist becomes the repository of information valuable to many third parties, such as insurance carriers, legal adversaries, law enforcements agencies and employers. To the extent that such information is disclosed without the patient's consent, the reliability of the physician/patient relationship is eroded, and the ability of a physician to help his or her patient is impaired.⁵

Understandably, the person entering into a therapeutic relationship expects that what he reveals to the therapist will be kept secret, Notwithstanding its being critically important, confidentiality in the mental health setting is never absolute, Under certain circumstances the law demands that the therapist subordinate the confidentiality entrusted to him.⁶ In other instances, the professional ethics of the therapist himself may require him to reveal information.⁷

PRIVILEGED COMMUNICATIONS

"Privilege statutes" are the most common manifestations of the states concern with protecting information revealed by the patient to the therapist. To encourage full disclosure to a therapist, these statutes provide that what has been disclosed in the therapeutic setting cannot be revealed without the patient's consent. However, "privileged communications" refers only to information that is at issue in litigation.⁸ The matter of privilege only arises when the bearer of the privileged communication is asked a question that would cause him to divulge that information. These statutes do not govern access by third parties in the nonlitigation setting; each provides exceptions as to when information revealed during the therapeutic relationship may be revealed in the courtroom.

The concept behind privilege laws, is that certain relationships should be protected from disclosure in the legal setting. At common law, the attorney-client privilege was recognized, and today exists in every state. The notion is that a client should be free to discuss with his attorney all matters, without fear that it will lead to legal sanctions. Additionally, the priest-penitent privilege and the husband-wife privilege are now universally recognized. In almost every state there is either a physician/

patient privilege or a psychotherapist/patient privilege⁹ which protects information revealed in the therapeutic setting. Yet these statutes are not without controversy,¹⁰ and debate has occurred as to their merits.¹¹

In each state that grants a privilege to protect communications raised in the therapeutic setting, there are also exceptions specified by statute to those laws. Most commonly the exceptions arise in the context of suspected child abuse cases, when civil commitment is sought and when the person raises his mental condition as a claim or defense in a civil or criminal proceeding. This would include, for example, child custody cases, personal injury suits, and workers compensation claims, as well as when one raises the insanity defense. Additionally, there is no privilege when a court-ordered examination occurs, and when the courts are called upon to determine the validity of wills. In those instances the therapist may be required to reveal, either through his notes and records, or through a deposition, what he knows about the person in question. As a result of the numerous exceptions it has been argued that the exceptions swallow the rule.¹²

NONSTATUTORY PROTECTION OF CONFIDENTIALITY

The primary providers of mental health care- psychiatrists, psychologists, and social workers are all governed by a professional code of ethics, each of which contains a provision emphasizing the importance of confidentiality.¹³ Although not carrying the weight of law, these codes establish standards of conduct that members of these professions are expected to uphold. For example, in elaborating on the principles of ethics adopted by the American Medical Association, the American Psychiatric Association states:

Psychiatric records, including even the identification of a person as a patient, must be protected with extreme care... Because of the sensitive and private nature of the information with which the psychiatrist deals, he must be circumspect in the information that he chooses to disclose to others about a patient. The welfare of the patient must be a continuing consideration.¹⁴

These ethical standards are instilled in the therapist while obtaining their professional training and provide the strongest source of protection of the information revealed by the person seeking treatment. In addition to the ethics of the profession, it can be argued that both the common law and the constitutional right of privacy protects communications made to therapists.¹⁵

BREACHES OF CONFIDENTIALITY

There are certain instances when a therapist will feel compelled to breach confidentiality. These most commonly arise when (1) the therapist acts pursuant to the mandate of a child abuse reporting statute¹⁶, (2) when the therapist deems it necessary to seek civil commitment of the patient,¹⁷ and (3) when there is a duty to warn others of potential danger from the patient.¹⁸

In addition to the therapist taking an affirmative action, the individual may voluntarily decide to waive the confidentiality of his records for the purpose of obtaining insurance benefits or in the employment situation either to obtain a job, return from a psychiatric leave of absence, or perhaps to obtain a security clearance.

In those instances where the patient has signed a release for information the therapist before revealing the information, *should inform him of its substance and scope*, thereby enabling the person to make an informed decision as to whether to authorize disclosure. *The therapist should also apprise the patient of the extent to which disclosure might be detrimental to him*, if adverse consequences indeed are possible. Regardless of any limits imposed by the patient, the therapist is under an ethical duty to only disclose that information which is relevant to the issue raised, and nothing more.

THE EVALUATION OF THE LAW ENFORCEMENT OFFICER

The need for the psychological or psychiatric evaluation of a law enforcement officer may arise at a number of points in the employment process including: (1) as part of the screening process for hiring potential recruits, (2) when an issue has been raised about an officer's emotional stability to remain on the job, (3) when transfer is being considered to a particularly stressful job, such as a SWAT team, or (4) when an officer wished to return from disability leave. The rights of the person will vary greatly depending on whether they have been hired, their seniority, and whether the agency is operating under a collective bargaining agreement.

The evaluation of someone who is a potential officer poses few problems. He has almost no rights, except not to be discriminated against in the hiring process, because of his race, sex, or national origin. He can be, however, discriminated against because of a past or present history of emotional instability. Even when hired, the recruit has few rights until his probationary period is ended. In contrast, the officer who has been a member of the force beyond the probationary period may have many rights

relating to the evaluation. Although he will be required to undergo an evaluation if ordered to do so by his superiors, either the agency directly or through a collective bargaining agreement may have provided an elaborate due process procedure when the evaluation may lead to forced medical leave or termination from the department. The rights may state that an officer must release any previous medical or psychiatric records, or when these records may be kept confidential. They may permit contact of other members of the force or outside sources, or limit the contacts. The officer may have a right to read the report and formally dispute it. It also may permit an attorney to attend the evaluation, or the use of an independent expert. Once the report is written and the recommendations are made, the agency will in all likelihood have a procedure if the officer desires to contest the recommendations relating to leave or termination of employment. *It is essential that the psychologist who serves as an evaluator for an agency know the rights the officer is entitled to during the evaluation process and if actions are taken based on the evaluator's recommendation.*

The Evaluator vs. The Therapist

In order to operate effectively in the law enforcement agency setting, the mental health professional, the agency, and any individual officer seen by the professional must be clear on what the professional's role is. More and more law enforcement agencies are providing counselling to their employees either on site, frequently with programs to combat drugs and alcohol abuse, or through insurance coverage of services provided by mental health professionals. These people are acting as therapists. For them to be utilized and successful it must be clear, that although they are employed by the agency they are to serve the officer, and will maintain confidentiality. This role should not be confused with that of the evaluator—either in the mental health professional's mind or that of the agency. The mental health professional hired to provide counselling should not be used for psychological evaluations.

The evaluator, on the other hand, is a mental health professional who is the agent of the law enforcement agency. His duty is not owed to the individual who is being evaluated, but to the agency. The agency in meeting its responsibilities to the public is trying to assure that all of its officers have the emotional stability to function in their role as protector of the public, and enforcers of the laws of our society. The evaluator is hired to respond to the needs of the agency, and thus the needs of society, for an emotionally healthy police force.

Obligations of the Evaluator

Although the officer may know why he is being seen by the evaluator, the evaluator is under an ethical obligation to explain to the officer his role.²⁰ He should emphasize that he is the agent of the law enforcement agency and what the goals of the evaluation are. He also should *warn* the officer that anything revealed by him during the course of the evaluation may be reflected in his permanent file and may effect the outcome of the evaluation.²¹ Although it may seem that this type of warning would result in officer's refusing to talk, usually the skills of the evaluator combined with the desire to be cooperative to either show how stable the officer is or to keep his position, usually negates the likelihood of the officer remaining silent. Emphasizing that the evaluator is not there to provide counselling protects the agency against charges that it obtained information in a dishonest fashion.

The Evaluation

All evaluations done in the employment setting are for a specific purpose. Usually they are aimed at answering a specific question or series of questions such as: (1) does this individual possess the qualities needed to be a police officer? (2) is this officer able to effectively continue in his job and carry a gun? (3) should this officer be permitted to return from medical or disability leave? or (4) is the problems this officer is complaining of, work related, and thus entitled to work related disability leave and compensation?

To answer these questions the evaluator needs specific information, usually focusing on the present or behavior over a relatively recent period, rather than a detailed understanding of the person's life. The evaluator will need to obtain sufficient information to be able to render a conclusion that answers the question posed, and is defensible should the evaluator's recommendation become the subject of an administrative hearing or litigation.

Sources of Information

In addition to speaking to the officer, the evaluator will often need to contact additional people to do a thorough evaluation. At the outset he may want to do some psychological testing to verify some impressions, or gain a better understanding of the officer. He also will want a detailed description of why the officer is being referred. This might include a cover letter as well as

supervisor's comments, disciplinary records, performance ratings. Finally, the evaluator will probably want to speak with others who are aware of the officer's performance or past history.

Where the individual has been under psychiatric care or was hospitalized for a mental illness or alcohol dependence, then the hospital records will be crucial. These should only be obtained with a written release from the officer. If he refuses, this may jeopardized his job – but the choice should be his. He may have something he wishes to cover up, which is worth the risk of losing his job. If the officer has been in ongoing treatment or was treated in the recent past, a consent form should also be signed for the records of the therapist or to speak directly to him. Although many therapists will speak the minute you identify yourself with a police department, it is a violation of confidentiality and their own ethics to speak without a written consent, and without advising their client what they are likely to reveal.

It may also be useful to speak to family members such as a wife. Permission should be sought from the officer to do this. Although permission is not needed to speak to another member of the law enforcement agency, you may wish to advise the officer that you are likely to contact partners, superiors, etc. He may desire this, on the other hand, he may not want anyone else to know he is being seen for such an evaluation. At that point the evaluator is in a difficult position because often the people who work with the officer can provide the most crucial information. The evaluator must make a determination with sensitivity to the needs of the individual officer, but remembering that his ultimate obligation is to the agency.

Once all the material has been gathered, the evaluator needs to reach a conclusion with specific recommendations. This should be included in a report.

The Report

The way the report is written is almost as important as having done a thorough evaluation. The report will contain the recommendations which will force the administrators of the agency to make a decision regarding the individual officer. This decision could have drastic consequences for the individual such as not being hired, forced to take a leave of absence, or being terminated from employment. Even if no immediate action is taken, it will probably be placed in the officer's personnel file, and then might effect his likelihood of promotion. When negative consequences occur, it is probable that the officer will be entitled to an administrative review process, and if this is unsuccessful then it could result in litigation.

When writing a report the evaluator must remember:

1. The report could become a central issue in an administrative or judicial hearing.
2. The officer may have direct access to read and have a copy of the report.
3. The officer may be analyzed by other mental health professionals who are called into the matter on the officer's behalf, and who will reach a conclusion opposite to your.

For these reasons it is critical that the report not only answer the questions posed, but do it in a manner which indicates the materials considered to reach the conclusion. should not only be well thought out and documented, it should be articulated clearly and concisely. Hopefully, the answer is clear to the question posed, thus permitting a strong report to be written in support of the evaluator's opinion.

UNIQUE CONFIDENTIALITY AND ETHICAL ISSUES WHICH ARISE IN THE EMPLOYMENT EVALUATION

It is important to reiterate that the evaluator is not a therapist, at least not for the officer being seen, and thus the rules of confidentiality which apply in the therapeutic setting will not apply in the evaluation setting. For this reason there are a number of issues which are frequently encountered when evaluating law enforcement officers, which merit discussion, although clear cut answers are not forthcoming.

a) The Officer Reading the Report

If it is likely that an officer gets to read a report, this is probably done with him receiving a copy from someone in the administration. Although you may have concluded that the officer has serious mental problems and labeled him with a major mental illness, he will read the report with no mental health professional to explain its meaning or the implications, Therefore it is advisable when writing a report, not to use psychiatric labels unless they are meaningful and necessary. For example there is probably no point in describing someone as neurotic, but there is a great deal of reason to describe someone as a manic depressive. Although not being asked about treatment recommendations, whenever you believe there is an illness that would benefit from treatment, this should be included in the report. If its an illness that can be treated with medication, then suggest the person see a psychiatrist who can address both the therapeutic and medication needs of the officer.

The ideal would be for the law enforcement agency,

when releasing the report, to have the evaluator explain his findings and their implications to the officer. Although ideal, this is unlikely to occur in most instances.

b) Protecting the Source of Information

Frequently when making ancillary contacts, a coworker will only be willing to talk if he is not named, quoted, or in some other way identified in a report. Usually the information they have to offer, particularly from coworkers is invaluable. However, if the matter goes to litigation, or if you depend on the information heavily to reach your conclusion you will be unlikely to keep your source's identity a secret. This poses a problem at the outset, because you may not be able to guarantee the source confidentiality and without this guarantee he may not be willing to talk. Even if your promise not to identify the source in the report, you may need to refer to information which was obtained that only the source could have known about. In cases of particularly disturbed officer, it is understandable why some sources' of information fear harm if it becomes known that they talked.

As the evaluator you should make every attempt to disguise who the source is, if this is requested. However, if you think this is not possible then you need to explain to the source the problems you face, and that although you will not name him in the report, you need to rely on information he has, which may be critical to the evaluation's outcome and assist in the running of the police department by removing unqualified officers from duty.

c) Discovery of the Evaluator's Notes

If the matter goes to litigation or even during the administrative process, it is possible that the evaluator's notes will be discoverable. This should be borne in mind as you are making notes. If you have a good memory and only do a few evaluation, notes will not be necessary. However, if your memory is poor and/or you do many evaluations often the notes will be crucial. You may only need cryptic notes to remind you of conversations. If you had promised to protect sources, then you should not have notes identifying the source specifically, with detailed descriptions of the conversation.

CONCLUSION

With the increased rights of law enforcement officers to collective bargaining agreements and with more emphasis on litigation in our society, it is critical that the psychologist who becomes an evaluator for a law enforcement agency, understand his role, his limitations, and their legal implications. When psychological tests are used, they should be validated. When an evaluation is done it should be thorough enough so the evaluator feels confident in his conclusion and that his opinion is

defensible. The report should be written in a way which emphasizes the work which went into the evaluation and documents why the conclusion was inevitable. The evaluator must always remember that he is the agent of the law enforcement agency, not of the officer. Yet he is also a mental health professional and has an obligation to point out the immediate treatment needs of anyone he is evaluating.

FOOTNOTES

¹Group for the Advancement of Psychiatry, Confidentiality and Privileged Communications in the Practice of Psychiatry, 92 Report No. 45, 1960

²Goldstein & Katz, Psychiatrist-Patient Privilege: The GAP Proposal and the Connecticut Statute, 118 Am. J. Psych. 734-35 (1962).

³M. S. Guttmacher & H. Weinhofen, Psychiatry and the Law 272 (1952).

⁴J. Robitscher, The Powers of Psychiatry 230 (1980).

⁵J. Beigler, Statement of the American Psychiatric Association before the U.S. House of Representatives, Subcommittee on Government Information and Individual Rights April 19, 1979, reprinted in N.Y. State J. Med. 2088 (Dec., 1979).

⁶See B. Weiner, Provider-Patient Relations in S. Brakel, J. Parry, & B. Weiner, The Mentally Disabled and the Law Chpt. 10 (1984) for a much more detailed discussion of the privilege laws and exceptions to privilege. This applies in situations of suspected child abuse, when civil commitment is necessary, or when there may be a danger posed to others by the actions of a patient/

⁷Id. This is particularly true when the therapist believes his patient is likely to pose a harm to unformed third parties.

⁸McCormick on Evidence, Sec. 72 (2nd ed., 1975)

⁹See e.g. Shuman & Weiner, The Privilege Study: An Empirical Examination of the Psychotherapist-Patient Privilege, 60 N.C. L. Rev. 893 (1982). At the end of this article it lists the privilege laws of all of the states and points out that with the exception of South Carolina there is at least coverage in all other jurisdictions for communications between a psychiatrist and patient. Additionally it is noted that most states either have specific statutes relating to psychologists or for psychotherapists.

¹⁰See e.g. Slovenko, Psychiatry and a Second Look at the Medical Privilege, 6 Wayne L. Rev. 175 (1960); Fisher, The Psychotherapeutic Professions and the Law of Privileged Communications, 10 Wayne L. Rev. 609 (1964); Delgado, Underprivileged Communications: Extension of the Psychotherapist-Patient Privilege to Patients of Psychiatric Social Workers, 61 Cal. L. Rev. 105 (1973).

¹¹See e.g. J. Wigmore, Evidence, Sec. 2285 (Supp. 1981); Slovenko, Psychotherapist-Patient Testimonial Privilege: A Picture of Misguided Hope, 23 Cath. U. L. Rev. 649, 652 (1974); Chafee, Privileged Communications: Is Justice Served on Obstructed by Closing the Doctors Mouth on the Witness Stand?, Yale L. J. 607 (1943).

¹²See Slovenko, note 11 supra at 652.

¹³American Psychological Assoc. Ethical Standards for Psychologists: National Assoc. of Social Workers, Profession of Social Work Code of Ethics.

¹⁴130 Am. J. Psych. 1063 (1973).

¹⁵See Weiner, note 6 supra; Smith, Constitutional Privacy in Psychotherapy, 49 Geo Wash. L. Rev. 1 (1980).

¹⁶See Besharov, The Legal Aspects of Reporting Known and Suspected Child Abuse and Neglect, 23 Vill. L. Rev. 458 (1977-78); Fraser, A

Glance at the Development of Child Reporting Statutes, 54 Chi-Kent L. Rev. 641 (1977-78).

¹⁷The vast majority of states provide a specific exemption from the privilege statutes when the therapist determines the person will benefit from involuntary hospitalization.

¹⁸See *Tarasoff v. Regents of the University of California*, 551 P.2d 347 (Ca., 1976); for a discussion of the implications of this case and other duty to warn cases from both the legal and clinical perspective see: Roth & Meisel, *Dangerousness, Confidentiality, and the Duty to Warn*, 134 Am. J. Psych. 508 (1979); Sloan & Klein, *Psychotherapeutic*

Disclosure: A Conflict Between Right & Duty, 9 Toledo L. Rev. 57 (1977); Stone, *The Tarasoff Decision: Suing Psychotherapists to Safeguard Society*, 90 Harv. L. Rev. 358 (1976).

¹⁹See American Psychiatric Association Annotation for the AMA Code of Ethics, which provides "the continuing duty of the psychiatrist to protect the patient includes fully apprising him of the connotations of waiving the privilege of privacy.", 130 Am. J. Psych. 1063 (1973).

²⁰Rapperport, *Difference Between Forensic and General Psychiatry*, 139 Am. J. Psych. (1982).

²¹*Id.*

SECTION TWO
COUNSELING: ISSUES AND PRACTICES

A TRAINING PROPOSAL: DEVELOPING SILVER-TONGUED OFFICERS

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For more than a decade we social scientists have been commenting on the importance of police officers developing good communication skills (*Goldstein et al, 1979; Klyver, 1983; Mann, 1973; Nelson, 1981; Nielson & Shea, 1982; Reese, 1982; Romano, 1981; Topp, 1982*). It seems obvious, at least to us, that being able to talk effectively with upset or wary people is equally important as learning marksmanship or memorizing parts of the Penal Code.

There are many sound reasons for emphasizing training in communication skills. Some of the major reasons are:

1. Police officers spend the majority of their time answering calls that require mediation and negotiation, not criminal enforcement action. On disturbances of all types, traffic stops, collision investigations and even interviewing criminal suspects, the major tasks involve verbal skills. Calming the citizens, interviewing people for information, problem-solving with them, and explaining the next steps in the legal process all require the ability to "talk good".
 2. "Call backs" to family disturbances are normally reduced if officers are skilled in basic mediation techniques. This saves the department time and avoids potentially violent situations where conflict has escalated over the course of several police calls.
 3. More dramatic crisis intervention calls (violent domestic disturbances, suicide attempts, hostage negotiations, emotionally disturbed people) require sophisticated negotiation and counseling skills.
 4. Many citizens' complaints about officers' "rude behavior" or "overbearing style" can be traced to the officers' lack of awareness about how they look to the citizen (eg: the officer never smiles during the traffic stop and the citizen concludes that the officer is "treating me like a criminal").
- Additional complaints results from officers "counter-attacking" when they are challenged by angry or embarrassed citizens. If the officer had experience and confidence in his/her own ability to calm people down, he/she would not resort to such traditional put downs as sarcasm and threats. Arrests of citizens who "fail the attitude test" frequently reflect the arresting officer's inability to manage sarcastic and argumentative citizens.
5. Use of physical force (ie: wrestling matches, using nightstick or pistol) can be reduced when an officer is

good at talking. When a citizen is agitated and is threatening some sort of violence, the "untrained response" is to overcome the citizen's agitation with greater force. The trained response is to lower the danger by calming the person through talking.

The Austin Police Department, like many progressive departments, has a written policy on the "Use of Force" that requires officers to begin controlling situations with non-physical force (ie: voice control) and only allows graduation to physical force when lesser force proves ineffective. By developing more "talking options" to control people, there should be even less need for officers to rely on physical force.

What is Being Done at the Present?

Despite the general agreement among psychologists and may police administrators that talking/listening skills should be an essential part of police training, there is remarkably little evidence that systematic training occurs. The Austin Police Department does offer beginning communication skills training to cadets in several forms: stress management training, dealing with alcoholics and drug users, listening skills, basic interviewing skills, marriage communication skills, dealing with emotionally disturbed people, basic crisis intervention skills, and working with alcoholics and drug users, listening skills, and working with people from different sub-cultures in the community.

This training is typically designed to accomplish several goals:

1. Familiarize cadets with the background and types of people they will encounter.
2. Describe the goals and major approaches in handling different situations.
3. Role play common situations so the cadets get used to thinking on their feet, calming upset people, etc.

While this training provides a good introduction to the wide variety of calls where communication skills are important, the training does not give cadets solid skills to take home. It would be better if cadets could complete the training with a practiced set of "verbal moves" and approaches to use in the calls they will be required to make as commissioned officers.

More specialized training occurs during "in-service" training for commissioned officers in such areas as hos-

tage negotiation, domestic disturbances and family violence, rape investigations, and post shooting trauma. Although this advanced training provides many more details about dynamics and concentrates on re-playing actual cases, it still does not give officers specific verbal skills they can rely upon.

Why Not Make Training Simple

A stranger to police training would likely ask: "Why not make it simple?" Identify the most commonly used verbal skills and teach them to cadets. We already teach other complex behaviors such as handcuffing, come-along holds, and marksmanship using a step-by-step approach.

Such a question would probably be met by a chorus of chuckles and glazed-eyed looks from us psychologists. We would describe multiple reasons why such an approach is "overly simplistic", "Naive" and does not consider the "complexity of police work". Pushing through the initial negative reaction, there probably are several reasons why such an approach has not developed:

1. Our own training in clinical skills did not utilize "skill modules" so we assume that such modules will not be effective.

2. Normal "street situations" seem too complicated to use simple verbal skills. Most calls require officers to switch approaches and respond to the citizen's changing behavior. Teaching simple verbal skills might produce "robot-like" reactions from officers and interfere with their adapting to the situation.

3. Despite the growing popularity of "pop psychology", there has not been a move to simplify counseling/mediation skills. They continue to be considered by most practitioners as a complicated art which can only be mastered with years of experience.

An example of this conflict between professionals' desire to simplify communication skills and their inability to produce simple behavioral training is a recent publication entitled *Verbal Judo* (Thompson & Stroud, 1984). This book was co-authored by two psychologists, one of who was a former police officer. The promotional literature emphasizes that there are supplemental video modules which teach police officers how to achieve "voluntary compliance" from "upset and irrational people", control "belligerent citizens (who) insult officers" and use words such as the "first force option".

The advertising sounds very practical, but when one reads the principles of *Verbal Judo*, one discovers eight "Maxims" which sound like a course in Zen philosophy. Some examples of the Maxims are: "Give way in order to control"; "Embrace frustration with empathy"; and "Overcome hard with soft". Rather than being practical

and adapted for western culture, the principles use a far eastern paradoxical approach that will seem mysterious and confusing for most police cadets.

What we need to begin developing is a communication skills technology that is simple to understand, easy to practice and able to be adapted to complex street encounters.

A TRAINING PROPOSAL

Let's develop a series of separate training modules which teach cadets specific communication skills. The first step is to identify skills which are frequently needed by patrol officers and which are behavior-specific enough to be described easily, observed in demonstrations, and can be practiced by the students in pairs or small groups just as baton tactics or "come-along" holds are presently practiced.

A partial list might include the following skills:

1. Allowing a person to vent (ie: talk angrily and accusingly toward the officer) without the officer counter-attacking.

2. Voice Control (ie: being able to use the following voices: sympathetic, command, reassuring, business-like, and logical reasoning).

3. Showing concern for a person's problem or compliant (ie: eye contact, attentive behavior).

4. Responding calmly to insults and challenges without resorting to put-downs like sarcasm.

5. Moving a person physically (eg: separating a fighting couple; or getting a motorist to step onto the curb) without touching them.

6. Changing the subject to guide an angry, ranting, or hysterical person into a thinking mode.

7. Using note-taking to calm an upset person, gain cooperation from an uncooperative witness, or regain control of an interview.

8. Using non-verbal behavior to increase or reduce the "authority image" of an officer (eg: reduce authority image by sitting down, talking slowly, intentionally being a bit awkward).

9. Basic Interviewing Techniques:

- a. Getting basic information (eg: covering issues of what, when, who, where, how in all interviews).

- b. Getting additional information from reluctant person (ie: open-ended questions, re-asking same question).

- c. Re-directing/controlling a person who rambles or gets off the subject.

- d. Explaining the "next steps" in the legal process that citizen can take to resolve their problem.

10. Unusual Interview Techniques:

- a. Pretending to be stupid or very slow at understanding the person.

b. Pretending to be well-meaning but helpless to act decisively.

c. Pretending to be a parent-like figure.

d. Pretending to be a little crazy.

11. Responding to "helpless-sounding" person in such a manner to re-direct them into a thinking/problem-solving mode.

This is obviously not an exhaustive list of skills, but rather a basic list which each police department can supplement as their needs require.

Level of Skills

In developing each module, trainers should devise several levels of proficiency both to structure the training process and to establish performance standards for evaluating the students' performance. One approach is to create a standard set of levels to be used with all skills.

Level 1: Conceptual – This level requires students to state the *purpose* of the skill and the *circumstances* in which the skill could be used.

Level 2: Simple Assisted Performance – This level requires students to perform the skill and nothing more. The goal is to become familiar with the behavioral elements of the skill, by rote practice.

The student would be asked to perform the specific skill and will not have to decide when to do it, nor will he/she have to "think on their feet". This level is analogous in football to simple blocking drills against a dummy or a blocking sled: moving straight ahead on the whistle.

Level 3: Unassisted Performance – There are two stages for this level.

In Stage 1, the student is told which skill or skills to use on a simple call, but the student must decide when to use those skills. The new responsibility at this stage is deciding *when* to use the skill and then inserting it into the conversation when appropriate. This stage is analogous in football to a situation where a blocker who is leading an end run must decide when to throw the cross-block on the defensive corner-man.

In Stage 2, the student is told to handle a routine call, using the various appropriate skills. The new responsibilities at this stage are deciding *what* skill to use and *when* to use it. This stage is analogous in football to an offensive blockers leading and end run and having to decide what block to use and when to use it.

Level 4: Advanced Performance – This level requires students to use a skill during an encounter which has additional pressures or distractions which are not commonly present in most police calls. The new responsibility is *adjusting the application* of the skills and switching approaches in order to successfully manage the situation.

This level is analogous in football to a scrimmage situation where a pass blocker sees a line-backer rushing toward the passer, and must decide how to block both his assigned defensive lineman and the line-backer.

Applying this approach to the skill of "letting a person vent" would produce the following:

Level 1: Conceptual: Purpose – To calm upset citizens down. *Circumstances*: Anytime someone is frustrated and complaining about something in an agitated way (eg: embarrassed motorist who is receiving a speeding ticket; citizen who is complaining about slow response time to call).

Level 2: Simple Assisted Performance – The instructor will tell the student: "I am going to start complaining about police harassment and I want you to let me vent until I calm down".

Level 3: Unassisted Performance – In Stage 1 the instructor will tell the student: "You are about to answer an old burglary call and I want you to use the following verbal skills: showing concern, moving a person physically without touching them; letting the person vent; and getting the basic information about the burglary".

In Stage 2, the instructor will tell the student: "In answering this burglary call, get enough information for an investigator to do a follow-up investigation".

Level 4: Advanced Performance – The instructor will tell the student: "You will be taking a domestic disturbance call where several "call backs" have occurred. Your task is to get the people to resolve their problem enough so that they will not call the police again tonight. Use the skills which are appropriate".

Requiring Competency Testing

Competency testing on a pass/fail basis should be required of police cadets. This approach accomplishes several objectives:

1. Establishes verbal skills as equally important in the cadet curriculum as other topics which are presently tested (eg: knowledge of departmental general orders; portions of the Civil and Penal Code and Code of Criminal Procedure; driving skills; marksmanship; memorized radio codes; basic collision investigation skills).

Police administrators spend much more time and legal fees investigating and defending officers' poor verbal skills (eg: complaints about "rudeness", "bad attitudes" and "over-reaction") than they do on officers forgetting laws, missing elements in collision investigations or even crashing police cars or missing their target in shoot-outs. The big difference is that poor skills in shooting guns and driving cars creates an *obvious* public safety hazard while officers' poor verbal skills creates a *hidden* public trust and confidence hazard.

2. Forces police trainers to identify and teach skills in a clear step-by-step manner. Rather than treating verbal skills as a mysterious art, this approach requires us trainers to produce cadets who can explain what they are doing and behaviorally demonstrate the skills. If we get poor results, the responsibility will be on our shoulders to devise better training methods.

3. Forces cadets to practice the skills until they reach a minimum competency level.

It is suggested that trainers adjust the competency level requirements depending on the stage of cadet training. For example, cadets might be tested on the Level 1 (Conceptual) early in the Academy, and be required to demonstrate Level 3 (Unassisted Performance) before graduation.

TRAINING PROCEDURES

Establishing simple step-by-step training procedures is essential if we are to overcome the historical neglect and our own traditional reluctance to demystify communication skills. High quality resources exist in several areas. Excellent video training packages have already been developed by Zenger-Miller of California and are widely used by private corporations that address management skills such as supervision and small group skills. Harper-Row has produced some excellent police training films that demonstrate specific communication skills such as "Defusing Hostile Individuals".

The Training procedures should adopt a behavior modeling approach and should include some form of the following steps:

Describe the Skill Clearly

Introduce each skill with a statement of:

- a. Its purpose and importance in police work.
- b. The situations in which it should be used.
- c. The behaviors required to perform it.

Demonstrate the Skill

Prepare students for the demonstration by reviewing the *elements* of the behavior which make up the skill (eg: the skill of "showing concern" includes such elements as eye contact, attentive posture, head nod to confirm understanding, etc). Ask the students to observe and write down when these elements occurred during the demonstration.

Perform a demonstration of the skill, and then re-state the critical elements of the skill. It would be ideal to video-tape these demonstrations so a high quality standardized example can be seen by all students.

Ask students to describe when each element of the skill occurred and how it affected the person being interviewed. This process of observation/re-statement is designed to reinforce the students' cognitive understanding of the skill.

Practice the Skills

Have students practice in groups of three. One student acts as an officer; one acts as the citizen and the third student is an "observer" for the practice.

The initial practice for all skills will be a level 2: Assisted Performance. This enables students to become totally familiar with how to perform the basic elements of the skill.

Give feedback during practice

The success of the practice sessions will largely depend on the skill of the observer in giving feedback to the fellow student. Therefore instructors should conduct a brief training session on giving effective feedback prior to starting the skill practice.

Using students to teach on another increases their understanding of the skill and also increases their own ability to visualize doing the skill successfully.

Increase the Skill Level After Mastery of Lower Skill Levels

One continuing problem with much police training is that untrained cadets are thrown into "role plays" and evaluated on how they react and "think on their feet". The philosophy that underlies this approach is that cadets either have verbal skills or they don't, and trainers should weed out people who consistently react slowly or in a confused way. This philosophy is analogous to telling an untrained football recruit on the first day of practice to "protect the passer" without giving him any training in pass-blocking.

The goal is to gradually bring cadets up through the skill levels to a pre-established competency standard. It is likely that some cadets will have stronger verbal skills than their fellow cadets, initially. For example, a former military officer is likely to have a better developed "command voice" than a cadet who did not serve in the military. These differences do not need to undermine the instruction process. Cadets who have a well developed verbal skill can be used as feedback/coaches for the cadets with less developed skills.

It is important to avoid the halo effect and certify everyone on each of the skills. Just because a former military officer has a good command voice does not mean

that he/she will be able to perform the other skills such as "showing concern" or "playing dumb" or using a "sympathetic voice".

Establishing a Competition in Verbal Skills

One way to popularize verbal skill training would be to establish an annual competition among officers. Situations which require "quick thinking and fast talking" can be drawn from the wide range of calls that officers make. Some examples of potential competition calls are: domestic disturbances, a frantic parent whose child is injured; an angry burglary victim who has little chance of recovering their property; a sarcastic college student who wants to bait the officer, and a community activist who wants to get the officer to admit that "routine patrol" is actually "political oppression".

Scoring could be divided into broad categories such as "establishing a relationship", asking good questions, redirecting the person's emotion into problems-solving, and getting cooperation. The same case would be used for all competitors at level of competition, to standardize the difficulty of the problems.

The winner of the competition might be crowned the "Silver-Tongued Champion" in the spirit of light-hearted respect. The police departments who promote such a competition will be the bigger winners, as they will be building a tradition of officers who are well-trained and who are personally committed to being confident, skillful communicators.

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SOME TECHNIQUES AND EXTERNAL PROGRAMS USEFUL IN POLICE PSYCHOLOGICAL SERVICES

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This paper is an accumulation of practices and techniques, thoughts and experiences, pulled together while functioning as a police psychologist over the past ten years with various departments in the Denver, Colorado Metropolitan area. For the past three years this psychologist has functioned essentially full-time as Department Psychologist for the Aurora Police Department, Aurora, Colorado.

I intend to share a brief overview concerning my particular style in working clinically with officers and then share some adjunctive programs or services available within most communities, which I feel can be of significant importance in assisting police psychologists dealing with some of the more stressful aspects of officer's lives; especially in those situations where the psychologist is working alone or may not be able to provide a service required due to time and caseload constraints.

It is not unusual for the law enforcement officer to present as a multi-problem crisis requiring adjunctive/supportive/auxiliary services that are not frequently available through traditional mental health/psychotherapeutic approaches. These problems frequently are in areas outside the realm of time, training, or expertise for many police psychologists, and too often, adequate resolution of crises cannot be fully realized without addressing the "whole problem" in all its aspects.

Frequently, in my practice a crisis intervention format is required, especially if it is the male marital partner that seeks assistance for his marital/personal relationships. Traditionally, law enforcement officers strive to accept and live by the myth that they solve other people's problems and are not supposed to have any of their own, as this somehow makes them unfit to be a professional caretaker, i.e., a law enforcement officer. Partially because of this mythical attitudinal set which denies their own humanness, an officer in marital trouble waits until an eleventh hour crisis erupts before seeking professional help. He may have talked with, or complained to, peers or supervisors regarding the state of his relationship, but any suggestion that he avail himself of professional psychological services would usually be met with "I'm not crazy", thereby voicing the perpetuating myth that psychologists deal with controlling crazy people versus primarily or secondarily preventing emotionally based maladaptation.

A crisis intervention approach is also frequently appropriate in response to the level of emotional disruption experienced or demonstrated by an officer under severe stress in his marital/personal relationships. Too often, if an employee is not an emotionally aloof or non-empathic person at the start of his law enforcement career, he too often assumes those characteristics in relationships with others at some point during his career. It is not unusual for an officer to rigidly concretize the academy's teaching that he "must always remain objective in all dealings with citizens" and he misinterprets this to mean he should never feel, and if, that should ever happen, he must never let his feelings be brought to awareness and never exhibit it. "Be objective and don't let your feelings get in the way" becomes learned as "Don't feel" – setting the stage for a high probability of emotional disruption at some possible point in his future. In fairness, police academies do try to get recruits to understand the benefits derived from being able to respond to the feelings of victims and witnesses, but in the face of years of dealing with the criminal or greatly disturbed portion of society, previously empathic officers frequently develop a more aloof, unfeeling, or callous demeanor as a defensive means of preventing their reacting emotionally or, out of bitterness at constant exposure to what physical and emotional damage people can do to each other. Too often, this unfeeling attitude towards others also takes precedent with the officers family, frequently generating difficulties through all relationships within the family structure.

My experience indicates that those officers who have adopted a nonfeeling approach to their world, frequently deteriorate emotionally to a greater degree when faced with marital/personal crises such as infidelity of a spouse, extra-marital relationships, separation/divorce, severe illness, injury or death of a child, critical incident trauma, etc., etc. These officers have never introjected, or have discarded, their capacity for emotional response and thereby are not equipped with the experiential training in dealing with their emotions, to the point that they can become dysfunctional in the face of their own personal crisis. They are not familiar with their emotionality and experience the quality and intensity of their emotional response in a crisis as "going crazy" or "having a nervous breakdown". They associate a moderate level off emotional disturbance as "going crazy" as they have led a

life of emotional insulation such that feelings were repressed and denied. Their language frequently betrays their uncomfortableness with feelings — they can never identify or acknowledge the feelings of anger, and similarly don't accept being depressed well. They will talk about feeling "upset" which can run the semantic gamut from being enraged, angry, frustrated, or down, sad, depressed. They will not accept anger or depression as legitimate adult feelings but tend to view their appearance as a sign of weakness or sickness.

Officers finding themselves in these personal emotional situations are frequently dysfunctional on the street, finding themselves as grossly preoccupied with their problems and feelings, sometimes to the point that they may not be aware of how they got from one point to another in their city district. Drinking may increase as an attempt at self-medication or as acting out, which exacerbates the problem. These officers are ready to work therapeutically and when they finally contact the department psychologist they are grasping at straws in desperation. Crisis intervention involving two to three appointments per week are appropriate, and the officer is usually willing to negotiate time off or temporary reassignment as indicated and appropriate, and may be willing to have the psychologist negotiate with supervisors with or for him. Consultation for psychotropic medication may be indicated as well as consultation or involvement with spouse, supervisor, or significant others, all of which the officer may be willing to accept at a time of crisis that he might have declined at other times. It is for these reasons that a department psychologist, if possible, provide crisis intervention services available to the officers on a twenty-four hour basis, given that, too often, it may literally be their request for service at the eleventh hour.

A crisis intervention format may begin with an initial meeting lasting longer than the traditional hour. It may well be expedient and efficient to utilize one and one-half to two and one-half hours for the initial consultation, especially if a spouse or other significant party may be involved at the outset. This can play havoc with an appointment schedule but is appropriate and effective when expedient therapeutic gains can be realized during a crisis situation while the officer is desperate for relief and motivated to work. Two to three subsequent meetings per week may continue for two or three weeks as indicated and beneficial, incorporating conjoint or separate meetings with others as indicated and with the permission of the primary client. Monitoring of any medications utilized as well as the officer's performance on the street often requires meeting more than once a week when the primary client is in crisis but trying to maintain on the job as appropriate. The process of the crisis intervention is a directive, problem oriented focus dealing with the current

problematical issues, the individuals involved, and the nature of those relationships. History is not disregarded, especially history relative to similar situations in the client's past, i.e., previous relationship problems in this or other marriages. A concise family history is taken as well as a drug/alcohol history.

It is helpful if the police psychologist can be comfortable with the unorthodox and be flexible and eclectic enough to deal with novel problems frequently encountered in providing police psychological services. But, as stated above, the police psychologist cannot possibly be all things to all people and at times a multifaceted approach to a multiproblem situation is required and adjunctive services or programs can be extremely beneficial to the therapeutic process working toward resolution and relief.

I will now deal briefly with two programs and a technique which I believe are beneficial in working with specific problematical areas frequently evidenced in working with law enforcement offices. The problem areas have to do with communication in a marital relationship, family finances and budgeting, and conflict resolution relative to custody and visitation in divorce situations. The two programs available nationwide which I will overview are Marriage Encounter and Consumer Credit Counseling Services. The conflict resolution technique is mediation intervention, techniques and skills learned from the history of management/labor relations negotiation, and conflict resolution in strike situations.

The background to Marriage Encounter is that it comes from marital communications training from a pastoral counseling viewpoint. Marriage Encounter is a non-denominational program and participants do not have to be oriented to religion as a part of their lives. The Marriage Encounter program is available within all the Protestant denominations, the Roman Catholic church, as well as within the Mormon and Jewish faiths. It is non-evangelical and does not attempt to bring people into any church. It does incorporate a representative from the sponsoring church who speaks to the spiritual aspects of the topics concerning relationship being presented throughout the program. Marriage Encounter is a positively oriented program in that it does not focus on negatives or problems or problem resolution. It is not marriage counseling. The time format for a Marriage Encounter program is a weekend retreat beginning on a Friday evening and progressing through Sunday afternoon. It is an extremely structured program in that it begins in dealing with the less emotionally charged relationship issues on the Friday evening at the beginning of the weekend and graduates toward deeper more meaningful aspects of relationships toward the Sunday afternoon conclusion. It is also extremely structured in that presentations from the three

training couples are from a written format and as such, does not wander loosely from topic to topic.

"Encounter" in Marriage Encounter does not signify group interaction as the weekend training is structured so that each of the couples in the entire group are repeatedly instructed that the only other person they will relate to from Friday evening to Sunday afternoon is their spouse and only their spouse. Socializing with other couples is actively discouraged and there is no expectations that any couples will interact with the three training couples or the church representative. The program teaches couples about feelings, about accepting feelings, and about talking about feelings in a constructive way that can allow for differences between individuals in a couple. The weekend teaches couples how to get in touch with their feelings relative to many different aspects of marital relationships, how to express feelings in written and verbal form, and how to constructively deal with each others feelings in a way which promotes communication and enhances relationship.

Marriage Encounter does have follow-up activities and group evening or weekend experiences which are available but not required. Marriage Encounter is a good program when one or both members of a couple are experiencing awkwardness in acknowledging feeling, expressing feelings, and allowing themselves to get emotionally close to their partner. It is a program designed for couples who have reached the "plateau" in their marital relationship such that they need to enhance their communication and interaction in new directions. Marriage Encounter can be contacted through most large congregations nationwide, and is listed under Marriage Encounter or Worldwide Marriage Encounter in the telephone book.

It has been my experience in working with law enforcement officers that a characterization that frequently fits is that they tend to be upward mobile individuals who are competitive, and who have an average to above-average difficulty in dealing with delayed gratification. They, like many of us, tend to live up to the saying that "the basic difference between men and boys is the cost of their toys", and the toys of preference among law enforcement officers are often exotic and expensive gun collections, motorcycles the latest model car, boats, etc., etc. The often readily available extra-duty work available to police officers sometimes becomes a trap wherein they work the "extra" job for "extra" money, without staying in control of their financial life style they frequently get into a position whereupon they must depend on extra-duty jobs and sometimes become financially overwhelmed. Needless to say, financial strain within a law enforcement family with all its other stressors adds an additional burden which can frequently be seen by the couple as insur-

mountable. In situations such as this, where severe financial strain is one of the symptoms of a families dysfunction, I have found it beneficial to utilize referrals to the nationwide program called Consumer Credit Counseling Services which can be found in most major cities. This program has two levels of intervention in dealing with families with problematical financial issues. Approximately 10 to 15% of all their referrals simply need training relative to home and family budgeting which the Consumer Credit Counseling Services provides at no charge to the client. The other 85 to 90% of their clientele require the second level of intervention which essentially entails the counseling service taking over the financial dilemma of the family, contacting creditors, and arranging repayment schedules over a longer terms yet insuring that creditors have their accounts paid. The counseling services works out a budget for the family including a monthly payment to the counseling service with which to take care of the family's creditors. The bulk of the cost of the program is borne by the creditors who pay back to the counseling service 7% of their collections, an arrangement much more favorable to the creditor than going through collection agencies. Their only cost to the client is a \$1 per month fee to maintain records and any postage necessary to mail out checks to creditors. Consumer Credit Counseling Services deals directly with the creditors securing their agreement to take part in the payment program. As long as the creditors accounts are closed there is no damage to the credit rating for any client using their services. Creditors usually agree to the extension of the repayment time because of the involvement of the Consumer Credit Counseling Service in the case. The Consumer Credit Counseling Services can be contacted in any city within the U.S. by referring to the yellow pages under Credit or Credit Counseling.

The last modality I wish to present as an adjunctive technique or service which can be of assistance to law enforcement officers and to police psychologists has to do with the technique of mediation as it applies specifically to visitation, custody, and divorce agreements. With the divorce rate within the law enforcement career what it has been, periodic stressors erupt in an officer's life dealing with a previous or pending divorce involving the highly emotional issues of custody and visitation, and sometimes dealing with modifications of existing divorce agreements. Historically, people in such situations have had one recourse when they couldn't work things out themselves — their lawyers and the courts — a costly, time-consuming, adversarial process, in a judicial system most officers won't trust, an adversarial system which frequently polarizes the parties to further extremes and worsens the emotional climate between them. Court involvement frequently results in a judgement that both

parties feel as unfair and unjust to them; a judgement is reached but there is no resolution to the problem and in fact the problem is exacerbated.

Mediation is an alternative to the traditional legal system, its purpose being to assist people involved in disputes satisfy their needs without making enemies of opponents. Mediation advocates the amicable settlement of disputes through the intervention of a neutral third party. Mediation is more efficient in terms of cost and time than the traditional legal system and it resolves disputes privately versus in open court. Mediation is a non-adversarial process which resolves emotional conflict as well as legal issues. Mediation utilizes those techniques historically proven effective in the labor relations field and in the conflict management between management and labor in strike situations in industry. Mediation results in a written agreement that both parties in the dispute can feel comfortable with, live with, and agree to. Attorneys may be consulted prior to the signing of any mediation agreement, and mediation agreements may be legally enforceable should the need arise. Mediation research claims that if both sides of a dispute are willing to work out a resolution they have an 80% chance of succeeding. Mediation in divorce, custody, visitation agreements can fre-

quently be better accomplished utilizing a team approach of two mediators, keeping in mind that the process of mediation is significantly different from that of marital therapy. With the coming trend of mediation being an alternative to the adversarial judicial system in divorce/custody/visitation matters, there are numerous centers for dispute resolution or centers for conflict management training offering training offering training to those in the helping professions as well as the legal professions to assist couples to work out their devicive issues in a more constructive non-adversarial process. Mediation as a service available within police psychological services has been found to be very beneficial to officers in providing them an alternative to resolve disputes with current or former spouses and does much to minimize the anxiety and anger levels frequently encountered by offices through such stressful procedures.

In summary, I have shared with you my particular value in utilizing crisis intervention techniques in police psychological services and, realizing that the department psychologist cannot be all things to all people, I have herein shared some of the adjunctive techniques and programs that are available to the department psychologist in his therapeutic work with officers, spouses and families.

A COORDINATED APPROACH TO ALCOHOLISM TREATMENT

Rory Gilbert, ACSW

The Chicago Police Department Professional Counseling Service is a free, voluntary, and confidential counseling service available to members of the Department and their families. It consists of a substance abuse counseling unit and a general individual, marital, and family counseling unit. The substance abuse unit is staffed by specially selected police officers who have received advanced training in substance abuse counseling. The individual and family therapists are clinical social workers. These two units must coordinate their efforts in order to provide a high quality service. Many counseling requests are made for individual adjustment or relationship problems, when, in fact, alcoholism is the primary problem. This paper will explore several key aspects of alcoholism as it effects the police officer and his family, especially as it relates to these families where the alcoholism is "hidden" behind other issues. The paper will also describe the clinical interventions employed by the Professional Counseling Service that combine the expertise of the substance abuse counselors and social workers.

Alcoholism is a major problem for police departments across the country. No solid statistics exist but the incidence rate is high. In the general population, it is estimated that one out of every ten adults who drink are alcoholics. The percentage rate among police officers is, in all likelihood, higher because of the social milieu that supports and encourages drinking. The negative effects this has on police departments is tremendous. It can be measured in terms of absenteeism, apathy toward the job, reduction in performance levels, and liability when on-duty drinking occurs.

Alcoholism is a complex illness. It effects the whole person. This includes one's physical and emotional self. It exists when the drinking of alcohol causes problems in any major area of an individual's life such as job, family, or health. Alcoholism does not necessarily affect all these areas simultaneously or to the same degree. Many police officers, whose excessive drinking is creating severe family problems, are functioning well on the job.

The disease is considered to be a primary illness. That is, it is an entity in and of itself, and not a symptom of underlying psychological or interpersonal problems. The role that environmental factors play in the etiology of the disease varies from person to person. It is a myth that police stress causes alcoholism. The true "cause" is

not entirely clear although it is apparent that physiological, psychological, and sociological factors all play a contributing role.

Alcoholism is a chronic condition. It is permanent and cannot be reversed. It can, however, be arrested. The alcoholic individual can abstain from drinking and participate in a "recovery program" that will prevent the disease from having a further adverse effect on his/her life.

The disease of alcoholism also gets progressively worse when it is untreated. The course and pace the progression takes is unique to each individual, but, if it goes unchecked, the eventual result is premature death. Alcoholism is the third leading cause of death in this country.

A major symptom of alcoholism is denial. This psychological defense mechanism blocks the unacceptable realities associated with the disease from entering the individual's awareness. This is the mechanism that permits alcoholism to progress. The denial, which can take several forms, serves as a means of protecting the disease from attempts to alter its course. Thus, it is this aspect of the disease that makes successful therapeutic intervention difficult. Furthermore, the disease is such that the alcoholic's family employs denial perhaps as intensely or even more intensely than the alcoholic.

The alcoholic's denial exists in part because of the need to protect one's self-image from his/her definition of alcoholism. The stigma and misconceptions commonly attached to this illness forces the individual to go to great lengths to avoid being labeled in this manner. Police work can also reinforce the myth that "all alcoholics are winos and/or criminals" and make the stigma that underlies the denial that much more ingrained.

Similarly, a family employs denial to avoid the shame and embarrassment of identifying one of its members as alcoholic. The connotations associated with such statements as "my husband is a drunk" or "my mother can't hold her booze" are often too painful to experience without a defense. Also, the spouse can feel personal shame and degradation for having selected and being associated with an alcoholic partner. The same can apply to parents, children, and even employers. In addition, misinformation about the causes of alcoholism place an additional burden on the family members. They have to contend with self-blame and guilt over a belief that they are responsible for their loved one's drinking.

When crises develop in these families, the magnitude of the denial is intensified. The defense needs to be stronger when problems erupt in order for the individual or family to avoid concluding that it is alcoholism that is having an adverse effect upon their lives. At these times families will frequently minimize drinking and blame other factors for the present predicament. It is a common case scenario for a person with an alcoholic spouse to request counseling to resolve severe marital difficulties. He/she may describe violent confrontations, sexual dysfunction, and other chronic interpersonal problems, but the shame associated with alcoholism prevents him/her from disclosing its presence. A case example will illustrate this:

Ms. A. is a 35 year old professional businessperson who has been married for five years. Her husband is a 45 year old homicide detective who has been with the Chicago Police Department for 22 years. Ms. A. called the counseling office in tears requesting to be seen as soon as possible. She indicated that her husband had accused her of infidelity and became violent. She did not know what she should do, but was contemplating divorce. The social worker suggested she make an appointment for the two of them to be seen conjointly, but Ms. A. stated her husband refused to come. Thus, an individual appointment was made with Ms. A.

During the session, Ms. A. stated that she and her husband had been having a pleasant evening following her husband's day off and then her husband's mood began to change without any apparent provocation. He became increasingly more irate and then began accusing her of sexual affairs. She stated there was no truth to his comments. Mr. A. then began pushing her and throwing objects. She called the police for assistance and two uniformed officers were needed to subdue her husband.

Ms. A. went on to explain that she very much loved her husband but feared for her safety. This was the third incident of this type in eighteen months although this was the worst.

The social worker attempted to determine if drinking had been a factor in this incident. Ms. A. was vague and inexplicit in her response. The social worker had the impression

that she was being evasive regarding the role alcohol had played. This contrasted with her previous behavior during the session. Up to this point she had been very open and expressive about a range of material of a sensitive nature. The therapist repeatedly asked her to be as explicit as possible. Eventually, statements Ms. A. made about her husband's drinking such as, "I'm not sure, but I think he had a couple of drinks", evolved into a detailed pattern. It came out that Mr. A. had completed three six-packs of beer in the afternoon and after dinner he had consumed approximately a pint of scotch.

During the initial phase of treatment it is the responsibility of the Professional Counseling Service social worker to assess the situation and determine if alcoholism is a factor in the case. The substance abuse counselor is not involved until the client is openly able to perceive that drinking is, at least partially, involved in the family problems. The social worker must be sensitive to the possibility that alcoholism exists if he/she is to make an accurate assessment. Although the need for the therapist to be sensitive to alcoholism seems obvious, it is, nevertheless, important to underscore. Alcoholism can be easily overlooked if the therapist is not actively looking for it. In the initial interview with Ms. A., for example, the therapist had to employ crisis intervention techniques, assist Ms. A. in developing a protection plan for her personal safety*, and strategize ways to involve the resistance spouse. It would have been easy for the social worker to neglect to explore for alcoholism in an assertive fashion when trying to balance so many therapeutic tasks. This is especially true when it is remembered that Ms. A. was not volunteering alcohol related information.

The therapeutic task at this early stage of treatment is to elicit from the client a factual account of the drinking that is suspected of interfering with the family's functioning. The therapist must intervene in a manner that reduces the client's denial. The therapist attempts to communicate his/her understanding that the client perceives a need to minimize the extent of the drinking and is not deliberately attempting to impede the therapist's efforts. In this way the therapist emphatically communicates respect for the client's efforts to cope with an out of control situation.

The therapist also adopts a non-judgemental attitude toward alcoholism which, in turn, helps to reduce the

*The authors are not implying that domestic violence and other problems do not exist as real problems in and of themselves in families where alcoholism is present. The interconnection between alcoholism and domestic violence is complex. Common sense dictates that both need to be addressed and monitored throughout the treatment process.

client's denial. The client has less of a need to protect his/her character, or in Ms. A.'s case the character of her husband, when excessive drinking and drunken behavior are approached as symptomatic of a disease. This approach reduces the stigma associated with alcoholism and debunks some of the myths. Furthermore, hope is generated in the client when alcoholism is approached as a treatable illness and not as a social taboo or psychiatric disorder.

The substance abuse counselor is brought into the treatment process when the client's resistance is lowered to the point where the individual or family is openly able to consider the possibility that alcoholism may be present. This is usually accomplished in the first session that the alcoholic family member attends if the therapist has empathically intervened in a straightforward fashion. This was the case with the A.'s:

Mr. A. came to the next session with his wife. Initially, he was openly opposed to treatment and somewhat hostile to the social worker for "intruding" in his personal affairs. The therapist, by employing empathic and reassuring comments, was able to elicit Mr. A.'s perspective on his marital difficulties in general and the incident where the police were called in particular.

Mr. A. explained that he felt his marital difficulties were the by-product of work problems. He explained that his unit had a new commander who he was having trouble getting along with. He feared being "dumped" from the detective division into patrol. Mr. A. went on to state that these work pressures cause him to be irritable at home. This situation came to a head the night he "lost his temper".

The therapist attempted to obtain a detailed account of this incident. Mr. A. did not mention drinking and, when asked if he had been drinking, he stated he had not. Ms. A. brought herself into the conversation and stated that he was lying. Mr. A. then admitted that he had had "a couple of cocktails".

The therapist pointed out that since there obviously was a lack of clarity concerning the role alcohol was playing in the problem,

it would be helpful to bring an alcoholism specialist into the session.

The therapist needs to make a decision concerning the timing of informing the family that he/she believes the problem is alcoholism. He/she can share this information with the family prior to the introduction of the substance abuse counselor when there is no doubt about the assessment and the family displays relatively little resistance. The substance abuse counselor has the responsibility of sharing the assessment with the family when it is not totally clear that the problem is alcoholism and the resistance is high. The therapist had no doubt that Mr. A. was, in fact alcoholic, for example, but it was felt that Mr. A. was not ready to handle this assessment in a beneficial fashion. The therapist anticipated that the substance abuse counselor could elicit a clearer pattern of alcoholism. The therapist also hoped that Mr. A. would be more receptive to the substance abuse counselor because he was a fellow police officer, than he had been to the "professional therapist". This latter point raises an interesting issue concerning the differentiation of roles of the substance abuse counselor and the social worker. Some police officers respond to the professional posture of the social worker with mistrust, but are open to the substance abuse counselor because he is a police officer. Others, on the other hand, invest the social worker with unrealistically high qualities because of the position and discount the substance abuse counselor for not having an advanced degree. The unit attempts to be sensitive to this dynamic and use it to a therapeutic advantage.

The substance abuse counselor's initial task is to perform an evaluation for alcoholism on the family member who is suspected of having the problem. The counselor uses the evaluation to make a determination of the presence or absence of alcoholism. This clarifies any uncertainties the social worker may have or provides confirmation when the social worker believes alcoholism is present. The evaluation includes a detailed account of the individual's current drinking habits as well as the individual's drinking history. An attempt is made to obtain the most objective information possible. The substance abuse counselor utilizes the other family members to verify the facts and clarify sketchy information although an effort is made to avoid placing the family members in a situation where they feel as if they are tattling on their loved one. The following information was obtained from Mr. A.:

Mr. A. described himself as a heavy drinker although he underscored his belief that he

was not alcoholic. He stated that he enjoys drinking and the comradery associated with the tavern. In addition, he indicated that drinking provides him with relief from the pressures of work and home.

Mr. A. was able to admit that he was a "little high" the night Ms. A. called the police. It eventually became evident that alcohol was involved in the other two incidents that Ms. A. had mentioned in her first session. Once this was established, Mr. A. stated that he had not been involved in any other alcohol related incidents in the recent past. Ms. A., however, described two weddings and a "change of watch party" this year where Mr. A. had become intoxicated to the point that he needed assistance getting home. Mr. A. defended his behavior during these incidents by stating that this was normal, common, acceptable behavior at weddings and police parties.

Mr. A. then reiterated that his drinking was, in fact, not a problem.

He described several times when he had "proven" this by abstaining from any alcohol consumption for two and three weeks at a time. He also stated that his drinking was generally confined to the tavern and not a problem for anyone because he usually goes home and goes to bed on the occasions that he did drink.

Mr. A. indicated that there was a time in his past, prior to his relationship with Ms. A., that he had been concerned about his drinking. He felt that his entire lifestyle was getting out of control in his final years as a bachelor. He was "doing the town" and drinking to excess almost every night. He was concerned about his potential for developing an alcohol problem at that point. However, he stated that this all changed when Ms. A. came into his life. He greatly reduced the amount he drank when they became involved with each other. He was able to moderate his alcohol consumption by limiting the occasions he was drinking.

In the alcoholism evaluation an attempt is made to isolate the drinking patterns of the individual from the rest of his/her life in order to make a definitive determi-

nation of the presence of alcoholism. Alcoholism is considered to be present if it produces problems in a significant area of an individual's life. The conflicts in the A.'s marriage, for example, reach a dysfunctional level when Mr. A. is under the influence of alcohol.

The evaluation also provides information about the manner in which the individual and his family have attempted to cope with the alcoholism. This provides clues concerning the most effective ways of intervening to reach the treatment goal of recovery. Mr. A., for example, has attempted to avoid the adverse affects of the disease by placing external controls on his behavior. This is, when he exposes himself to drinking situations he cannot exercise control over his consumption and difficulties will occur that he cannot predict or regulate. He is able to reduce the problems, however, by limiting the contact he has with these situations e.g. avoiding the tavern. This provides only modest success because without internal control the occurrence of future problems is inevitable. Furthermore, although Mr. and Mrs. A.'s love for one another seems sincere, the marriage, itself, served as an external control for Mr. A.'s drinking in the way it provided a means of diminishing the out of control nature of Mr. A.'s life prior to the marriage.

The evaluation also provides a picture of the alcoholic individual's denial system and that of his/her family. Mr. A., for example, utilized his ability to abstain from alcohol for various periods of time as a means of providing evidence that he was not alcoholic. Abstinence is not contra-indicative of alcoholism. Alcoholics not in a recovery program who abstain from drinking for extended periods of time are considered to be actively alcoholic because their whole lives revolve around their abstinence. They lack a means of regulating their tension and anxiety without alcohol. Frequently, they attempt to reduce this excess tension by remaining active, and, in essence they attempt to "burn off" their anxiety. Thus, the surly, "workaholic" who has several extra jobs is often an alcoholic not permitting himself/herself access to alcohol.

The design and implementation of a treatment plan follows the positive diagnosis of alcoholism. The ultimate goal in all cases is for the alcoholic individual to be involved in the Alcoholics Anonymous recovery program, and for the other family members to be involved in Alanon or, when appropriate, Alateen. The substance abuse counselor is primarily responsible for determining what intermediate steps are indicated to increase the likelihood that the treatment goal will be met. Hospitalization at an alcoholism rehabilitation center is frequently indicated. These settings are the most effective means available of helping people obtain sobriety because an in-patient setting is able to provide the most comprehensive educational and therapeutic milieu. Individuals who

do not perceive alcoholism as the primary problem are best able to benefit from these intensive programs. Physical complications due to chronic, excessive drinking and withdrawal symptoms also require the medical supervision rehabilitation centers provide. The substance abuse counselor monitors the individual's progress when he/she is a patient in a rehabilitation center. This is done through formal employee conferences and informal conversations and visits with the patients and their counselors at the hospital.

Occasionally, the alcoholic is directly referred to Alcoholics Anonymous and his/her loved one to Alanon. This is indicated in cases where the individual and family members are highly motivated for change and the resistance is relatively low. There are also situations where in-patient treatment is not a practical alternative. The social worker and the substance abuse counselor monitor the progress of the family and the alcoholic when they refer directly to A.A. and Alanon through additional marital sessions. This was the case with the A.'s:

The substance abuse counselor shared his assessment with the A.'s that it did, in fact, appear that the problem was alcoholism. In-patient treatment was recommended. However, limitations in the A.'s insurance coverage ruled this out as a possibility.

Mr. A., initially, wanted nothing more to do with treatment. Ms. A., however, was very open to the idea of Alanon, and in fact, seemed empowered by the process of openly discussing Mr. A.'s drinking for the first time. She made it clear to Mr. A. that she was going to follow the advice of the experts, and she was not going to allow herself to be abused any longer. Mr. A. did agree to attend an A.A. meeting with Ms. A.'s strong statements as impetus.

The substance abuse counselor arranged for Mr. A. to go to an A.A. meeting heavily attended by police officers. He came to the next session stating that the meeting was not as bad as he had expected. He also expressed surprise that so many "stand-up" guys were involved with A.A. Ms. A. also reported having had a positive experience at Alanon. They were both praised for the work they were doing and encouraged to attend as many meetings as possible in the following week.

The A.'s continued to progress at a rapid rate. They were seen for a total of five more sessions. Mr. A. became increasingly more

honest regarding the manner in which alcohol had affected his life. He was able to admit that he could not control his drinking and he reported several ways he had tried to cover up this fact. Simultaneously, the assertive attitude Ms. A. had displayed when she declared that she was planning to attend Alanon became increasingly more refined. She described herself as feeling "free and unburdened" for the first time in her marriage. They both reported an increased amount of satisfaction from their relationship and more love for one another.

In addition, as Mr. A. obtained sobriety, the A.'s began to address issues in their relationship they had previously avoided. Specifically, Ms. A. expressed long held resentments she had regarding Mr. A.'s family. They were able to discuss this issue and make progress toward a resolution of this problem.

There are also a significant number of clients who are not willing to enter a treatment center but who are willing to become involved in A.A. The timing with which an individual is introduced to A.A. is crucial. An alcoholic will frequently develop a negative opinion of A.A. if he/she attends meetings to placate others e.g. spouse or therapist. The social worker and substance abuse counselor will conduct alcoholism focused marital and family sessions in this situation in an effort to reduce this resistance.

It is also fairly common for one family member, usually the non-alcoholic spouse, to be motivated for additional help while his/her partner refuses treatment. The social worker and substance abuse counselor will work with the person on an individual basis while he/she becomes involved in Alanon. It is possible in many cases for an individual to obtain relief while remaining with an actively alcoholic spouse. Often, if the non-alcoholic spouse changes, his/her partner is faced with additional pressures to alter the problematic behavior. This creates a crisis for the active alcoholic and can impel him to change.

This paper has described the manner in which the social workers and substance alcoholism counselors of the Chicago police Department-Professional Counseling Service combine their efforts. The goal in all of these alcoholism cases is for the alcoholic to achieve total abstinence from alcohol within the recovery program of Alcoholics Anonymous. Similarly, active involvement in the Alanon Family Recovery Group is the goal for the spouse and the other family members. This goal was readily realized in the case involving the A.'s, which was discussed throughout this paper. This goal is achieved in approximately half the cases. Some measure

of success can be charted in the remaining cases. This can take the form of temporary abstinence, more vigorous attempts at control, and/or active involvement in Alanon by the non- alcoholic family members. Regardless of the individual's response to treatment, the diagnosis of alcoholism has been explicitly stated. This plants a seed that is difficult to ignore. Therefore, when drinking related crises reoccur, there is an increased likelihood that the alcoholic will return to counseling with a more favorable prognosis.

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LAPD'S PEER COUNSELING PROGRAM AFTER THREE YEARS

Nels Klyver, Ph.D.

Over a year ago an LAPD motor officer had reached the end of his rope. He found himself facing a seemingly overwhelming set of problems that grew larger with each day. Finally, he made a decision to "end it all". His plan was clear: get on the freeway early in the morning on the way to work and crash his motorcycle at high speed into a concrete wall under the freeway. Luckily, his plan failed, though not for lack of trying; three times he attempted to crash and each time his bike glanced off a steel retaining wall. When he arrived at his station he was ashen faced. A peer counselor who spotted him and recognized that all was not well took the officer off duty and invited him for coffee. Over the next three hours, the motor officer "dumped" his concerns to the peer counselor; the first person he had talked to about these matters. He was on the road to recovery. Today the motor officer is back on the job and fully functional. Although most peer counseling involves less "dramatic" situations than this, and peer interventions are not usually this directive, thousands of interventions with peer counselors take place at LAPD every year where peer support has become an officially recognized program.

When the Peer Counseling Program at LAPD was started in August, 1981, LAPD was the first police department in the country to sanction regular line officers and civilian employees to conduct counseling as an adjunct voluntary activity to their regular responsibilities. Last year, 1983, our cadre of 200 trained peer counselors conducted nearly 4859 hours of counseling with 2001 individuals. In spite of dire predictions of disaster and mishap, the program has functioned without mishap for over three years while enthusiasm for the program continues to grow and use of it by department employees has increased each year. Over the last three years we have been contacted by more than 60 agencies who have heard about our program and wanted to know how to set up a program. In this paper, I would like to share my ideas on how we got our program going and perhaps provide some helpful hints to those considering implementing their own program.

Program Overview

In the Spring of 1981, two LAPD officers who had worked through their own traumas of post shooting situ-

ations asked Chief of Police, Daryl Gates, to set up some kind of peer assistance program. Both felt that they could not have made it through their problems without peer support. The Chief contacted the Department's chief medical officer, Lt. Dave Brath, and asked him to explore the possibility of a peer support system for the Department. Subsequently, Dave got together with me and asked if I thought such an idea was feasible. Dave and I conferred on the project for several months with the additional input of Sgt. Sam Barber from training division and Dr. Martin Reiser, Head of the Behavioral Science Unit. An ad hoc committee was also formed composed of a commander, a captain and several other key Departmental representatives. During the six months of planning preceding the project implementation, a number of organizational philosophical issues were dealt with a procedures were tentatively defined. Since there were no precedents to guide us on most issues, we spent a considerable amount of effort hashing out potential pitfalls of various approaches. Despite our efforts to anticipate the potential problems, many important issues for the program did not occur to us until the program was well under way. Although we may not have made all the "right" decisions, our approaches have proven to have utility in the successful operation of the program. In the Discussion that follows I will present the major issues that concerned us and discuss how we handled each.

Professional vs. Paraprofessional

A basic concern raised early on in the development of the program was appropriateness of having non-professional officers and civilians counseling their peers. Some of our leaders feared that this process would be like the "blind leading the blind". After all, they reasoned, wasn't that why the Department had Psychologists. It was also feared that there might be horrendous legal traps in such an arrangement. Anyway, some felt that if it was such a terrific idea and safe then why hadn't anyone else done it?

My personal experience with training counselors convinced me that reasonably bright, motivated individuals could learn to handle most counseling situations with as little as 24 hours of training; if the training was effective. Dr. Reiser agreed with me and was highly supportive of

starting a program. Empirical research also supported the effectiveness of paraprofessionals. Professionals have not demonstrated measurably superior outcomes compared with minimally trained individuals. The results of over 42 research studies comparing professionals vs. paraprofessionals on counseling effectiveness, have shown that the minimally trained "paras" fared as well as the professionals in 29 studies and were rated superior in 12 studies. (*Durlack, 1979*). There are several other advantages that peers counselors might have over professionals in conducting counseling:

1. They would not be tied to an office and could meet people in "neutral" or non-threatening physical locations such as cafes where the counselee might feel more relaxed than in an office.

2. Since the police population is very stable and "normal", most counseling could be expected to be short term "crisis" type. In this form of counseling it is often desirable to spend relatively more time with a client during the first sessions and to cluster initial sessions closer together. The flexibility to accomplish this is much easier for the peer than for the professional.

3. Many of the peer counselors have been through difficult experiences in a variety of areas (e.g. death of child or spouse, disciplinary issue, drug or alcohol, divorce etc.). An individual seeking help often believes that someone who has been through what he is experiencing is likely to be helpful to him. This may not be the case, of course, but the belief may lead to seeking assistance and that's what counts.

Selection of Personnel

Initially, I was asked to develop a rigorous screening process consisting of an elaborate screening battery of tests. This few individuals selected were to wear a special identification badge. After all, it was thought, we don't want some undesirable types coming in and giving "our" program a bad name. Fortunately, after consideration of the potential problems with this approach, we came to realize how self-serving and narrow minded this position was. First of all, among a highly homogeneous population of individuals such as our officers, it is unlikely that meaningful intragroup distinctions could be derived from any selection process. Furthermore, conducting a psychological screening could create an impression among the rank and file that the program was only for an elite, snobbish core of "goody-goody" types.

In many ways police officers tend to have desirable skills and personal qualities to be effective counselors. They are highly socialable, like talking to people and have a strong desire to be helpful to others. Indeed, police officers have been turning to peers for help long before

psychologists ever approached the police scene. However, in other ways police officers, by virtue of their training and experiences, tend to share qualities that make the likelihood of positive counseling very unlikely. Their work with suspects provides experience in interrogating people rather than interviewing them. Thus, they are likely to approach encounters with a series of closed-ended questions seemingly designed to get down to "the truth". Officers are also used to taking charge and quickly resolving situations. In counseling, of course, premature advice giving and jumping to conclusions is invariably not helpful. Despite these concerns, I still believed that the strong motivation to be helpful could outweigh these tendencies if effective direction and training were provided.

Since there seemed to be no inherent advantage to a selection process, we decided to drop all but the most basic screening criteria and make the program basically a voluntary, self selection model. Currently, the program requires only willingness to be available, submitting to the training, not currently being in therapy or the subject of an Departmental investigation, and the approval of the volunteer's commanding officer. Included in the authorized limit of 200 counselors are officers who have had problems with the department and those who are considered sterling examples. All ranks from the lowest patrol officer through commander are represented. Also, about 20% of the peer counselors are civilian workers.

Training

The training program I developed attempted to offer the peer counselor the most useful and practical learning experience that could be provided in a reasonable period of time. I tried to include only material that would have utility and impact in the doing of counseling and left out the nice to know but non-essential material. In order to facilitate an active learning atmosphere, training was conducted in a team taught workshop format by Dr. Klyver and Sgt. Barber and the size of each group was restricted to 18 which permitted a high amount of interaction between instructor and student.

Essentially, the training program is a skill development workshop where active learning opportunities are maximized and passive lecture-type training comprises less than 25%. The orientation of the counseling model follows a crisis theory orientation (cf. *Carkuff, 1973; Truax and Carkuff, 1967; Ivey, 1971*).

Workshop topics include: the place of brief counseling, crisis theory, differences between brief paraprofessional counseling and professional therapy, identification and recognition of behavioral, emotional and physical signs of distress, active listening skills including open vs.

closed questions, paraphrasing, echoing, summarization, and feedback of conflict, assessment skills (particularly to distinguish between the need for long or short term counseling), and problem solving skills which examined three levels of intervention: non-directive, cooperative, and directive. Another block focused on when and how and to make referrals and provided the counselors with information on who to contact. A special block of training was conducted by Sgt. De-Coup-Crank on Alcohol and drug abuse. The instructors demonstrated typical pitfalls and counseling and modeled positive interactions. Workshop students practiced skills in small groups and received individual coaching and feedback. On the last day of training the workshop was broken down into four small groups and four actors rotated through the groups; each presenting a different problem. Four psychologists served as group facilitators and also rotated through the groups.

As predicted, fewer than one percent of the volunteers were able to perform counseling skills at even a marginal level at the outset of the training. Even after they were shown what to do and had viewed demonstrations, when called on to perform they lapsed back into interrogation and advice giving. However, by the end of the workshop the level of performance of nearly every individual had risen to very acceptable levels. Psychologists who participated as group facilitators on the last day of training were asked for feedback on skill levels of the workshop participants. There was nearly complete consensus on the high level of competence achieved. Several of the psychologists who also taught master level counselors felt that the officers performed in a superior fashion compared to their graduate students.

Program Operation

In 1983 peer counselors conducted counseling sessions with an average of 167 clients per month for an average of 405 hours per month. These figures were obtained from a monthly information sheet mailed to each peer counselor. Each counselor indicates the number of sessions and hours conducted and the general classification of the major problem area. No information about the client or anything that might personally identify the counselee is given out.

During 1983, the following averages for each area of counseling were obtained:

- 1. Job concerns: 32.4%
- 2. Relationship: 29.4%
- 3. Disability: 12.9%
- 4. Death: 11.8%
- 5. Alcohol: 6.5%
- 6. Financial: 3.3%

Data from 1984 statistics indicate that the program has increased in usage: as has been the case every year. These statistics do not, however, shed light on how the program functions in practice. One crucial process issue is how officers make contact with peer counselors. There are several possible mechanisms for contact. First, a list of all peer counselors and phone numbers is posted at each geographic area. Second, a confidential list of peer counselors, containing each counselor's home phone number and area of special interest in counseling is maintained at the program coordination center at Medical Liaison Section and at the Department's Behavioral Science Service office. Also, every trained peer counselor is also issued the confidential list. From informal reports, however, these "formal" channels account for fewer than 2% of contacts. By far the most common manner in which a counselor is contacted is through personal knowledge of the counselor and informal encounters. Making a decision to seek help is often a difficult process particularly for a police officer who is used to being in control of situations. Connecting with a peer counselor may require less effort and sense of acknowledgment of need for help than arranging to see a professional. As has been discussed, the process of connecting with a peer counselor is often more flexible than for a professional.

Confidentiality

In a police environment where suspiciousness commonly reaches paranoid dimensions, a peer counseling program would not survive very long if it were perceived to be a "tool" for management to "get the goods" on officers. Managers also need to be convinced that the program won't be used to cover up problems or to prevent them from doing their jobs. The Chief of Police has granted peer counselors a limited but significant degree of confidentiality. They are given a privileged communication status for all but "criminal acts" and "serious misconduct". The term "serious misconduct" was selected by the chief because it is intentionally somewhat vague. In certain situations, a peer counselor is encouraged to check with the OIC of Medical Liaison Section for clarification. In a difficult situation, the OIC might exercise an option to confer with others before making a final determination. So far, in three years of operation, this has not proved necessary.

Special Privileges

Peer counselors at LAPD have been granted certain special benefits in order to enhance their ability to function. First, they are entitled to use Department facilities

and equipment (such as cars) if they should need them. They may put in for overtime (although fewer than one percent of the hours spent were overtime). Finally, though most peer counseling takes place off duty, they may, with the approval of a supervisor, counsel someone on duty. This is likely to occur in emergency situations.

Sgt. Jack De-Coup-Crank has been assigned by the department to act as program coordinator. Jack works out of the Medical Liaison Section which provides additional links to referral services and support.

CONCLUSION

Several offshoots of the general peer counseling program have also taken place. One highly visible group is the widows support group. Another, group composed of knowledgeable individuals in tax law and other related matters is the financial counseling team.

The program also functions with the support and aid of LAPD's Behavioral Science Unit. Often peer counselors will ask for professional help and advice on handling a case. "In-service" workshops and get togethers are provided by professional staff to keep up skills and provide help. I also head a group of five part time consultants;

all licensed psychologists who are assigned to all the field areas. They are also available to assist a peer counselor who might encounter a sticky problem.

Overall, I believe peer counseling provides a powerful and highly support system which makes better use of a psychologist's time than if the psychologist were to take on all the counseling himself. Perhaps it would be may suggest an important role for the psychologist as a trainer and consultant rather than exclusively the more traditional role of provider of direct services.

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INTRADEPARTMENTAL CORRESPONDENCE

November 18, 1981
2.1

TO: All Staff and Command Officers

FROM: Commanding Officer, Personnel and Training Bureau

SUBJECT: PEER COUNSELING PROGRAM

The Chief of Police has directed that a "Peer Counseling Program" be provided for Police Department personnel. The program is under the administrative control of the Medical Liaison Section, Personnel Division, with functional direction provided by Behavioral Science Services, Personnel and Training Bureau.

The Peer Counseling Program can best be described as an employee assistance program designed for personnel in need of help in times of personal or professional crisis. Peer counselors who have expressed an interest in being of assistance to their fellow officers in such circumstances may be part of a support network available to respond to employees who express the need for someone to listen to their problems. The program is not intended as a replacement for professional services provided from within or outside of the Department. Instead, it is a program designed to complement current resources available to Department personnel.

The current list of peer counselors numbers thirty-five sworn and civilian personnel from throughout the Department and includes sworn employees from the rank of Police Officer through Captain. Each peer counselor participated in a three-day training workshop designed and conducted by Dr. Nels Klyver of Behavioral Science Services. A workshop is scheduled for December 1-3, 1981 and two additional workshops are anticipated in January and March of 1982.

Staff and command personnel should view the Peer Counseling Program's mission as one of support for their personnel. Not all employees respond to professional assistance or management involvement in the same way. Many employees gain support and confidence from those who have been through similar experiences and with whom they can share their particular problems. That is where the strength of the Peer Counseling Program lies.

Hopefully, the reputation of the peer counseling concept will grow and Department personnel will seek out the help and strength of their peers and fellow employees in times of crisis.

September 4, 1981

NOTICE

All Personnel

Commanding Officer, Personnel and Training Bureau

VOLUNTEERS FOR THE PEER COUNSELING PROGRAM

The Peer Counseling Training Committee is seeking volunteers for the Peer Counseling Program. The purpose of this program is to provide all Department employees with the opportunity for peer support through times of personal or professional crisis. Employees who wish to learn more about becoming a part of this Peer Support Group are invited to contact Sgt. J. DeCoup-Crank or Lt. D. Brath, Medical Liaison Section, Personnel Division, extension 4087.

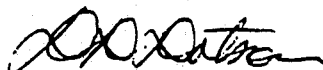
The Peer Counseling Program has been created out of the needs of two employee groups. One of the groups includes employees who are off-duty, possibly on a long term basis, and are experiencing difficulty with the transition during recovery and return to duty. These employees frequently experience a number of personal problems which lead themselves to assistance from peers. The second group includes employees who undergo some particularly stressful on-duty experience, such as an officer involved shooting, or experience emotional distress in any other part of their lives. These employees often would benefit from an especially supportive relationship during the stressful period.

Volunteers will be assigned to a three day Peer Counseling Training Program on a space available basis. The class-size of this program is, necessarily, limited. It is repeated periodically and assignments to this program are made by the Peer Counseling Training Committee.

D. D. DOTSON, Deputy Chief
Commanding Officer
Personnel and Training Bureau

Peer Counseling Program
Page Two

The support of the Department's staff and command officers during the implementation period is vital to the program's success. Individual officers involved in helping their fellow employees will need the support and, sometimes, guidance of their commanding officers. The dividends in reduction of employee time lost to illness and injury and in salvaged careers and lives will be well worth the commitment and effort we give.



D. D. DOTSON, Deputy Chief
Commanding Officer
Personnel and Training Bureau

Distribution "M"



HUMAN RESOURCES DEVELOPMENT PROGRAM

Medical Liaison Section, P.O. Box 30158, Los Angeles, CA 90030 (213) 485-4087

November 2, 1982

TO: All Peer Counselors

FROM: Chairman, Peer Counseling Committee

SUBJECT: PEER COUNSELING GUIDELINES

On October 28, 1982, Captain John Higgins, Chairman, Human Resources Development Program (HRD), and myself met with the Chief of Police and the three Assistant Chiefs regarding our proposed Peer Counseling Guidelines. I am pleased to inform you that the guidelines were approved as submitted with some minor changes. Additionally, the issue of overtime was clarified and approved for both HRD activities and Peer Counseling. An overtime code has been identified for the use of Peer Counselors, and a written order regarding the use of overtime is forthcoming.

I feel it is important to inform you that the attitude of the Chief of Police and the three Assistants was one of support and affirmation for the program and its objectives. I found all parties to be genuinely concerned and committed to the positive welfare of all members of our Department.

Lastly, I would like to thank each one of you for your dedicated and sincere support during this last year. The challenges have been many and the rewards few. I am particularly saddened that our friend and supporting member, Lieutenant Dave Brath, is not with us to share in the fulfillment of a program he was so dedicated to.

A handwritten signature in cursive script that reads 'Jerry L. Powell'.

Jerry L. Powell, Sergeant
Chairman
Peer Counseling Committee

**GUIDELINES OF THE
PEER COUNSELING PROGRAM**

I. PURPOSE OF THE PROGRAM

The purpose of the Peer Counseling Program is to provide all employees with the opportunity for peer support through times of personal or professional crisis.

Intended Results

1. To provide a readily accessible support network of employees willing to be of service to employees who express a need for assistance.
2. To promote trust and appropriate anonymity and confidentiality for employees participating in peer counseling.
3. To develop employee ability to anticipate personal conflicts and an awareness of available alternatives for self-help.
4. To maintain an effective, ongoing peer counselor training process.

II. PARTICIPATION IN THE PROGRAM

A. Selection Criteria

1. Expressed desire to be a Peer Counselor.
2. Proficient rating.
3. No work restrictions involving psychological stress.
4. Commanding Officer endorsement.
5. Not the object of a serious or major investigation or suffering serious personal problems.

6. Employees shall be requested to complete a Form 15.7 (Employee's Report) which will contain the following information:

APPLICATION/COMMITMENT

I wish to participate in the Department's Peer Counseling Program and to that end am willing to be of service to fellow employees who express a need for assistance.

I am not now the object of a disciplinary investigation of serious misconduct and am not suffering from nor being treated for any serious personal problems. My commanding officer is aware of my intention to participate in this program and has expressed no objections to that participation.

If any of the above conditions should subsequently change, I agree to bring that to the attention of Medical Liaison Section.

B. Rejection and Removal Criteria

In the event that an application for the Peer Counseling Program fails to fulfill the selection criteria, the application shall be rejected. If selected for the program and any of the selection criteria change, a Peer Counselor may be removed. In both instances such a decision will be subject to the review of the Officer-in-Charge, Medical Liaison Section, and the Peer Counseling Committee.

III. TRAINING OBJECTIVES

A. Peer Counseling Training

The initial peer counseling training (conducted over a three-day period under the direct supervision of a licensed psychologist working with the Behavior Science Services Section) is intended to provide a basic understanding of and techniques in the following areas:

1. Crisis Identification
2. Crisis Intervention and Counseling
3. Listening Skills

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Page Three

4. **Assessment Skills**
5. **Suicide Assessment**
6. **Alcohol and Substance Abuse**

B. Follow-up Training

A series of periodic support training programs will be conducted with the assistance of specialists in the following areas of expertise:

1. **Problem-solving workshops**
2. **Referral Workshops**
3. **Advanced Skills Workshops**
4. **Sharing Workshops**
5. **Counselor Fellowship**
6. **Alcohol and Substance Abuse Workshops**

C. Training Coordination

The Peer Counseling Program Coordinator is responsible for maintaining liaison with Training Division and outside consultants in the coordination of scheduling and locations of training and workshop sessions.

IV. PEER COUNSELOR RESPONSIBILITIES

1. **Undergo a screening process to determine suitability to serve in this capacity.**
2. **Attend the Peer Counseling Training Seminar in Counseling techniques.**
3. **All counseling should be rendered on a voluntary basis. Counseling may occur on or off duty.**
4. **All services rendered will be freely accepted by the receiving person.**
5. **Counselors will agree to be contacted and, if practicable, respond at any hour.**

6. Assignments to contact employees who are seeking assistance will be accepted if made by the Medical Liaison Section unless extraordinary circumstances prevent acceptance. The Medical Liaison Program Coordinator will be advised when contact has been made.
7. Counselors will attempt to develop a sincere rapport with the individual employee and maintain reasonable confidentiality as adopted by the Peer Counseling Committee. Each person's situation is bound to be unique. The Peer Counselors' mission will be to help individuals identify their own concerns and to assist these individuals in helping themselves.
8. The Peer Counselor will maintain a reasonable attempt to remain available to the individual and offer additional support if necessary.
9. Maintain contact with Medical Liaison Section for debriefing and ongoing review of participation.

V. CONFIDENTIALITY

One of the most important responsibilities of a Peer Counselor is the promotion of trust, anonymity and confidentiality for employees who seek the assistance of the Peer Counseling Program. Therefore, communication between a peer counselor and a counselee is considered privileged by the Department except for matters which involve violations of the law or serious misconduct. If concerns arise, counselors shall contact the Medical Liaison Section for advice and assistance.

VI. PEER COUNSELING PROGRAM STRUCTURE

A. The Role of the Peer Counseling Committee

The Peer Counseling Committee will act as the policy setting board for the Peer Counseling Program as a subcommittee of the Human Resources Development Program of the LAPD. The O.I.C., Medical Liaison Section, will serve as a member of the Committee and Executive Director of the program. The reviewing officer for the Peer Counseling Committee is the Commanding Officer, Personnel and Training Bureau.

B. The Role of Medical Liaison Section

1. Maintain and coordinate liaison between Peer Counselors, resource persons, and the Department.
2. Recruit and coordinate the screening of the Peer Counselor applicants.
3. Coordinate training of Peer Counselors.
4. Develop resources to assist individuals when problem areas are identified.
5. Maintain a confidential file of reported contacts by Peer Counselors for statistical purposes.
6. Maintain an accounting of resources utilized by the program

C. The Role of Commanding Officers

Staff and command personnel should view the Peer Counseling Program's mission as one of support for their personnel. Individual officers involved in helping their fellow employees will need the support and, sometimes, guidance of their commanding officers. The Program's support by the Department's staff and command officers is vital to its success.

VII. COMMUNICATIONS

A. Peer Counseling Network

The Peer Counseling Program will establish an organizational network by which counselors can have input into the administration of the program and which will provide necessary support and supervision for their efforts.

B. Newsletter

The Peer Counseling Program will distribute a periodic newsletter which will contain items of information regarding the program, such as training workshop notices, suggested reading material, helpful counseling hints, and referral information. The newsletter will also be used as a communications device between counselors and the Medical Liaison Section.

VIII. OVERTIME GUIDELINES

The role of a Peer Counselor will be to provide assistance in time of need, but that assistance should not extend to prolonged periods of time which might amount to a custodial role. In most cases, peer counseling should take the form of on-duty meetings of relatively short duration, usually not exceeding four hours. In the event that overtime is required, it shall be authorized in advance by the counselor's immediate supervisor or the Medical Liaison Section. It shall be the Peer Counselor's responsibility to notify Detective Headquarters Division when he or she plans to revert to on-duty status, whether or not they seek overtime compensation.

It should be noted that on October 28, 1982, the Chief of Police approved the overtime guidelines for peer counseling activities. At that time it was agreed that compensation for peer counseling activities shall be in the form of time-and-one-half time compensation rather than cash compensation.

IX. USE OF DEPARTMENT EQUIPMENT AND FACILITIES

Peer Counselors may seek the use of available Department resources, including Department facilities and vehicles while they are assisting fellow employees. Facilities such as those offered by the Catholic Archdiocese of Los Angeles may also be utilized.

Department facilities and vehicle will be used with the knowledge and approval of the immediate supervisor responsible for the involved equipment or facility. When questions may arise, the O.I.C., Medical Liaison Section, or the Peer Counseling Program Coordinator should be contacted.

X. DISCIPLINE

A. Internal Investigations

It may occur that a Peer Counselor is counseling an individual who is currently or becomes the subject of a disciplinary investigation. A counselor should be guided by the confidentiality policy of the Peer Counseling Program; however, counselors may not hamper or impede the actual investigation nor may they attempt to shelter the individual from the Department. The Peer Counselor's role in disciplinary situations should be one of support in helping individuals through the problems they may face in the disciplinary process. If at any time Peer Counselors find it necessary to invoke the confidentiality provisions of the program, they should consult with Medical Liaison Section for guidelines and assistance.

B. Testimony at Hearings or Board of Rights

Peer Counselors may participate as witnesses before boards and hearings as any Department employee would. They are free to testify on behalf of another employee and with the permission of the employee provide information which would normally be considered confidential. When asked or subpoenaed by the Department or other board or body to provide testimony, Peer Counselors shall appear and testify. They should make it known that their relationship with the individual has been that of a Peer Counselor. They should be free to respond to questions asked about their knowledge of the individual without violating the confidentiality of that relationship.

CRITICAL ISSUES IN POLICE PEER COUNSELING

James I. Linden, Ph.D.

Sgt. Robin Klein, Ph.D.

Peer counseling for police officers is an idea whose time has come. We have long known that policemen have one of the most stressful and least appreciated jobs in our society. They are expected to be there in times of need, to risk their lives without hesitation, to protect us from those parts of society which threaten our well being, and to be above reproach in the conduct of their personal and professional lives.

These expectations are patently impossible. Add to this job description a work environment that often chokes itself with endless bureaucratic mumbo jumbo and you have a situation set up for failure. Completing the picture is the fact that most police officers have a highly developed, deep-seated mistrust of anyone who is not a cop. This mistrust often turns into outright paranoia when the "other" is a shrink. And that is why peer counseling for police is one helpful avenue to pursue to ameliorate problems of officers. Simply put, no one else understands what it's like to be a cop better than another one.

This paper will describe one training program conceived two and a half years ago and implemented in 1983 by the State of California Commission on Peace Officer Standards and Training to train a cadre of officers throughout the state to provide a psychological support system for its peace officers. The original idea for this P.O.S.T. certified program was inspired in large part by the Los Angeles Police Department Peer Counseling Program under the direction of Dr. Nels Klyver and Sgt. Sam Barber which has been in operation since 1981. The peer counseling concept as an organized approach to helping police officers had been implemented in Boston even before the Los Angeles program began, so the program throughout California is neither brand new nor unique. The major innovative thrust of this program is the attempt to network an entire state's law enforcement system into a self-support system run for and by peace officers themselves. A long range goal of our program that may eventually tie the entire state together is an "800" telephone hotline staffed by trained officers 24 hours a day with referral lists of peer counselors in every area of the state. But that is in the future. Let us describe what has been put into practice at this time in California.

The three day training program in peer counseling is run through the Center For Criminal Justice Research

and Training at California State University, Long Beach. Descriptions of the program are sent in a brochure to all law enforcement agencies throughout the state. An agency which desires to send one or more officers to the program registers and pays fees to the Center and gets reimbursed from P.O.S.T. Instructor's fees and other costs such as supplies are paid by the Center from monies received.

The number of participants in each course is about 16. We had experimented with closer to 18 or 20 recently, but found that the intensity of the instruction became diluted. Because of the personal nature of the course, we have returned to a maximum of 16 students per class.

Each student receives a 100 page training manual that includes a section on how to do counseling and several articles covering specific problem areas that they are likely to encounter in their work. The training lasts 24 hours spread over three days. After a brief introductory session, during which the course is outlined and students and instructors introduce themselves, the teachers move into the first major component of the course—learning basic counseling skills. Techniques such as echoing, reflection of feelings, concreteness and many others are explained by the instructors, demonstrated by them in one or two role-playing exercises in front of the entire class and then practiced individually by each officer in small groups of three or four. It is in these practice groups, through which the instructors rotate to give feedback, that the acquisition of skills takes place. It is in these small groups that officers who have not talked about their feelings in years begin to take risks. It is in these groups that men who have not cried since childhood have allowed themselves to break down and trust another person with their tears. In short, it is in these groups that the real learning of how to become a counselor takes place.

After the "how to's" of counseling have been discussed, demonstrated, and practiced, the second major component of the course begins: application of the skills to specific problems the counselors are likely to encounter. A partial list of the problem areas includes relationship conflicts, divorce, alcoholism and drug problems, post-critical incident reactions, suicide threats, burnout, and problems with supervisors and department bureaucracy.

Each of the problem areas is briefly *discussed* by the instructors (sometimes supplemented by a video tape on the subject), a sample problem in the area is *acted out* by them in front of the class, and the small group *practice sessions* complete the three phase model.

During the final day we give the students some specific guidelines on how to set up a Peer Counseling Program in their own departments. We suggest the following: 1) that they appoint one officer to be the coordinator of the program; 2) that they have one or more local professionals in the community provide backup for serious cases, and 3) that they meet on a regular basis with each other to go over especially difficult cases or problems that have arisen.

We have discovered that the personal nature of the three-day course is one of the key elements of the training. Anyone connected with law enforcement will know that, generally speaking, officers do not open themselves up to anyone else about their innermost problems, even to other officers. As a matter of fact, however, sharing personal problems with each other has been the single most helpful part of the training for those who have gone through it so far. Knowing that others have problems the same as we do is a liberating feeling and has given the trainees the confidence to open up in ways that they hadn't done before. When that type of openness begins (and it's usually the first day) the real training starts. That is what the participants will deal with when they get back to their departments and begin to function as peer counselors.

Just as professional therapists should have their own therapy to know what it's like to be on the "other side of the couch", so should peer counselors have the experience of talking about their personal selves to someone else. It isn't easy to open up to someone else, and police officers are notoriously bad at it. Their personalities are the stereotypical male in our culture: strong, silent, in-charge, never vulnerable, emotionless, fearless and aggressive. Whether police work attracts this type of "super male" personality or whether people become this way as a result of the job is a question beyond the scope of this paper. What is important is that peer counselors (who are generally not as bound up emotionally as other officers) must understand that perhaps the toughest thing their counselee has ever done has been to come to them for help in the first place. They must respect and support the officer for reaching out. The best way to really understand and support this kind of vulnerability is to experience it yourself and to be a counselee as part of the peer counseling training.

An important aspect of the class has been the team teaching approach combining the on the job experience of Sgt. Klein with the clinical background of Dr. Linden.

Throughout the three days, the two instructors are able to present to the class a blend of perspectives that combine the two worlds which are, in fact, required of peer counselors to perform their jobs well: an understanding of the realities of the cop's world, and a clinical sensitivity to people's problems. In virtually every aspect of the training, both perspectives are essential. In addition, the rapport that exists between the two instructors is a model for the students that cops and shrinks can work together and learn from each other.

We emphasize that we are not training police officers to become professional psychotherapists. In three days that is patently impossible, and we tell the students that up front. What we are aiming for is to train sensitive listeners who can provide limited supportive counseling for their peers. Among the skills taught in the course are the ability to assess the severity of the problem and how to decide what types of problems should be referred for more professional help. Suicide potential, alcoholism and psychotic behaviors are some obvious examples of cases in which referrals would be made.

The issue of whether a peer counseling program should be sponsored and sanctioned by the department brass is a sensitive one. On the one hand, some departments which have in-house psychologists involved (like L.A.P.D.) have found it helpful to have the program approved at the highest official levels (i.e. the Chief himself). It is sanctioned and recognized by management as a viable, important part of the ongoing functioning of the department. They have apparently overcome the skepticism that some line officers feel that the counselors may be conduits for Internal Affairs investigations or the like.

On the other hand, many departments feel that a peer counseling program should be run by the line officers or the Police Officers Association, independent of management control. The arguments for this approach are that, by definition, a peer counseling program is a program that is run for and by the officers, and that to ensure total confidentiality, as well as the *appearance* of total confidentiality, the entire operation should be free of higher level control.

My opinion is that the structure of the program should be determined by the nature of the relationship between management and officers in each individual case. We have worked with over thirty departments throughout the State of California during the last two years and have found both situations to be prevalent. Many of our students report that they would rather keep a low profile and perform the peer counseling on their own. Others express the desire to be officially sanctioned by upper management.

One factor that should not be overlooked is the questions of *how* the idea is presented to management. If the

program is suggested by line officers, it must be presented in a way that gives management the message that these are not going to be legitimized "bitching sessions" against the brass, but rather an opportunity for officers to vent their problems in a confidential setting, before they begin to interfere with their job performance or family relationships. If the idea for a peer counseling program is suggested by management it must involve lower level officers almost from its inception so that it has the trust of all levels of the department. It should not be seen as "the Chief's program" as many officers may be reluctant to utilize it, disclaimers of total confidentiality notwithstanding.

Another issue that requires attention is that of ongoing training or supervision of peer counselors after they have been trained. This is one aspect of our statewide P.O.S.T. program that has not been implemented at this point. Many of our student officers have contacted Sgt. Klein or Dr. Linden for as-needed consultations or for a referral source. However, at this point no formal follow-up has

been implemented within the structure of the program. P.O.S.T. officials have indicated a desire to set up follow-up programs in the Northern and Southern parts of our state in order to strengthen this aspect of the program.

To summarize, the California P.O.S.T. model of Police Peer Counseling is one attempt to provide more opportunities for police officers to ventilate their frustrations and daily stresses in the confidentiality of a counseling relationship. It is a model implemented on a statewide level that in its final form will tie together a great many departments throughout the state into one multifaceted peer counseling network. It is not in its completed format this writing. There needs to be more adequate follow-up to the initial training, and the 800 telephone crisis hotline is now only a concept. However, we believe that in our first two years of operation we have taken an important first step toward providing a comprehensive and well conceived program for statewide training of police peer counselors.

FAMILY THERAPY ISSUES IN LAW ENFORCEMENT FAMILIES

Mark S. Means, M.A.

What I am about to present to you may seem negative, but believe me, that is not my intent. I just want to share some observations I have made in my practice as a marriage and family therapist that might have some meaning to you.

In Alabama last year there were over 35,000 divorces. 35,000! When you consider that every marriage tends to have at least two people involved. Now days who knows? That means there are 70,000 people involved in the divorce court each and every year in Alabama. But let's go on, there is at least two children per marriage which means a total of 140,000 people directly involved in broken homes, not to mention the uncountless grieving grandparents and other relatives lying along side the road of "broken relationships". Unfortunately, many of these families come from the local police force.

These are alarming facts to the marriage and family therapist, but the most frightening issue is the inability of the local police force to recognize some very important and basic facts about the police family.

I'm sure at this point I may seem negative, but families are being chewed up and spat out by a society that says, "actualize self, do your own thing, look out for number one", when this therapist feels that they really are wanting something that will help them make some sense out of a "no-sense" world.

As I see it there are five basic reasons (although there are many more) that families are suffering the deathblows of if not a broken home, at least a chaotic one. For each authentic need I describe there is also a counterfeit that has been produced by our society...look if you would at some issues that this writer has observed in practice.

AUTHENTIC	COUNTERFEIT
Sharing/Listening	Talking/Hearing
Quality/Quantity Time	Quality Time
Unconditional Love	Conditional Love
Self-Esteem	Self-Actualization
Servanthood	Self-Centeredness

1. At surface level when we think of communication, we think of someone talking in an audible fashion and someone to hear those sounds. True communication

comes from sharing something that you think has value to someone who not only hears your audible sounds, but interprets the meaning of them. They even help you say what it is you are trying to communicate. It has been discovered that only 10% of communication is done through verbal communication. Imagine!

That means there is about 90% more effective and maybe unconscious ways we communicate, such as body language, the tone, voice inflexions, facial expressions and attitude. I have observed through testing police officers with the MCMI (Millon Clinical Multiaxial Inventory) that come to me for marriage and family therapy that they have high scores in Compulsiveness, Narcissism and Avoidance scales. One thing we do know in family therapy that the perfectionistic, workaholic, obsessive-compulsive individual often becomes that way in an attempt to hide or avoid dealing with inner feelings. As long as "I am busy and doing something out there, I don't have to deal with the emotional struggles that go on in and around me". The workaholic often says I stay at work and get lost there because to come home and deal with family issues and my mates need for intimacy is very difficult", it becomes an anesthetizing affect. Many "police kids" often say, "Dad never listens, he only hears what he wants to hear". So then, listening is an active time-consuming event, rather than a passive, unconnected method of communicating. Many of the officers I have seen tell me of a father that didn't really "listen to me", a father that was afraid to hook-up to those inner feelings "I might have had". Dr. Lloyd Ogilvie states, "All of us want someone to know us, really know us and not go away". Dr. E. Stanley Jones tells us that "humans have a great need to conceal, but an even greater need to reveal". It seems we all really need someone to listen to us and know who we are inside. For the therapist, it is immensely important job to help the family provide a "safe" place where a risk can be taken for you to know me.

2. In Birmingham, therapists often meet together to discuss cases and as we shared one day, we began to notice a basic pattern about time spent together in police families. There seemed to a justification of how time was spent with the family. Comments like, "I know I can't spend quantity time with Johnny, but I give him

quality time! While I understand that there are unbelievable financial and time pressures on the police officer, and that their work schedule is demanding at times, there is still a price to pay for this concept, maybe too high a price. James Dobson in his book, "Preparing for Adolescence" gives an illustration of a man going to the finest steak-house in the city and ordering the most succulent, juicy, grain-fed, medium-rare steak in the house. After waiting 30 minutes the waitress finally brings the dinner. As the diner lifts up the cover to his entrée, to his surprise he finds a one-inch square of meat. A point to be made is that while quality is very important, so also is quantity. For an inter-personal relationship to be healthy and family dynamics to be open and nurturing, there must be quantity and quality time spent with each member. How many times do we hear kids in our office tell of how their parents have tried to compensate by giving their children things, money and permissiveness hoping to compensate for not being able to have the time to be "with" them.

3. How many of us have felt loved only if we did things a certain way. If we were thinner—heavier, taller—shorter, more hair—less hair, bigger breasts—smaller breasts, give good sex—less sex, good grades—bad grades, made lots of money—made less money, then we could be loved. If we could only change and meet the condition that others put on us we could finally be truly loved. Of course, this is called "conditional love", "Conditional love" says, "I'll love you if...when...because", and just maybe then you'll have my love. How tragic! "Unconditional love" says "I love you, period. "You don't have to be anything or do something or look a certain way." It seems to me that as families come to me, especially police families, there is an unconscious value that when you meet certain standards "you can be accepted by me, because I have had to meet those standards in the force and it's good enough for you". It seems that this quality of love is definitely taught inter-generationally. It was modeled by their parents and their parents parents and so a dysfunctional attitude becomes pervasive not out of malice or unloving attitudes but because no one ever taught them how to love that way.

For the therapist there is a task of "teaching the family how to love the person "Unconditionally". By teaching the family that while loving people is unconditional, acceptance of behavior is conditional. Often "the baby gets thrown out with the bath water". Showing by modeling for the family how to not destroy the person while not accepting a behavior that is unacceptable. Dr. William Glasser states that "while neurologist may not find it, the desire for unconditional love is built into the nervous system".

4. We have been socialized to believe that if "I have something, if I wear Jordache Jeans, if I drive a Porsche, if I own a place in Florida, if I make so much money.

if I have jewelry, that somehow that will make me worth more to people. In some way that makes me of more value to others. That it will give me self-esteem—self-value—self-worth.

Again the socialization process has hurt families in that it tells them if you actualize yourself you will in some way discover who you are. You will be accepted because you have this success. But in fact, it seems to this therapist that the converse is true.

Self-esteem comes not from what you can get, but from what you can give. It comes from saying "do I have value to someone", "am I needed in this family or support system?" When the answer is yes, it seems that the individual finds a sense of identity of being needed, that his or her efforts have something to do with the whole.

In counseling session after counseling session we often hear, "he didn't do it right, so I did it myself". This attitude teaches a debilitating feeling of being incompetent when repeated over a life time. In family therapy we even see the person as an adult marrying the mate who continue the pattern and it becomes pervasive through a life time. Again the therapist can help the family by directing it to deal with some feelings of we "really do need each other". Of course if it is pathological, intense therapy should be applied to help the feelings rise to a conscious level of awareness.

5. This will be probably the most controversial issue discussed. We live in a society that wants to bow to no one or take time out to see from the other point of view. We have been conditioned to think highly of the young medical student who spends years and sacrifices pleasure time for the purpose of medicine, or the law student who spends hour upon hour studying legal documents to pass his bar exam, or the olympian who for years of not socializing with friends, beating his feet to the ground to the point of bleeding day after day after day, and indeed these are committed, dedicated and fantastic people. But, it has become more at the attention of others that it is vitally important for a family to have a sense of "other"ness. Healthy families have a sense of knowing that they are in an economy of humanity and have a sense of destiny to the world outside them. Caring for others in the family unit, caring for friends, the older, the younger gives a sense of propriety that brings about order. If you will, a sense of "servant-hood", not slavery, but a knowing that you and your needs are important too teaches a lesson in responsibility that no text-book can teach.

The police family is not really different in that of the civilian family. Time pressures, finances, relationships are difficult, but the highly structured atmosphere at the "station" does seem to suppress dealing with feelings and unfortunately it is difficult to cut off feelings that we have at work the minute we enter the home. It is difficult

to leave the feelings of animosity toward the bureaucracy and not take them out on the "kids". That's why we as therapists can help these folks bring to a conscious level the need to sensitize ourselves to more appropriate ways of dealing with feelings.

For this therapist, strategic therapy has been a very useful way of developing long-term changes in the family

behavior. Assessing the families agenda and what they feel their capabilities and goals are will help give way to appropriate change. Continuing education within the force is a **ABSOLUTE** must! Ongoing training by therapists and the helping professions would keep in the forefront the human motivation that "relationships are precious, and for life".

THE INVISIBLE VICTIMS: MYTHS AND REALITIES

Frances Stillman

Police officers and their family members are invisible victims. Few people are aware of the number of officers killed and injured each year. Many disregard these statistics believing that injury and death are just occupational hazards. Many factors surrounding the nature of the death or injury of public servants make physical, psychological and emotional healing more difficult. Myths exist which hinder police officers and their family members from receiving needed attention and services. This article will examine three problematic groups: police survivors, injured officers and officers who kill. Issues concerning surviving family members as well as recommendations for police psychologists and police administrators will be presented.

In 1983, 157 law enforcement officers were killed, over 55,700 were assaulted, 17,000 sustained injuries and approximately 400 cases of justifiable homicide were recorded. The FBI only listed 79 of the officers killed as dying in the line of duty, the lowest number in many years. The other officers killed accidentally or dying of heart attacks were excluded from this list; however, the repercussions for their families were as traumatic.

Few people are aware of these statistics and even fewer have come to accept the fact that the officer and his/her family continue to be severely traumatized, either directly or indirectly, by the requirements of this unique profession. This article will address the concept of the police officer and family members as the forgotten and often silent victim. Special focus will be on the difficulties experienced by surviving family members after the sudden and often brutal death of a law enforcement officer.

These traumatic life and death events and their psychological impact on the family members (parents, siblings, spouses, and children) have been woefully neglected by police administrators, mental health professionals, police psychologists, and society in general. The police administrator's primary function is to heal the departmental wounds, subsequently did regarding the officers' and the families' pain. Mental health professionals and society are unenlightened concerning the sacrifices made by law enforcement officers. The willingness of public servants to make ultimate sacrifices often goes unappreciated. The police psychologist, almost by default, needs to know the realities and the myths sur-

rounding the issues of death, injury and use of deadly force as it relates to police officers and their families.

Police psychology occupies a unique position within the police culture. This position provides an opportunity to address emotionally laden issues and a responsibility to address the pain and anguish of these forgotten and often silent victims. Awareness of the unique problems faced by the survivors of slain police officers as well as the physical and emotional problems faced by officers and their families must be recognized to promote recovery from such things as bullet wounds or in the case of the ultimate sacrifice—giving the life of a loved one in the service of society.

MYTHS AND REALITIES

Myths, which are part of the law enforcement culture, combined with society's stereotypic perceptions of police officers and their family members, form barriers preventing these life and death realities from being considered. The police culture strives to maintain an image of invulnerability and moral superiority. The officer is trained to view self and to be seen by others as physically and emotionally able to handle any crisis without being personally affected (*Conser, 1980; Harris, 1978*).

Officers are expected to be towers of strength but, they are vulnerable like anyone else. They are expected to display behavior beyond reproach; yet they are only human. Unlike any other profession they are expected to bleed and are expected to die for their communities. Society's high expectations also extend to the officer's family. The image of the calm, brave, police widow who has prepared herself and her family to cope with tragedy, is a cruel myth.

Law enforcement officers are expected to walk the darkest streets and view the sordid, ugly side of life. Often enduring physical and verbal abuse from all segments of society, the police are asked to risk their lives with little visible reward. They are sworn to protect the citizenry who may not appreciate this commitment. In the process, the officer and his/her family discovers that law enforcement is not just an occupation, but becomes a way of life with almost every facet of their lives being affected. This experience is indirect conflict with the myth held by many in law enforcement that police work

and family life need to be kept separate.

Because of unique work requirements and an absorptive work culture, police officers and their families become isolated from the community. Police officers, family members and survivors continue to experience higher health risks than the rest of the population (*French, 1975; Richard & Fell, 1975*). They come to feel that only another member of the police profession can understand their problems. In many instances mental health professionals are uninformed as to the law enforcement culture, and the unique requirements of the profession. Thus police officers and their families often do not accept available community services. Mistrust and cynicism toward police agencies may even keep officers and family members from using departmental services, if available (*Adlam, 1982; Conser, 1980*).

Police organizations in life as well as death, fail to recognize the emotional concerns of police officers and their family members. Rigid para-military organizational structures, inadequate promotional opportunities, and rotating shift schedules seem to disregard the psychological needs of the officer and family. The myth that the police "community" protects and supports its members, since it is often referred to as a "family", may further restrict needed services from being made available.

The media, and the public act as voyeurs when an officer is killed or wounded. The media often adds a sense of sensationalism surrounding police shootings, injuries, and death raising questions concerning police motives, behaviors and actions. Like an unwanted stepchild, police are given punitive attention, held in low esteem, and viewed with apathy or hostility.

The public is totally unaware of the actual number of officers killed or assaulted, since this is often viewed as just another occupational hazard. Rarely is the long term psychological impact of police death or injury on the family members acknowledged. It is as if the police family is expected to be prepared to deal with sudden loss or injury since the dangers of the job were well known to all involved. These police families in reality are more vulnerable to long term emotional distress since the injury or loss was suffered in peacetime, close to home and they fail to recognize themselves as victims in need of assistance (*Vachon, 1981*).

Police Survivors

Shneidman (1973) states, "There are two parties to the suffering that death inflicts, and in the apportionment of this suffering, the survivor takes the brunt". When killed in the line of duty, our "silent victim" leaves behind a family that has been inordinately assimilated into the

police profession. Yet rather than being embraced by the police community, these police survivors become grim reminders of the ultimate police obligation. Police funerals and the presentations of medals or awards often heal the organizational wounds but not the personal grief of the survivors. The police survivors often report feeling like outcasts from this "work family".

This past spring the first national seminar was held for law enforcement survivors. Approximately 140 family members, representing 55 families of officers slain in 1983, and 20 families of officers slain in previous years—from as far away as Guam and Hawaii—came to Washington, D.C. seeking the opportunity to share their common bereavement.

The emotions expressed by these family members were anger, bitterness, despair, and frustration especially, feeling shortchanged and wronged by police departments, criminal justice system and society in general. The following are examples of the realities faced by these surviving family members:

Widow and parents were shocked, dismayed and angered at finding out about the death of their husband and son from the media.

Widow, whose husband was held hostage and killed by a saber wielding man, feels responsible for the racial violence caused in the wake of her husband's death. Her husband's murderer was slain by 5 police officers who stormed the barricaded house 17 hours after the police officer was killed. The sympathies of the community were with the murderer not the officer.

Parents of a 19 year unsworn recruit (father a former police officer) were denied all death benefits and feel their son died cheaply and inexcusably. Son assigned to search for a gunman who had automatic weapons. The recruit, upon locating the gunman, was slain.

Widow had her two children taken out of the house by other officers who had come to inform her of her husband's death. The widow is still haunted by the fact that someone else told her children of their father's death since she was not given this opportunity.

Widow, of a police officer assigned to a strenuous assignment and had been working 18 hour plus days was found dead at his

desk—the victim of a heart attack—feels abandoned and angered at the reaction of the police department since his death was ruled accidental and treated unceremoniously.

Sibling of a slain police officer was inconsolable feeling she should have been able to prevent her brother's death. Now as the only child in the family, she faces a heavy burden of caring for the stricken parents, helping the widow, while no one recognizes her own grief, guilt and suffering.

Widow and parents of slain police officer watch helplessly while the murderer, a 17 year boy, is given probation for the brutal slaying, since the young man was under the influence of drugs at the time of the death.

The hard realities confronting these families are many. They face the ultimate work-family conflict; their loved ones life was claimed by an occupation. Many issues surrounding the death of a law enforcement officer impede the survivor's psychological healing process, such as: the nature of the death, the response of the community, the response of the media, the response of the criminal justice system, the geographic proximity of the family to the death scene, the response of the police department, and the availability of death benefits. Therefore the grief and pain of sudden loss combined with the aforementioned circumstances leads to complications and a delayed recovery process.

Thomas Mann states, "A man's dying is more the survivors' affair than his own". However, in the case of the slain public servant, we must join with the survivors and make it our affair.

Injured and Disabled Officers

The injured officer may find medical and disability benefits inadequate to deal with his/her financial and family responsibilities. Injuries which are not substantiated by the department may lead an officer to be shunned by his work associates, labeled as a malingerer or viewed as an incompetent. This labeling process can stay with an officer, coloring the rest of his/her career. Officers involved in car accidents have been required to pay for repairs on their police car even though the accident occurred while apprehending a suspect. Officers permanently disabled by a work related accident may find their is no longer even a desk position available due to regulations which exclude disabled members.

The families of these officers are left to care for the physical and emotional scars. They report that hostile

and bitter emotions develop when the police departments actions are judged by the officer and family as uncaring or punitive. Supportive and caring responses do much to help heal the officer and create a feeling of loyalty to the department.

Justifiable Homicide

The impact of taking a person's life can and does have devastating impact on the officer and family members. Of the three areas discussed, this one, has received the most attention and action. *Lippert and Ferrara (1981)*, *Shaw (1981)*, and *Van Maanen (1980)*, just to name a few, have reported physical and emotional symptoms including sleep disturbances, flash backs, depression, thoughts of suicide, guilt and self depreciation, anxiety concerning future work, cynicism, mistrust of the agency and difficulties maintaining and establishing intimate relationships. A wide range in behaviors have been reported from immobilization to denial and repression. However, only a small percentage of law enforcement agencies require officers and their family members to take part in post-shooting counseling. In general, law enforcement agencies often disregard or do not consider the emotional well being of their officers when making policy decisions. Rarely are humanistic values or considerations for psychological functioning allowed to enter into decisions which ultimately affect the lives of all officers and their families.

CONCLUSIONS

Police officers are "invisible victims". Rape victims, murder victims, survivors, abducted children, drug addicts, and even animals have support groups that work to guarantee their rights and lend support in troubled times. In too many cases, the law enforcement family is left to grieve with the pain, anguish and intense feelings of loss, must suffer through criminal trials and often finds itself alone to heal it's wounds.

Police psychological units need to be involved with these families. They must work to make police administrators and other mental health professionals aware of the difficult realities faced by police survivors, injured officers and officers who have had to kill. Police psychologists need to work to institute policies such as mandatory, post-shooting counseling, create proper procedures for notification of all family members in the event of a death, develop on going supports for these families, help them through criminal trials and assist them through out their bereavement or recovery periods. The police psychologist can influence the police administration to consider the emotional needs of injured officers,

and to maintain links with the surviving family members of the slain officer. In addition to these specific recommendations, the police psychologist needs to help infuse more humanistic values—which encourage support for officers and their families—into work organizations often guilty of refusing to consider the psychological well being of its members.

As stated in the "President's Task Force on Victims of Crime", the innocent victims of crime have been overlooked, their pleas for justice have gone unheeded and their wounds—personal, emotional and financial—have gone unattended". The same holds true for the surviving family members of the injured or murdered law enforcement officer.

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THOUGHTS ON PREVENTIVE COUNSELING FOR POLICE OFFICERS

Gil Watson, ACSW

In the early 1970's Dr. John Calhoun, a research psychologist, conducted an interesting experiment at the National Institute of Mental Health. Over the space of 2½ years Dr. Calhoun carefully reduced all mortality factors possible, except aging, in raising a colony of mice from a population of 8 to 2200 in a nine foot square cage. As they reached the optimum population of 2200, some unusual occurrences became evident in this "Mouse Society".

- Adult cliques of about 12 mice formed and within each group specific mice performed specific tasks.
- Usually aggressive males became passive and non aggressive.
- The young became very passive and self indulgent only eating, sleeping and grooming themselves.
- The "Mouse Society" gradually died off after 5 years and not one mouse survived, although there was an absence of disease and plenty of food, water and resources.¹

Certainly one would be treading in dangerous waters by paralleling a "Mouse Society" and a police department. Some interesting analogies can be drawn, however.

A typical police officer upon starting his career perceives the career as lasting at least the full twenty years needed for retirement. During that time he expects to progress in the paramilitary structure at least to the rank of Sergeant and hopes to attain a higher rank. He expects to find good leadership, professionalism, justice, camaraderie, training, excitement, fulfillment and social acceptance. What he finds is a reality that is far different from the fantasy he has built for himself. It is a reality with uncontrollable stressors different from those faced by the ordinary citizen. These uncontrollable stressors are well documented and now well known in the Police field through the writings and work of Reiser, Richard and Fell, Stratton and Kroes, Margolis and Hurrell.² As the Police Officer proceeds in his career, he is incorporated into a structure that is both exciting and boring, exact and unclear, just and unjust. He becomes confronted with having to deal with his unrealistic expectations of job satisfaction during his first to five years on the job. It might be added that most Police Departments have an initial one year probationary period (Illinois) that allows liberal dismissal causes for the "Police Rookie" and forces the "Rookie" into an extended unrealistic hon-

eymoon period. During these first five years the Police Officer begins to make choices congruent with his normal personality and the socialized model forced upon him by the law enforcement field.³ He begins to face and deal with a job that has no concrete solutions in the court room, no specific "yes and no" on the street, minuscule hopes for promotion, and long boring hours of patrol. The Police Officer will reach a point of choice somewhere around his fifth year. He will choose to accept the shortcomings of the job and it's related stress factors and rechannel his energy in appropriate ways or he will choose a defensive system that is not mentally healthy in which to deal with the reality. He might indeed become a "mouse", become a clique member, lose aggressiveness, become self indulgent, and figuratively "die off" at the five year mark. Of course this comparison is full of holes and any reasonable person with "common sense" can discount this analogy as being ridiculous immediately. But the analogy does bring us to a question regarding healthy adjustment to the Police role versus abnormal adjustment to the same role.

This abnormal adjustment to the Police role and the incumbent stress is well documented in the many writings of the past decade by noted researchers, resident Police psychologists and clinicians such as; Reiser, Roberts, Stratton, Reese and Bard. Popularization of the abnormal adjustments of Police Officers can be found in many of Joseph Wambaugh's novels and the current Emmy award winning TV show "Hill Street Blues". Identification of the unique problems incurred by Police Officers seem to be well identified and have found acceptance among Police management circles progressively during the 70's and early 80's.

In keeping with our role as clinicians, having identified the psycho-pathology, we (the Police Psychology field) have made significant gains in terms of treatment during this period of time. Most of the large metropolitan Police Departments (Chicago, Los angles, San Diego, Dallas, etc.) have counseling programs available for use by their personnel. The emphasis of these programs has changed slightly over the past decade but almost categorically they deal with pathology, focusing on the presenting problems referred to the "counseling unit" such as; alcohol abuse, drug abuse, physical abuse to arrestees, severe mood swings and radical changes in performance.

After entering treatment with a clinician the presenting problems are sorted out, a treatment plan is developed, and the police officer eventually returns to full duty upon successful completion of his program or he fails the program and incurs other consequences. Most major metropolitan Police Departments have found in house counseling programs to be effective in saving trained personnel, lost service time, disciplinary action and subsequent legal fees. This experience is quite similar to major corporations in the private sector in their development of Employee Assistance Programs (EAP's).⁴ Recently major metropolitan counseling programs have become involved in the training of rookie police officers during their basic school and in the initial selection and screening process for hiring. It is obvious that the role of the counselor has expanded and is becoming an accepted part of the Police management team. Full acceptance by ordinary patrolmen will take time and some changes in use by the same management team, as the patrolmen receive the counseling unit as being a tool owned and used by management.

The experience of smaller suburban and rural Police Departments has been less notable and certainly harder to trace. The growing awareness of the need to provide counseling has been evident to the smaller Police Departments and although resources are limited, attempts have been made. Most of these departments have resorted to using private practitioners, local agencies, or consulting police psychologists/counselors. There are probably several hundred slightly different program designs used by these departments. Again, these departments deal almost entirely with pathological problems; drunk cops, abusive cops, disturbed cops, etc.

The ultimate cure for pathological problems is not found in counseling the disturbed police officer. The answer is in preventing the disease from taking root in the police officer. As a clinician working and counseling with police personnel for almost ten years, I have found that in almost every case simple changes in priorities by the officer can allow him to deal effectively with both the controllable and uncontrollable stressors of their jobs.

Life can be treated as a marathon race. Too often it is viewed as a 100 meter dash with all the rewards coming very quickly. Few contestants will win these kinds of races. They are won by very talented people or by those in right place at the right time. The key to successful completion of a marathon is the prevention of breakdown during the race by preparation and training. The key to successful completion of a law enforcement career is prevention of breakdown in the emotional, behavioral and physical aspects of the occupation.⁵

For any human being to successfully complete the tasks of life, that individual must have his priorities in

order. After many years of marital counseling and clinical work with the Police Officers, it can only be concluded that the establishing of priorities are the same for police officers as the general public:

1. Spouse
2. Family
3. Occupation
4. Other talents and interests

In other words the job should not be the first priority of the police officer. This common error of law enforcement management will only lead to dysfunction with spouse and family. The subsequent collapse of the officer's support system (family) will lead to the eventual dysfunction of the officer on the job.

"..., in police work, the family takes second place to the job. In many cases, the family unit never recovers from the resulting strain".⁶

The Kroes, Margolis, and Hurrell study cited previously found 79 of 81 married Officers surveyed to have strained relationships due to the occupation. Police management must acknowledge that an Officer's home life, spouse and family, has a direct reflection on the job and provide needed relief and understanding for the Officer and his family. Management must address the problems of shift work, offer counseling assistance (EAP), assist with social groups of officer's wives, and provide periodic training for family members as well as the Officers.

A full scale prevention program could begin in most Police Departments with adjustments of design for the various sizes of the departments. The initially envisioned program would call for on-going counseling throughout the career of the Police Officer. An employee assistance program would need to be established with the idea that it would incorporate the following elements:

- A. Treatment of identified pathology for the Officer and his family.
- B. Periodic training (quarterly) for all personnel and their families.
- C. Preventive counseling on a once a month basis for all personnel chief executives included.
- D. Establishment of family groups and spouse groups.

The adherence to Part C would be of primary importance to the overall success of a preventive program. The issues that would need to be addressed would fall into 6 categories or stages:

1. Selection of Police Personnel
2. Probation
3. Early Career
4. Mid Career
5. Late Career
6. Retirement

Let us take a closer look at what a counselor might be trying to deal with during these six stages.

Selection

The Police counselor would start his relationship with the officer right in the beginning with the ordinary psychological testing and interviewing procedure used to screen police personnel. If this process is done by an outside agency, provision must be made to include the Police counselor in the process.

Probation

Most Police departments have probationary time period of up to one year to evaluate new officers. The counselor must make good use of this year to establish rapport with the new officers and their families. Police management must make it clear that they will not use or involve the counselor at all in the evaluation period of probation. The counselor should focus attention with the probationary officer on these issues; adjustment to shifts, perception of the job to the reality of the job, reality of the court system, a program for stress reduction, social acceptance by other officers, and establishing the priorities of "life's marathon". The counselor needs to work with the new officer's wife and family on the physical, emotional, psychological adjustment to having a cop in the family. The counselor must work with changes in friends and social contacts due to shift work and a career not widely accepted by the public (certainly a paradox!), developing sensitivity and establishing of a support group for the family's use.

Early Career

During the officers early career the counselor would need to address and focus on the worth of the family system. He would address with the officer the reality of advancement in the Police Department. The counselor and officer would set realistic goals for accomplishment. A stress management program should be begun. A physical fitness program should also be initiated with appropriate goals and rewards. Investigation should be started as to the officer's other talents and hobbies.

Mid-Career

At this point the officer is about ready to take his first promotional exam and is at a high point in job satisfaction if he has been emotionally stable. The counselor is faced at this point with re-affirming the priority of the family, stress management and physical fitness programs. The counselor must also assist the officer in readjusting career

goals, because during this period of time most officers realize that they will or will not be promoted. For those with future promotions obtainable, the counselor must temper these high hopes with reality and other options. For those who will not be promoted, other realistic goals must be established. Goals that will fulfill the individual in such a way that job performance is not hindered. At this point the well adjusted officer must be presented with alternatives such as hobbies and second careers upon retirement. This is also an excellent time for additional emotional investment in family goals and outings. For the department, the counselor needs to zero in on the accomplishments the officer has made and enhance the specialties and talents he is good at (evidence collection, traffic enforcement, training, etc.). Caution must be taken because, mid career is the beginning of the manifestations of the dysfunctional officer because of little positive guidance in a Police Department.

Late Career

Whereas, late career for a businessman is the latter fifties, early sixties, for a police officer late career can be early forties. The police counselor must face preparation for retirement with the realization that true retirement may be almost twenty years away! If there has been progression through the ranks and the officer holds a command position, re-evaluation of future goals may be in order. Again, the ultimate goal of the police counselor is to affirm the role of the spouse and family as the top priority and ultimate support system for the police officer. If the officer is truly going to retire and take his "20" then hopefully adequate preparation has been made by the police counselor for a new career or other interesting alternatives for the retiree.

Retirement

This is a time for the counselor to evaluate the fruits of his program. There is little doubt of the pathological health problems of police officers, especially cardiovascular and digestive disorders, and there seems to be continued early death among retired officers, it would seem that periodic follow-up counseling would see an improvement in the health and quality of life among retired officers. A retirement study would be the beginning of an answer to such a preventive program.

CONCLUSION

Since preventive programs in mental health continue to be placed on the back burners of the mental health system itself, there can be no illustrations that career oriented prevention counseling programs for police officer-

ers will gain wide spread acceptance soon. We have long been a pathology oriented culture that has a great deal of trouble accepting that sometimes we must abstain and discipline ourselves in order to eliminate a pathology. Just look at the warnings of probable cancer given to those who smoke cigarettes and yet millions of people still continue to accept this easily prevented disease.

Certainly the future holds programs incorporating preventive ideas. Already the law enforcement field has begun to embrace the counseling professions of psychiatry, psychology, and social work albeit with some fear and trepidation on the part of both professions. But the basic approach must change eventually because:

"the main tools and models for primary prevention are provided by education, social engineering, and social change. Primary prevention efforts are based on the assumption that reducing stress and giving people better resources for coping are effective ways to prevent social difficulties; so are helping them find support groups and developing good self esteem."⁷

Footnotes

¹Frank Sartwell, "The Small Satanic Worlds of John Calhoun" *Smithsonian Magazine*, April, 1970, p.66.

²Kroes, William H., Margolis, Bruce L., Hurrell, Joseph J., "Job Stress in Policemen" *Journal of Police Science and Administration*, Vol. 2, No. 2, 1974 pp. 145-155.

³Robert W. Balch, "The Police Personality: fact or Fiction", *Journal of Criminal Law, Criminology and Police Science*, Vol. 63, No. 1, March, 1972, p.106.

⁴Lynn Lambuth, "An Employee Assistance Program that Works," *Police Chief*, January, 1984, pp.36-38.

⁵James T. Reese, "Life in the High-Speed Lane: Managing Police Burnout" *Police Chief*, June 1982, p.50.

⁶Hilda F. Besner and Sandra J. Robinson, "Police Wives - The Untapped Resource" *Police Chief*, August 1984, p.62.

⁷George W. Albee, Sol Gordon, Harold Leitenber, editors, *Promoting Sexual Responsibility and Preventing Sexual Problems*, from the series "Primary Prevention of Psycho-pathology", Vol. VII, 1983, p. XVII.

SECTION THREE
ORGANIZATIONAL ISSUES

IDEOLOGY MEETS PRAGMATISM: APPLIED RESEARCH IN LAW ENFORCEMENT

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Note: The opinions expressed in this paper are those of the authors and not necessarily those of Saint Elizabeths Hospital or the Metropolitan Police Department of Washington, D.C.

The relative paucity of research in the field of law enforcement is a direct reflection of the misunderstanding and noncommunication that exists between the law enforcement community and the professional research community.

Some agencies (both law enforcement and universities) have forged stable productive relations, but the majority of police departments still view researchers with a skeptical eye and researchers in turn believe that law enforcement agencies often put too many impediments in the way of knowledge and scientific research.

It is the authors' intent to focus on a productive research relationship between the Metropolitan Police Department of Washington, D.C., and the Saint Elizabeths Hospital as a model in analyzing relationships between researchers and law enforcement officers.

Historically, there has been a diametric conflict between law enforcement agencies who wish to do and researchers who wish to understand. In the past, law enforcement agencies have not been receptive to liberal minded individuals who attempted to constantly find motivations for criminal activity. In fact, the majority of the academic field appeared to have lined up behind the rights of criminals, who are the reflection of society's ills, while the conservative law enforcement community was concerned with getting the criminals off the street. The law enforcement community has traditionally closed ranks against the invasion of outsiders. Having an already negative view of the type of individual who becomes a member of the mental health community, exposure of some weakness to the outside world by such an individual would be unacceptable.

Probably the greatest resistance to a marriage between mental health researchers and law enforcement personnel is a personality issue. Looking at such vocation scales as the Myers Briggs Type Indicator, we find that opposite temperament types are attracted to law enforcement work than to mental health or psychology (Hanewicz, 1978;

Galvin, 1975; and Buchanan & Bandy, 1984). According to this indicator, which is based on Jungian psychology, much of the apparent random variation in human behavior is actually purposeful and predictable. These variations, which reflect certain basic differences in mental functioning include Extroversion/Introversion, Sensation/Intuition, Thinking/Feeling and Judging/Perceiving.

Keirse and Bates (1978) have stated that the widest gulf between persons is caused by differences between sensation and intuition. In fact, it is as if individuals are using two separate languages to describe the same world. All individuals perceive the world either through their sensations (perceptions which are based upon stimulation of the sensory organs, e.g. seeing, hearing, smelling, touching and tasting) or through their intuition (e.g. their sixth sense which thrives on tacit subliminal aspects of perceptions). In the normal population we find that 75% of all individuals use sensation while only 25% use intuition.

Hanewicz (1978) has noted that police officers are predominantly more sensation oriented (77% of the sample were sensation oriented) than the general population and Galvin (1975) has noted that 90-95% of mental health workers at a community mental health center are intuition oriented. Thus police officers are oriented to here and now concreteness of the situation, while mental health workers are interested in the gestalt. As noted before, the police officer will be interested in what the criminal did or as Sgt. Friday would say, "The facts ma'm, just the facts.", while mental health workers would be interested in motivations, understanding and communication.

Hanewicz (1978) also found a difference in the Feeling versus Thinking dichotomy of police officers and mental health workers. He noted that police officers tend to be overrepresented by Thinkers who emphasize analytical and logical thinking, while mental health workers are predominately Feelers who emphasize forgiveness and cheerfulness.

Hanewicz explains "the difference in perception and value, implied by these variations, does much to empirically and to rationally explain the organizational and operational difficulties that plague the relationship bet-

ween police and social workers. (p. 161)" We would conclude too that the differences in perception and thinking also does much to explain the difficulties in forming and maintaining research relationships.

The social turmoil of the 1960's (Civil Rights demonstrations, Women's Rights, challenges to authority) became the catalyst for many changes that occurred in the 1970's. Minorities and women began to take their place among the ranks of police officers, often bringing a new level of sensitivity to the job. More college educated individuals entered the field, while older officers returned to school for further education. On the other side, mental health professionals were beginning to realize that traditional, liberal solutions to social problems were not working. Slogans and utopian programs were not solving the crime problem or significantly altering recidivism rates.

Additionally, law enforcement agencies began recognizing the limits of behavioral control. This was dramatically brought to their attention by race riots and protest demonstrations. The need to develop new methods for dealing with and/or preventing such crisis was paramount. The role of law enforcer was evolving and new focus was being placed on areas such as family violence, hostage negotiation and community relations. This new focus required new types of training; training that was not available within the walls of police academies. Seeking assistance from the outside world opened the door, if only a crack, for the exchange of ideas and information. With more enlightened police chiefs, increased community pressure and a changing police force, law enforcement agencies began to research areas of concern to develop solutions to seemingly unsolvable problems.

While law enforcement agencies were changing to meet the emerging needs of the community, so too were the mental health agencies.

The deinstitutionalization of the fifties and sixties and the establishment of community mental health centers in the sixties provided compelling reasons for mental health workers to shift their emphasis from hospitalized patients to community mental health problems. Studies also indicated that police officers were, and continue to be, the major institutional referral source of admission to community health centers and hospitals. Further, police officers are second only to self, family and friend referrals to these agencies (*NIMH, 1980*).

Mental health agencies began to realize the importance of law enforcement personnel in their initial contacts with the mentally disturbed. They began to seek ways in which to improve their relationships with these agencies, and to increase the skills which police officers use in handling the mentally disturbed.

A major shift in research on the national level has also occurred. While both criminologists and psychologists have been fascinated with the criminal mind and the etiology of crime for the past several hundred years, the past decade has seen an increase in the area of applied research. Researchers have been emphasizing criminal behaviors and the prevention of crime. The focus has begun to shift from the Macro (e.g. society) to the Micro (the criminal). The National Academy of Science has been actively working on a project to define a taxonomy of behaviors which might predict violent behavior and thus help to prevent acts of violence such as assassinations or terrorist acts.

Police departments can accomplish their research in-house or by utilizing specialists from the outside. While inhouse research allows for total control and cooperation, the lack of specifically skilled researchers and the opportunity for bias often taints the findings. Outside researchers, while providing the expertise, tend to meet resistance from police personnel and do not have immediate access to necessary information.

In 1979, when the Metropolitan Police Department of Washington, D.C. recognized the need to address the problem of family violence and its corresponding assaults on police officers, it was determined that the expertise to provide skills in the area of mental health, i.e., psychodrama, non-verbal communication, etc., were not available within the department. Further, due to the stereotyped feeling of average officer towards "social work", the department felt it was essential to take the officer out of his normal environment and train him in an atmosphere different than the police academy. The Psychodrama Unit of Saint Elizabeths Hospital, a federally run mental health facility located in the District of Columbia, was approached for assistance in developing a joint training program thus merging the skills of law enforcement and the mental health community in addressing a very serious problem. (*Buchanan & Hankins, 1983*).

Additionally, Saint Elizabeths would provide the research necessary to determine the effects of the new training program on family violence, police assaults and any related areas.

This merger between the two agencies worked well and is ongoing today. The fact that the Metropolitan Police Department sought the help of Saint Elizabeths set a positive foundation. While ultimate control of the program remained with the police department (all articles and press releases pertaining to the program must be approved before release), the development of a memorandum of understanding provided both sides with the guidelines necessary to conduct their work. However, the most significant factor for the continuing cooperation

between the two agencies' principal representatives.

The development of this particular program has been most beneficial to the Metropolitan Police Department. In addition to accomplishing the initial goal of reducing assaults on police officers while handling family disturbances, this program has caused the trained officer to be less likely the victim of any type of assault. This of course translates to man-hour savings to the department. Since the training and research was of mutual benefit to Saint Elizabeth's, there was no direct cost involved in the program. Couple these dollar savings with the better service provided to the citizens and the reduction of injuries, and you have a very successful program from the police perspective.

Benefits also accrued to Saint Elizabeths Hospital because of this working relationship. As noted earlier, police officers are the major institutional referral source of patients to mental health centers, and the bonds between the police department and the hospital have been strengthened by our interactions with one another. In both the reseach and the actual training program, officers and mental health workers regularly exchange ideas and information which increases effectiveness in providing mental health services to the emotionally disturbed. Officials at the hospital feel that police officers are making better referrals to the hospital, and are assisting the maintenance of our outpatients in the community through their work with them. The added expense of the mental health workers' time in working on these projects has been more than compensated by the decrease in inappropriate referral of patients to Saint Elizabeths Hospital by untrained officers.

In conclusion, we feel that the major barrier to productive relationships between police officers and researchers

is the personality factor. Individuals who will work closely together from the two agencies must have mutual respect and a common interest to provide an atmosphere of trust and break down barriers that would normally inhibit the formal and informal flow of information and communication. Secondly, we feel that clear memorandums of understanding should exist between the two agencies, with specific references as to the types of services provided, the interactions necessary in order to complete the project, and final authority for release of that information to the general and professional public.

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MEAN MINNESOTA MULTIPHASIC PERSONALITY INVENTORY AND CALIFORNIA PSYCHOLOGICAL INVENTORY PROFILES OF SUPERVISORS AND COMMAND PERSONNEL IN A MUNICIPAL POLICE AGENCY

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INTRODUCTION

As *McCreedy (1974)* has pointed out, selecting people who will make good police officers is probably the most critical part of the law enforcement process. Law enforcement is a complex, demanding, and stressful occupation partially because pressures on police officers and administrators come from within the department, from citizens of the community and from other governmental entities. It is not clear what kind of person is needed to fill this kind of demanding job, and what characteristics lead to long range success in police organizations. Based on *Elam's (1983)* research, it is evident that the MMPI and CPI can be used to predict success in law enforcement training academies, and can predict success "on the street" in the first year of a police officer's career. However, very little research has been done to determine what correlations exist between personality profiles and long term success in police work.

The extent to which available techniques identify what kinds of people are involved in law enforcement is limited, and most of the available research data relates to entry level officers. Questions concerning "which test is best" are poorly answered, and as *Eisenberg and Reinke (1973)* observe, one particular test may be valid for one particular group in one particular situation, but most tests are not valid for most groups in most situations. Based on a review of the literature, *Eisenberg and Kent (1972)* concluded that with a few exceptions, the research performed in the area of entry level police selection has been poor.

One major problem involved in identifying personality characteristics which are correlated with success in law enforcement is that the police role is not easily defined. Police selection systems at both the entry level and supervisory level are probably geared to accept several kinds of personnel, because police departments are required to perform a variety of functions (*Crosby, 1979*). *Levy (1967)* speculates that attempts to identify a successful, ideal, model may have failed because of the heterogeneity

of characteristics required by various agencies.

Most law enforcement agencies would agree that it is critical to select people for promotion who will be good supervisors. However, it is not clear what kind of person is best suited to be a police administrator. Some of the questions which need to be answered include: Is there an identifiable personality type best suited for command level jobs in law enforcement? Is it possible to predict how an individual will react, or perform under the wide range of conditions which routinely confront the police administrator? And two final questions, which will be addressed in this study: "Are police administrators different from police recruits and from managers in general?" "Is it possible to identify unique characteristics of police administrators using personality measures?"

This paper presents some research done with police administrators in a large metropolitan department in Oklahoma. The total strength of the agency is approximately 750 officers. MMPI and CPI profiles were obtained as part of an In-Service Training class.

METHOD

Subjects

The police personnel studied consisted of 10 Captains, 23 Lieutenants, and 72 Sergeants who were employed in a large metropolitan police department in Oklahoma. Two comparison groups were used. A random sample of 50 MMPI and CPI profiles were obtained from a larger sample of police cadets from the same agency (*Elam, 1983*), and CPI profiles from an additional group consisting of 11 middle and top level management personnel who were similar in age and education to the police captain sample (*Brown, 1976*).

Captains ranged in age from 42 to 51 (median age 47); Lieutenants ranged in age from 32 to 55 (median age 44); Sergeants ranged in age from 32 to 52 (median age

39); Recruits ranged in age from 21 to 26 (median age 23). Personality profiles from the recruit sample was collected during the first 6 months of training. The median age of the manager sample was 45 (Brown, 1976).

Measures

The MMPI and CPI were administered to the police administrators. Scores of test responses on various personality scales were used in the analysis. A discriminant analysis was performed on test scores using the Statistical Analysis System program DISCRIM (1979), and demographic data was tabulated and some individual comparisons were made using the MINITAB program (Ryan, Joiner & Ryan, 1976).

Materials

The MMPI was developed by *Hathaway and McKinley (1947)* to diagnose mental patients and classify them into different categories of neuroses and psychoses. The test includes four validity scales and the 10 clinical scales. None of the experimental scales were included in this study. The MMPI was among the original instruments chosen to select police officers (*Rankin, 1957*) and currently is one of the most popular personality screening instruments used in law enforcement.

The CPI was developed by *Gough (1964)*. It is a 480 item, true-false questionnaire yielding 18 standard scales designed to predict practical, meaningful personality characteristics. This test focuses on personality characteristics which relate to social descriptions. Studies which have investigated the usefulness of the CPI in law enforcement include those by *Horstman (1976)*, *Hogan (1971)*, and *Elam (1983)*.

RESULTS

Mean MMPI scale scores for police captains, lieutenants, sergeants and recruits are presented in Table 1, and

profiles are shown in Figures 1 through 4. The profiles of the four groups are very similar. There were no significant correlations between individual MMPI scale scores and the rank of the police participant. There were several significant interactions including: time in grade x age ($F=1.79$, $df\ 47,56$, $p<.05$); time in grade x "Scale F" ($F=1.66$, $df\ 47,56$, $p<.05$); time in grade x Scale 1 ($F=1.92$, $df\ 47,56$, $p<.05$); and age x Scale 1 ($F=2.09$, $df\ 47,56$, $p<.01$). It is not surprising that older officers are more likely to be promoted than younger officers, or that with age and rank come a more relaxed attitude toward "presenting yourself in the best light". Older officers also tend to report more physical complaints.

Mean CPI scale scores for police captains, lieutenants, sergeants, recruits, and a sample of business managers is presented in Table 2, and profiles are shown in Figures 5 through 9. Captains and business managers are similar in leadership skills as measured by Dominance (Do) and Self Acceptance (Sa). As a group, police officers tend to be more conservative, more ethical, and more "people oriented" than their counterparts in business management. Dominance (Do) distinguishes between management level police officers (Captains and Lieutenants), and supervisory personnel and recruits ($Do \times Rank$, $F=3.51$, $df\ 2,102$, $p<.05$). Responsibility (Re) shows no difference between management level personnel and recruits, however, sergeants tend to score lower than both command personnel and recruits on this scale ($Re \times Rank$, $F=3.18$, $df\ 2,102$, $p<.05$).

A Discriminant Analysis (SASS, 1979) was performed on a subset of the data consisting of 7 Captains, 22 Lieutenants, and 43 Sergeants).

Using the MMPI as a predictor of rank, the Discriminant Analysis procedure was able to classify only 1 of 7 captains, 12 out of 22 lieutenants, and 34 out of 43 sergeants. The profiles indicate that captains, lieutenants, sergeants and police recruits are very much alike on most of the measures. Using the CPI as a predictor of rank, the Discriminant Analysis procedure was able to correctly classify only 3 of the 7 captains, 14 of the 22 lieutenants and 35 of the 43 sergeants. Using the CPI, captains were

Table 1. INDIVIDUAL SCALE SCORES—MINNESOTA MULTIPHASIC PERSONALITY INVENTORY

	K-Corrected Scale Scores												
	L	F	K	Hs(1)	D(2)	Hy(3)	Pd(4)	Mf(5)	Pa(6)	Pt(7)	Sc(8)	Ma(9)	Si(0)
Police Captains	4	2	19	13	17	21	21	22	10	23	23	18	22
Police Lieutenants	4	2	17	12	17	19	20	21	8	23	23	19	23
Police Sergeants	4	3	18	12	17	20	22	21	9	23	23	19	21
Police Cadets	5	2	20	12	17	20	22	22	9	25	24	19	20

Table 2. INDIVIDUAL SCALE SCORES—CALIFORNIA PSYCHOLOGICAL INVENTORY

	<i>Scale Scores</i>																	
	DO	CS	SY	SP	SA	WB	RE	SO	SC	TO	GI	CM	AC	AI	IE	PY	FX	FE
Manager Sample	36	23	28	41	25	38	30	35	25	23	16	26	28	20	40	12	11	15
Police Captains	34	20	25	38	24	40	31	36	33	24	20	27	31	22	41	14	8	13
Police Lieutenants	33	19	24	36	22	40	31	40	34	23	20	27	31	20	39	13	7	16
Police Sergeants	31	19	24	36	22	38	29	36	33	22	19	27	30	21	38	12	9	14
Police Cadets	30	19	27	38	22	39	30	38	33	24	20	27	31	20	41	13	8	14

most often confused with sergeants, and sergeants were most often confused with lieutenants. The data indicate that regardless of rank, police personnel in this sample are a homogeneous group with respect to the personality characteristics measured.

Combining the two tests resulted in an increase in the accuracy of prediction. Using both tests, it was possible to accurately classify 5 of the 7 captains, 19 out of 22 lieutenants, and 40 out of the 43 sergeants.

DISCUSSION AND CONCLUSIONS

Two questions were considered: "Are police administrators different from police recruits and from managers in general?" "Is it possible to identify unique characteristics of police administrators using personality measures?"

Results indicate that only one scale on the CPI, Dominance (Do), was able to distinguish between managerial level personnel and supervisory personnel. Managers from the industry sample, and police Captains and Lieutenants scored significantly higher on the Do scale than police Sergeants or Recruits. The CPI profile obtained from police sample was very similar for all ranks, but differed from the managerial sample in the direction that would predict that police officers are more conservative, and more "people oriented" than the managerial sample.

Results indicate that it is possible to pick out some personality correlates that are unique to a given police rank, but the differences between ranks are very small,

and variability is very high. Based on this data, we were not able to conclusively demonstrate the potential usefulness of personality tests such as the MMPI and CPI either separately or in combination in predicting job success for police managers.

There may be several reasons why such small difference between police ranks were obtained. In this sample, no attempt was made to obtain performance ratings, rankings or other estimates of how well the police supervisors and administrators were performing their jobs. It may be that dividing the sample on the basis of job performance measures would allow us to distinguish personality profiles of more successful and less successful and less successful administrators. The wide distribution of age in the various ranks. Further analyses are planned to investigate the nature of the interaction between age, time in rank, and personality variables.

It can be argued on the basis of these results that police officers in the agency we studied are very much alike on most personality measures. Since the profiles of police recruits, sergeants, lieutenants and captains were very similar, it is also possible that the personality profile of these police officers remain fairly stable from the time that they were selected by the agency until the time that they retire. Even though the scale scores are not significantly different, a strictly clinical interpretation of the personality variables that seem to lead to promotion would include choosing a person who is optimistic, outgoing, shows above average leadership skills, above average maturity, and above average in their ability deal easily with day to day problems.

MIMPI™

MINNESOTA MULTIPHASIC™
PERSONALITY INVENTORY
S.R. Hathaway and J.C. McKinley

PROFILE

NAME Captains

ADDRESS _____

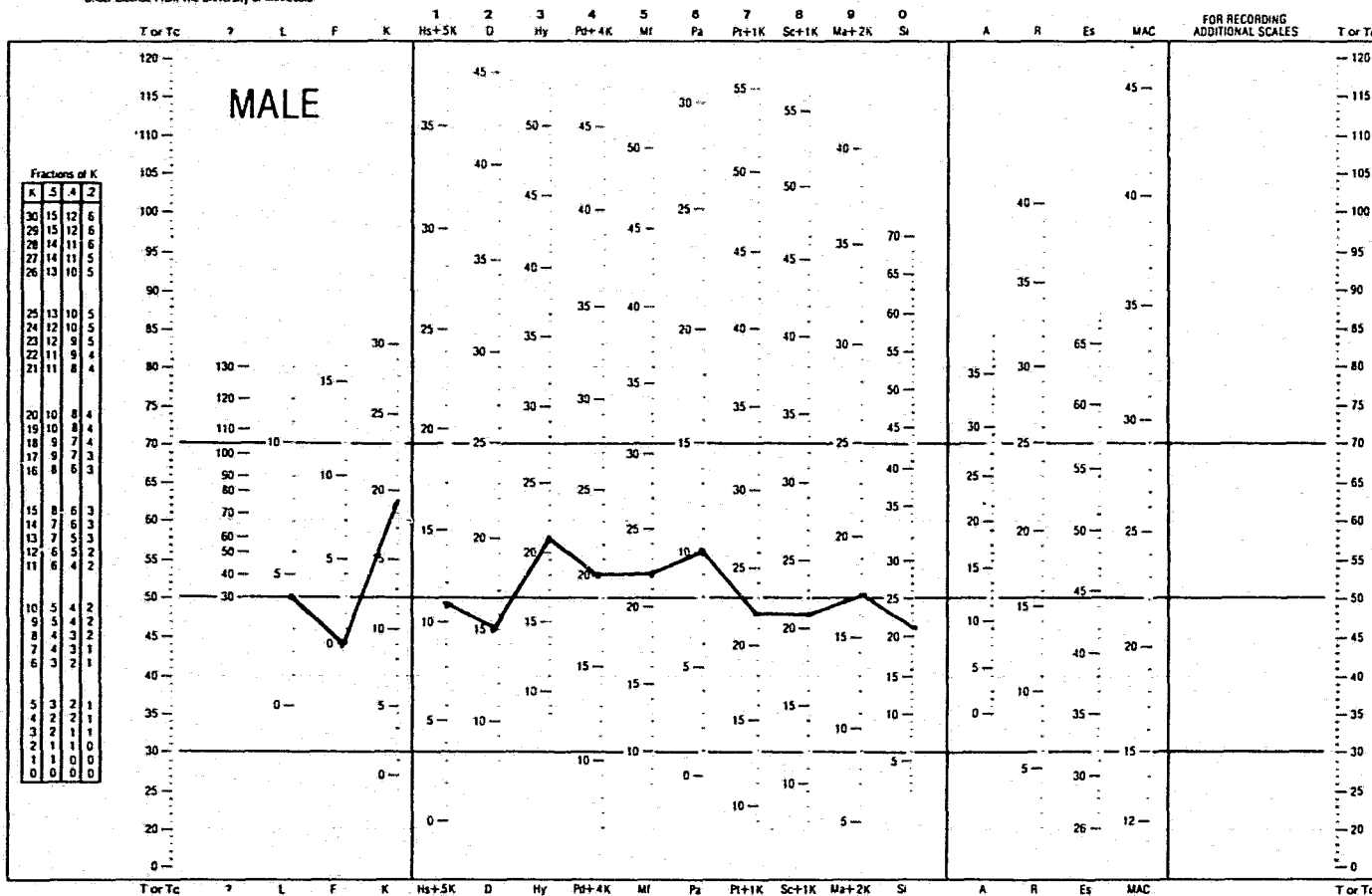
OCCUPATION _____ DATE TESTED / /

EDUCATION _____ AGE _____

MARITAL STATUS _____ REFERRED BY _____

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MMPI Code

Scorer's Initials _____

Raw Score _____

K to be added _____

Raw Score with K _____

MIMPI™

MINNESOTA MULTIPHASIC™
PERSONALITY INVENTORY

S.R. Hathaway and J.C. McKinley

PROFILE

NAME Lieutenants

ADDRESS _____

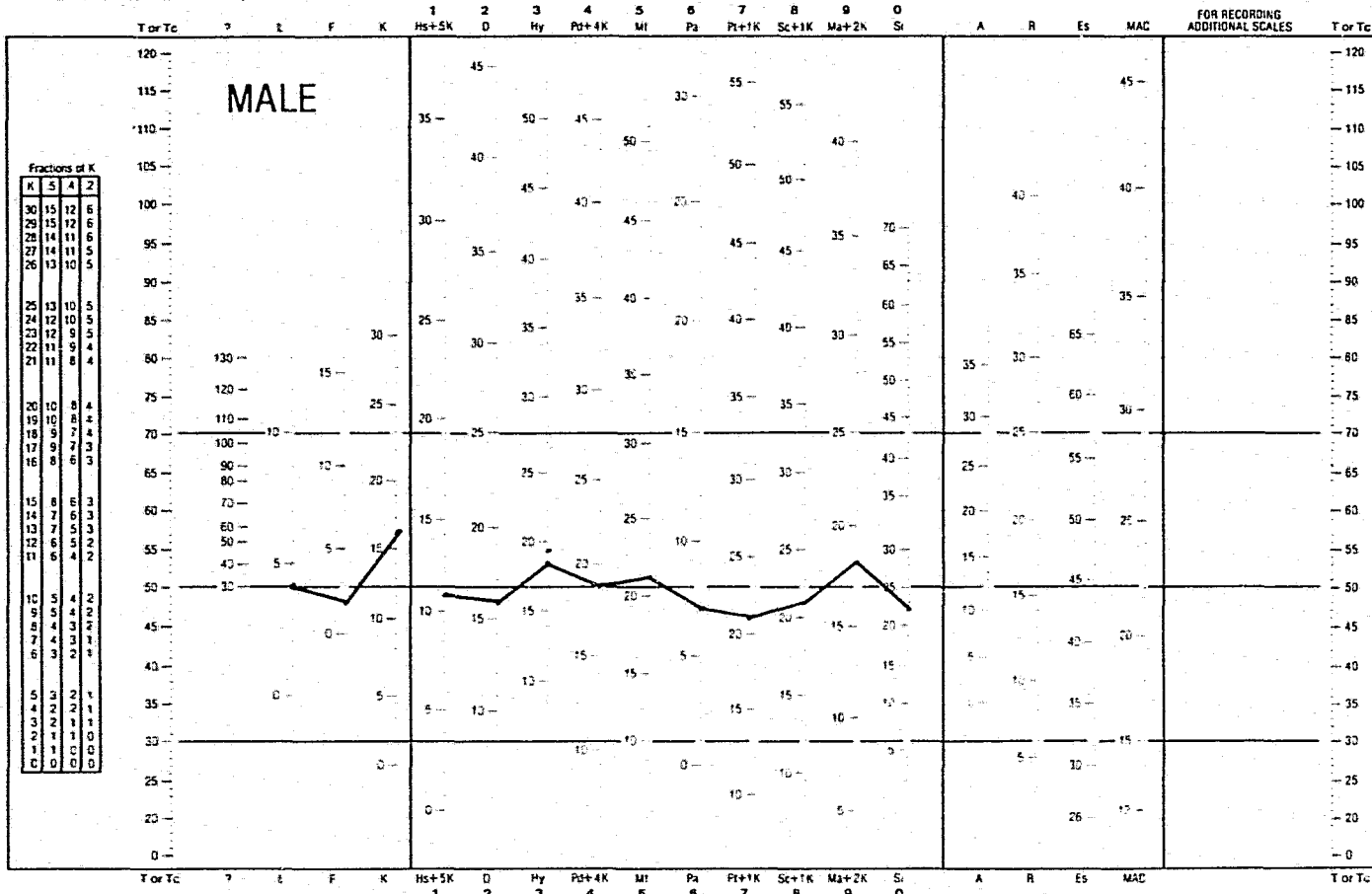
OCCUPATION _____ DATE TESTED / /

EDUCATION _____ AGE _____

MARITAL STATUS _____ REFERRED BY _____

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MMPI Code

Score's Initials _____

Raw Score _____

K to be added _____

Raw Score with K _____

INTERPRETIVE SCORING SYSTEMS NCS™

Figure 3. Mean Profile, Municipal Police Sergeants

MIMPI™

MINNESOTA MULTIPHASIC™
PERSONALITY INVENTORY
S.R. Hathaway and J.C. McKinley

PROFILE

NAME Sergeants

ADDRESS _____

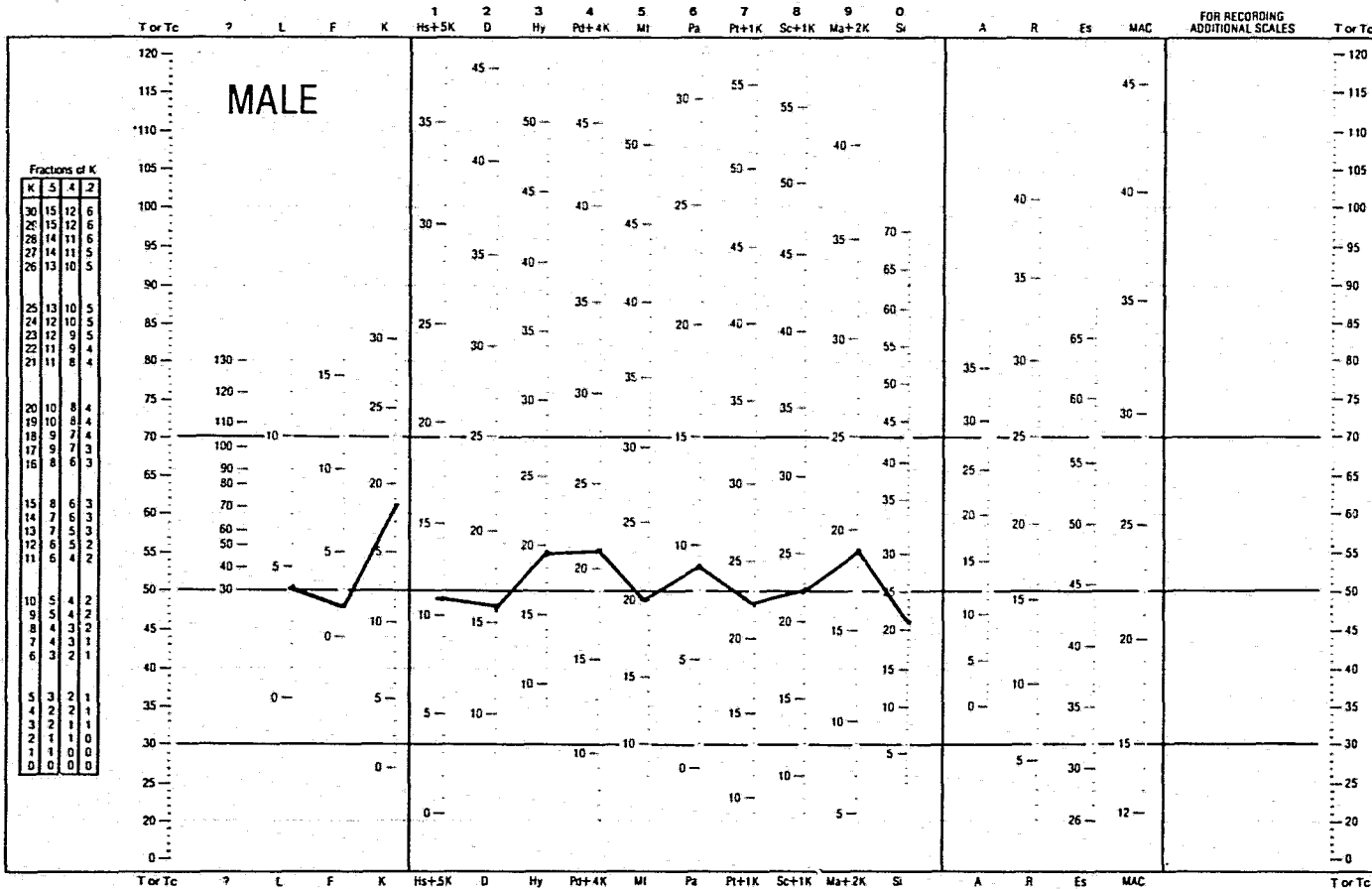
OCCUPATION _____ DATE TESTED / /

EDUCATION _____ AGE _____

MARITAL STATUS _____ REFERRED BY _____

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Raw Score _____

K to be added _____

Raw Score with K _____

Scorer's Initials _____

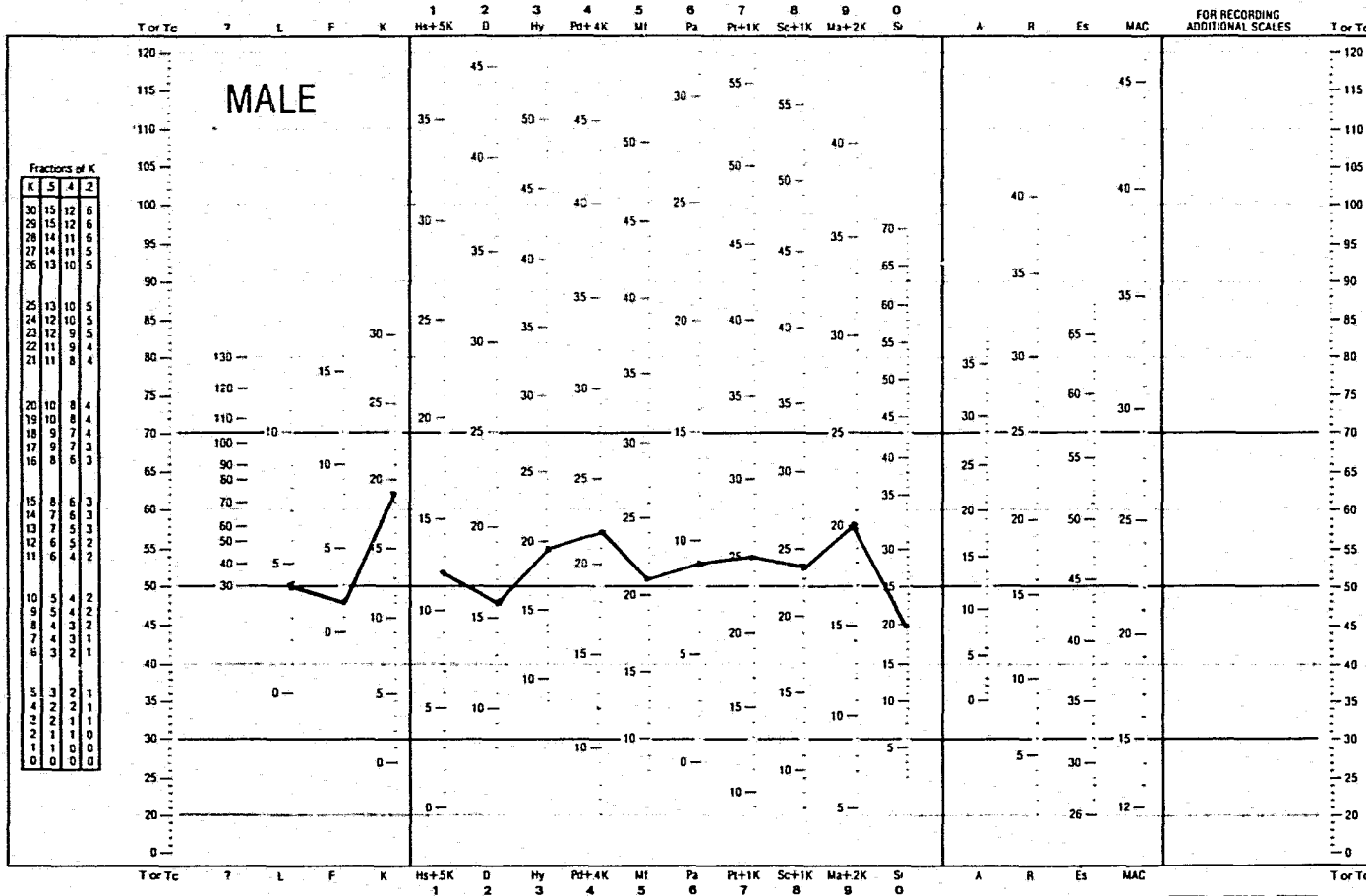
MIMPI™

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PERSONALITY INVENTORY
S.R. Hathaway and J.C. McKinley
PROFILE

NAME Police Cadets
 ADDRESS _____
 OCCUPATION _____ DATE TESTED / /
 EDUCATION _____ AGE _____
 MARITAL STATUS _____ REFERRED BY _____

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MMPI Code

Scorer's Initials _____

Raw Score _____
 K to be added _____
 Raw Score with K _____

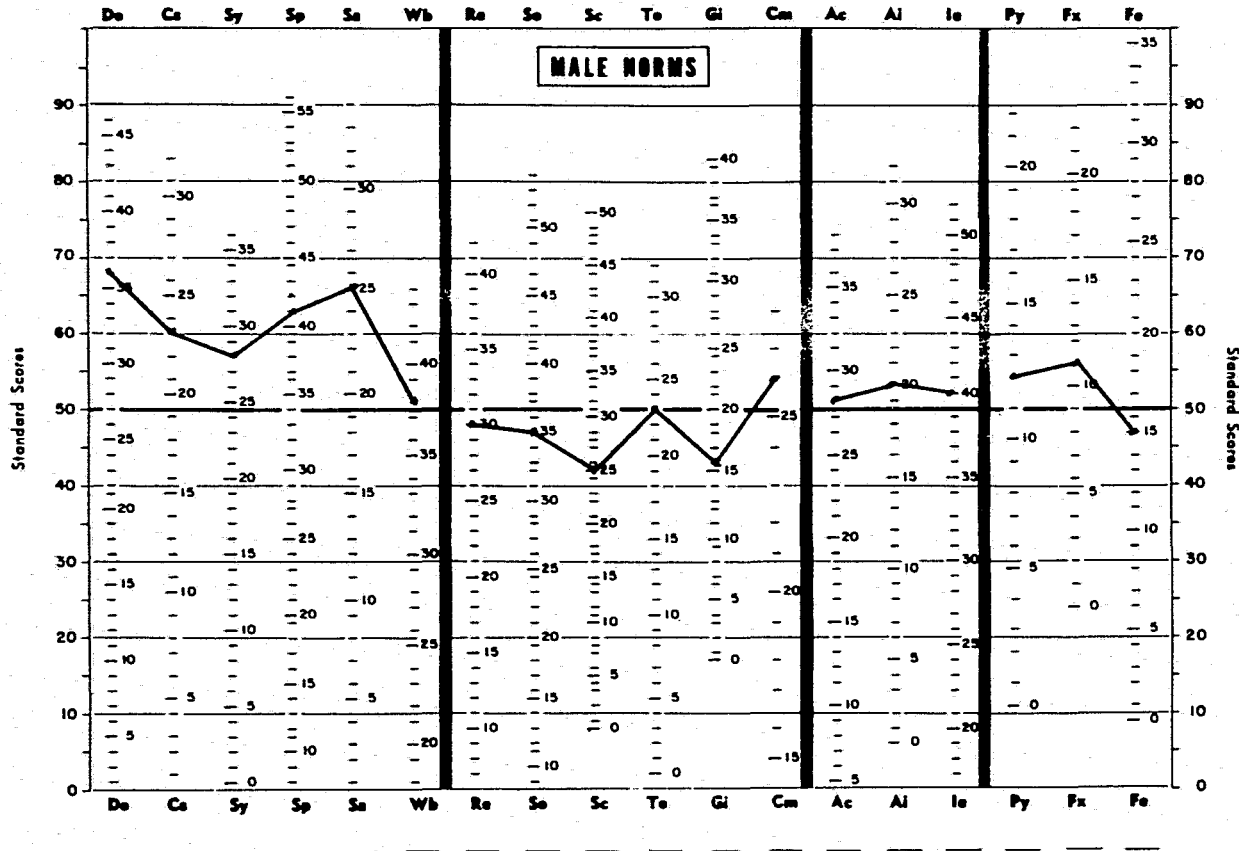


PROFILE SHEET FOR THE *California Psychological Inventory*: MALE

Name Control Managers Age _____ Date Tested _____

Other Information _____

Notes:



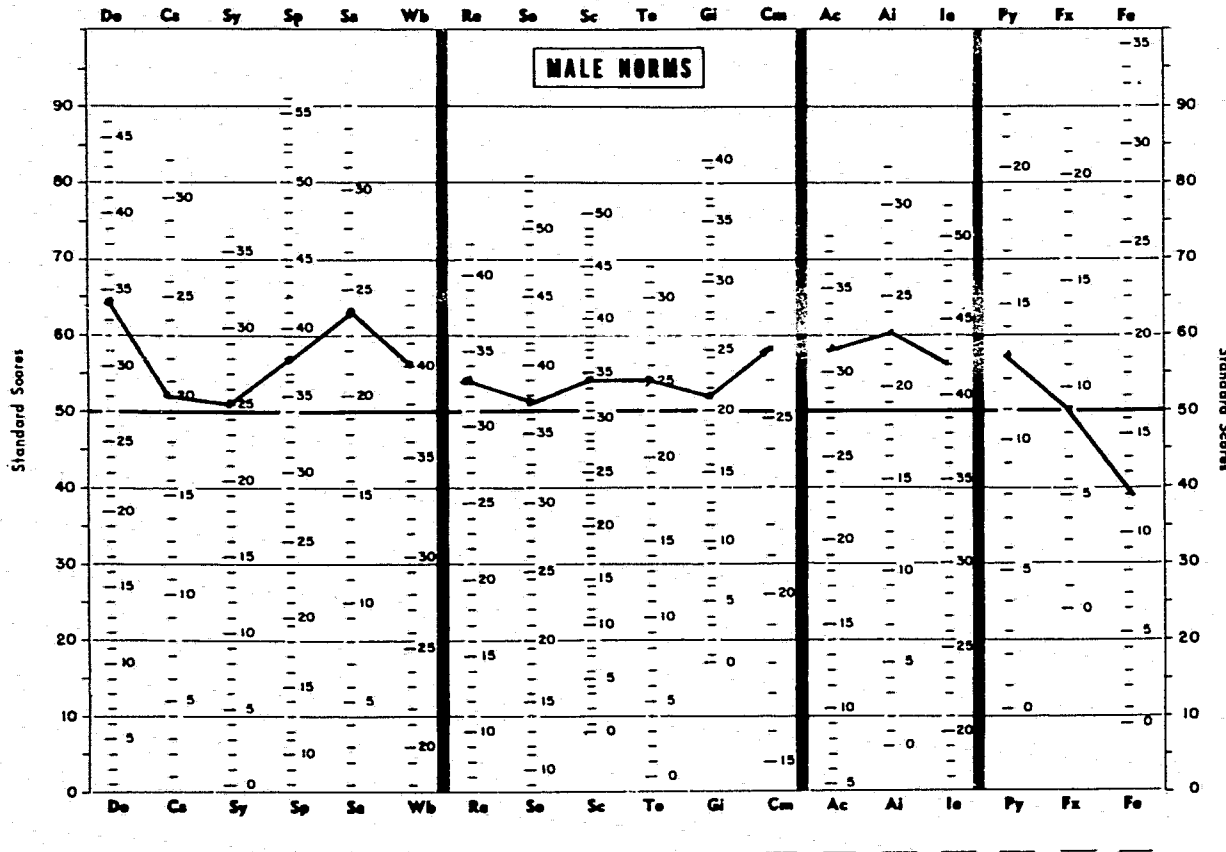
Male Norms

PROFILE SHEET FOR THE *California Psychological Inventory: MALE*

Name Captains Age _____ Date Tested _____

Other Information _____

Notes:



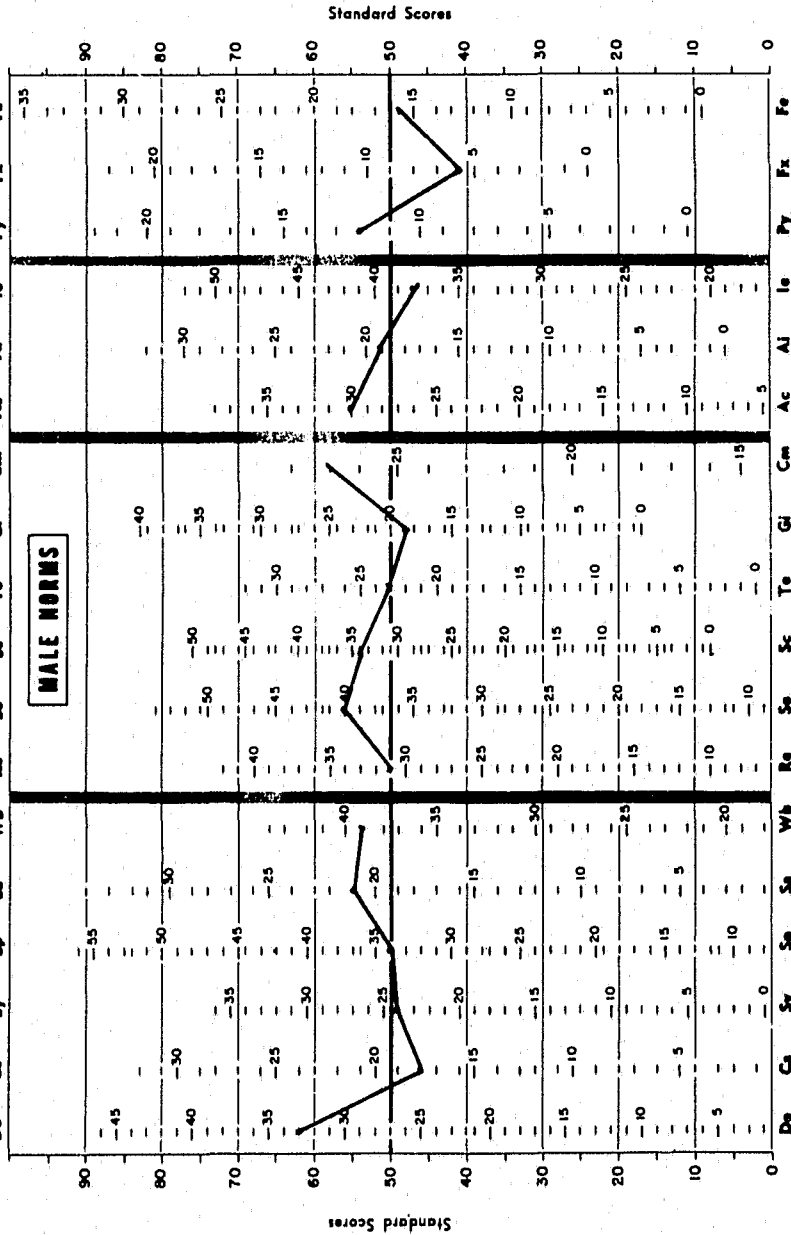
Male Norms

PROFILE SHEET FOR THE California Psychological Inventory: MALE

Name Lieutenants Age _____ Date Tested _____

Other Information _____

Notes:



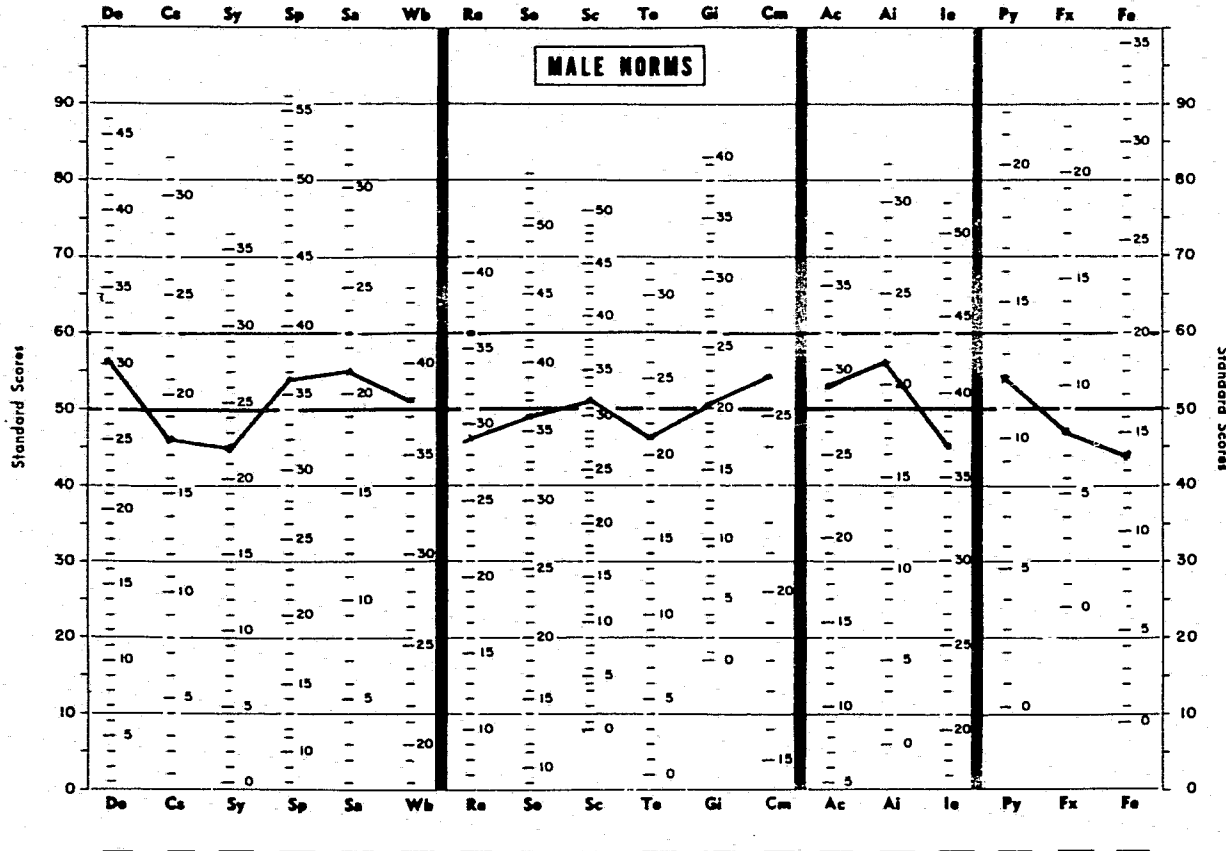
Male Norms

Figure 7. Mean Profile, Municipal Police Lieutenants

PROFILE SHEET FOR THE *California Psychological Inventory: MALE*

Name Sergeants Age _____ Date Tested _____
 Other information _____

Notes:



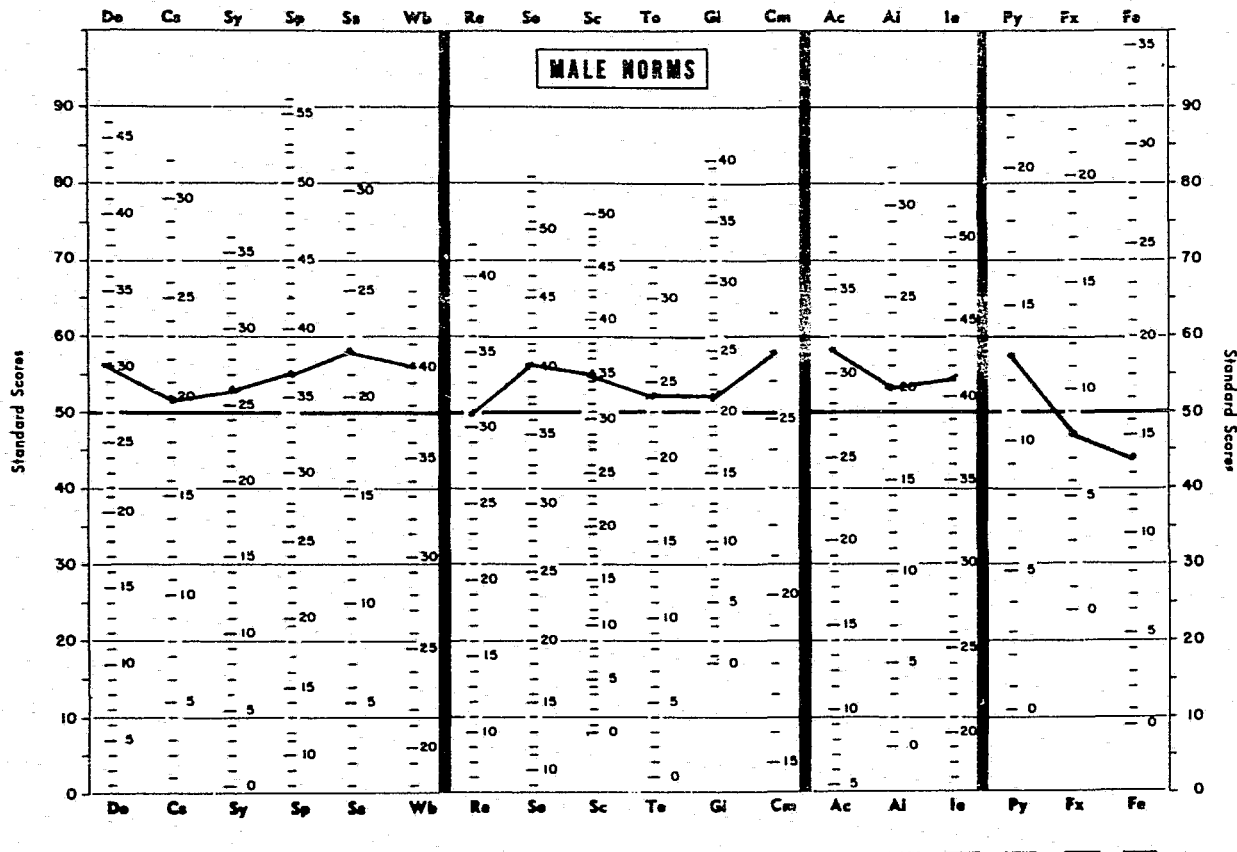
Male Norms

PROFILE SHEET FOR THE *California Psychological Inventory*: MALE

Name Police Cadets Age _____ Date Tested _____

Other Information _____

Notes:



Male Norms

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UNDERSTANDING THE RELUCTANT POLICE MANAGER

John Glorioso

Since 1981, I have been a member of the Law Enforcement Behavioral Science Association (L.E.B.S.A.). L.E.B.S.A. is a group of mental health practitioners who are employed by various law enforcement agencies within the Baltimore-Washington metropolitan area. The responsibilities of each member is to provide a psychological service concept to their perspective agencies. The members of L.E.B.S.A. meet monthly and discuss topics relating to their duties, explore areas of possible research and attempt to inform both law enforcement and the public of issues affecting police officers. Perhaps the most salient factor regarding L.E.B.S.A. is the support the group provides to each member.

Although many topics have been discussed during the meetings, the issue of resistance from some police managers to the efforts of the mental health practitioner seems to surface quite frequently. Not appearing to be the major issue facing psychological units, it does seem to be one issue that has created concern for the practitioner.

The goal of this paper is to review some possible causations for the resistance displayed by some of the police managers, and to see if possibly the field of mental health may have contributed to this problem. My dual role of serving as a counselor to police officers and their families and occupying a mid-management position, provides me with a unique opportunity to view both sides of the problem. Also my contact with both mental health practitioners and police managers from various law enforcement agencies assist in this view.

Over the past 10 years there has been an increased concern for the psychological well-being of the nation's police officer. This interest has been very evident by the number of articles written on the topic, the initiation of the many research projects and the coverage given to the topic of police stress by the media. The message that resulted from all this attention was that law enforcement is a highly stressful occupation that has an impact on the lives of police and their families. This news may have surprised many individuals in our society, but to those serving the nation's cities, counties and states as police officers, the information wasn't that surprising. What has been surprising is the resistance that exists from some police managers to the services that mental health practitioners can provide. Often this resistance brings with it a disappointment and level of frustration to those prac-

tioners currently serving police departments. From a practitioners viewpoint, a "we versus they" attitude can develop. These practitioners, be they licensed psychologists, employee assistance personnel or police officers serving as counselors, who are attempting to assist law enforcement agencies with their training and skill, may find it discouraging when their recommendations and personal efforts are refused or ignored. The question that may be asked by those interested in providing a positive service to police is "why". Why is there resistance from the very people you are trying to serve? The answer to this question is undoubtedly very complex and contains a multitude of variables that may or may not be apparent to both the mental health practitioner and police manager. But, if police psychological service programs are to be successful the "whys" must be sought and answered.

At this point, it may be necessary to mention that not all police managers are opposed to the efforts of mental health practitioners. It would be unfair to criticize those police officials who have approached the topic of police stress in a diligent and concerned manner and have worked hard to develop and support various stress awareness/management programs. However, unfortunate as it may be, there are some managers who have not accepted the many positive aspects that a psychological service program can provide.

Possibly, one of the reasons for the level of resistance from police managers may be the result of the type of articles that were written in the early part of the police stress phenomenon. Many of these articles directed attention to the damage caused by the overwhelming stress faced by the line officer. These topics related to: marriage and family relations; police suicides; the physiological difficulties caused by stress and other aspects of the officers' life. The emphasis of these articles was generally on the stressors in law enforcement. Terry (1981) states that "A review of the literature reveals the existence of at least 53 stressors associated with either police work or its organization. The absolute number is less significant than is the wide range of conditions mentioned. Some authors (e.g., Eisenberg 1975; Barker 1975; and Sandy and Devine 1978) report the existence of these stressors from their own personal experiences; others report similar findings from nonrepresentative samples, such as

Jacobi's (1975) analysis of disabled officers referred to him for counseling and *Kroes and Gould's (1979)* discussion of a similar group of officers referred to them for counseling (cf. *Shev 1977*). Still others report the existence of these stressors as they describe the implementation of stress control programs across the country (*Baxter 1978*); *Potter 1978*; *Blanch 1978*; *Haines 1976*; *Wagner 1976*; *Hillgren and Spradlin 1975*; *Axelberd and Valle 1978*; *Somodevilla et al. 1978a, 1978b*). None of these authors, however, present much in the way of empirical data. Consequently, discussions of police stress have relied upon *French (1975)* and *Kroes, Margolis, and Hurrell (1974)* for their empirical evidence. More recently, studies by *Hageman (1978)*, *Singleton and Teahan (1978)*, and *Aldag and Brief (1978)*, have added to these research findings at least indirectly."

After reviewing the work of *Kroes (1976)*, *Eisenberg (1975)*, *Reiser (1975)* and *Roberts (1976)*, *Stratton (1978)* summarized the various stressors into four parts. These parts are: (1) external stressors, (2) internal stressors, (3) stressors in police work, and (4) the stressors of police officer as an individual. Utilizing this base of knowledge, several studies were conducted involving police officers from across the country. The results of many of these studies were identical in that the primary source of stress was the pressure caused by internal stressors. Internal stressors were those factors caused by the administration. And although many of the factors included in the internal stressors were not in the control of the police administrator (pay, benefits, etc.), the chief and his assistants were blamed for every factor. With such a negative endorsement it may have caused some concern on the part of police management to be suspicious of the topic of "police stress", particularly the image created by these articles concerning the role of the police administrator.

For the most part the initial series on police stress were directed toward the stressors involved in being a police officer. However, as time went on material pertaining to stress awareness and stress management programs began to appear in the literature. Occasionally, an article directed to the police administrator was written in an attempt to draw the managers' attention to their responsibilities concerning the health of their police officers. In one article, *Corcetti and Green (1978)* emphasized the need for administrators to develop "sound, humane and effective" programs or face the consequences of their action. Not only did they mention the obligation to recognize the need for assistance for their personnel but a willingness to provide the help.

In an article concerning the financial responsibility of health maintenance, *Swanton (1979)* addressed several

issues of concern for police administrators in this area. In the article the author reviewed several factors to be considered for the operation of a efficient health care program.

In a more recent article, *Terry (1983)* addressed the topic of stress as an individual and administrative problem. Agreeing that many aspects of police work are stressful, Terry appears to be attempting to focus on what factors of police operations are stressful and in doing so is able to offer suggestions regarding some programs to correct the problems. His efforts enables the reader to gain a clearer perspective of the duties of the manager in terms of their obligations of stabilizing the stress issue within their department. In fact the article was one of the few that mentioned the positive efforts of some of the more perceptive police administrators.

After reviewing the literature on police stress, there appears to be some evidence that possibly the manager may become a bit annoyed in seeing that they are often referred to in some articles as being one of the primary causes of police stress. The negative impression regarding police managers has not only been referred to in articles on stress but reference to the administrators inability to properly manage their personnel have been mentioned in articles written by social scientists over the years. Coupled with the negative image created by these articles and the various studies regarding police behavior and personalities that were published during the late 1960's and early 1970's, the police manager may have developed a level of skepticism regarding the mental health profession.

Therefore, when we question the resistance of police managers to the efforts of individuals trained in mental health, we must at least consider what has been written by mental health practitioners concerning contemporary law enforcement. And the fact that a literature review may not provide all the answers, it may at least provide a clue toward understanding some possible reasons for resistance from police managers.

When dealing with a police manager who may have displayed a level of resistance, the mental health practitioner may want to consider the level of knowledge possessed by the police manager regarding the topic of psychology and other related disciplines. To some managers there may exist a degree of mystique surrounding the field of psychology, with all of its tools, (test questionnaires, etc) and theories of behavior. It is possible that the only contact that the police manager may have had with psychology was a course he or she may have taken in college and the impression that the manager received from the instructor. This frame of reference (minimal as it is) may be the factor that motivates the

manager's action toward the practitioner. I am sure we all have experienced the person who upon discovering that we have a degree in psychology preceeds to expound (generally without request) on their negative view of psychology which was based totally upon Psychology 101. This misconception may be lingering in the minds of some people who must make decisions regarding the recommendation from the mental health practitioner regarding the well-being of police personnel.

Another factor that may be considered is the courtroom experience of the police manager when they were involved in criminal cases, while serving as a line officer. Often, the negative attitude held by some police officials toward psychology has its roots in the courtroom, particularly in those criminal cases where contradictory evidence in the form of expert testimony has been given by a psychologist or psychiatrist regarding the mental capabilities of a defendant. Often, police officers comment that the psychologist representing the State will testify that the person being tried is not suffering from any psychological disorder, while the defendant's psychologist testifies that the person is suffering from a mental disorder and is not capable of being held accountable for his actions. These conflicting views may have caused confusion with the police officer regarding the value of psychology that has resulted in a reduction in the level of credibility toward psychology, particularly when the officer, who is now a manager, must make a decision based on a recommendation from a member of the mental health profession.

Also, the ambiguous expectation held by some managers toward the skills a mental health practitioner possesses may add to some of the difficulties in the working relationship between the practitioner and manager.

In this area, it has been my experience that some managers believe that a person who possesses a graduate degree in psychology or other related fields is capable of being an expert on any issue dealing with human behavior. And although most graduate programs provide their graduates with a sound foundation, the individual cannot be an expert in every area. So when a manager requests some information that is beyond the practitioner's expertise, the manager may experience some doubt regarding that person's overall worth.

Therefore, the mental health practitioner must keep in mind that there may be several reasons for the resistance displayed by some managers toward the services of the practitioner. What the practitioner must remember is that the police administrator and his assistants have an enormous amount of responsibility in overseeing the affairs of their police departments. *Wilson (1936)* mentions that "short of war, our society is faced with no

more serious or more important problem than crime, whether it be measured in economic, social and moral terms. And next to war, criminality in our people offers a greater threat to life, property, peace of mind, comfort and convenience than any other malady confronting mankind". He continued by stating that the purpose of the police was to serve the citizens of a community and their guest by enforcing a number of laws and regulations. The overall accountability to accomplish this goal lies with the police administrator and his managers. And regardless of the sophisticated equipment at the disposal of the manager to meet these demands, the basic tool is the police officer. And any means that prevents the administrator from using this tool must be based on sound evidence and not based on speculation. This may be one reason why there often appears to be resistance to the stress problem and any reference to the fact that an officer is under "undue stress" is met with a "jaundiced eye". It may be that the police manager is not rejecting the work and good intentions of the practitioner but may be questioning the stress issue as a valid reason for his officers not being fit for duty. It may be difficult for a manager, who has faced the same strains and pressure during his career, not to totally accept the fact that one of his line officers is under stress and cannot contribute to meeting the department's goals. Just as difficult to accept is the notion that due to some personal problem (unrelated to police work) experienced by the officer, that person is allowed extended sick leave, thus preventing the manager from using all of his tools.

So we see that the manager, with a tremendous amount of accountability to serve his community with adequate police coverage may find it difficult to accept the concept of police stress.

Conversely, what the manager must remember is that over the past several years there has been a wealth of evidence to indicate that police work itself is inherently stressful. And although most managers would agree to this point and accept their responsibility to assist and provide their officers with assistance, they must also realize the responsibility of assisting the same officer who may not be capable of proper performance due to personal problems. It may be in the area of personal problems that has caused the most misunderstanding and resistance between the manager and the mental health practitioner. It may be very difficult for the manager to feel a level of responsibility to the officer who is experiencing a personal problem and is unable to work as a result of those problems. What the manager must remember is that regardless of the stressor any inappropriate behavior on the part of the police officer does have an impact on the agency, if only in terms of lawsuits.

Therefore it is the duty of the manager to seek out what assistance he has, to determine the extent of his responsibilities and develop a firm understanding of the stress issue so that a sound managerial policy can be developed and implemented in response to the stress issue.

In an attempt to develop a more cohesive working relationship between the police manager and mental health practitioner, what might be needed is a view of the stressors in law enforcement that can be divided between work related and non-work related issues.

Issues that are inherent to the police services, such as: post shooting trauma; the problems created by the criminal justice systems; the investigations of various serious accidents; the continual exposure to the negative side of human behavior and other situations that are associated with the job of being a police officer could be included in the "Work Related" model of police stressor.

Also included in the "Work Related" model could be those stressors that are generally referred to by many of the previous articles on police stress as the result of occupational and/or internal issues. It appears that rather than dividing these stressors, they could be incorporated under one heading. The issue that could be included with this category would include such factors are: shift work, pay and other benefits, career opportunities, media relations, administration policies and other factors that may lead to difficulties among police officers.

The factors that would be covered in the "Non-Work" issues are those events that deal primarily with the personal life of the police officer. Issues such as: marital discord, problems with one's children, financial difficulties and other situations that causes stress that are generally self-induced.

When dealing with a reluctant manager, it may be advantageous to draw attention to those issues directly under his control. Categorizing the stressors under these headings, the manager may be provided with a broader view of his responsibilities to his personnel. By initially having the manager focus his attention to the occupational factors that may cause stress and having the manager accept the evidence generated by the many competent mental health practitioners, the reluctant manager may accept his responsibilities to those issues under the "Non-Work" category. And if the manager accepts the concept that it is his realm of responsibility to deal effectively with those incidents that may cause stress, a more produc-

tive relationship may evolve between the manager and the mental health practitioner.

In summary, if the concept of psychological services is to be successful, the resistance of the reluctant police manager must be approached and dealt with effectively. One means to accomplish this is to communicate with police agencies who have achieved a level of success in the development and implementation of sound psychological service programs. The information that can be gathered from both the mental health practitioners and police manager (let us not forget him) may assist others to meet the demands of establishing positive reactive and proactive support programs for our nation's police officers.

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MEDIATION: THE POLICE OFFICER'S ALTERNATIVE TO LITIGATION

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Conflict Mediation is defined as the intervention of a neutral third party who, intervening at the request of the parties themselves, assists the parties in controlling the argument, in determining the needs and wants of the parties, and in establishing acceptable resolution of their conflicts. Mediation is differentiated from arbitration in that arbitration imposes a settlement on the parties after they have requested the intervention of the neutral judge. It is differentiated from litigation the parties to the dispute are represented by opposing council each of whom seeks to establish a clear victory for his client.

Mediation returns the opportunity and the responsibility for the conflict resolution to the people directly involved in the conflict. The mediator assists the parties in finding their own way out of a dispute.

HISTORY

Mediation is not a new idea. It probably had its beginning in early pre-history, but was first widely known during the period of the Italian City-States in the 14th and 15th centuries. Since that time, its use has been constantly expanding into the areas of international, interpersonal, and interorganizational affairs. In 1968, The Institute for Mediation and Conflict Resolution in New York City began operation which led to its incorporation into the City Government of the City of New York. The Institute is currently mediating certain kinds of felony crimes. From 1968 to 1973, a few centers were established in the United States including the Columbus Night Prosecutor's program. The centers that did emerge were often active in environmental dispute resolution, e.g. RESOLVE in Palo Alto, California and ROMCO, the Rocky Mountain Council on the Environment located in Boulder, Colorado.

IN 1972 and 1973, the Law Enforcement Assistance Administration under the auspices of Attorney General Griffin Bell established a funding program for three Neighborhood Justice Centers through which minor disputes can be handled without legal intervention. The centers were developed in Atlanta, Kansas City, and Los Angeles. The Atlanta center received most of their referrals from the courts. The center in Kansas City received its referrals from the police department. The center in

Los Angeles received referrals from community agencies and individual disputants. By 1980 and 1981, the Law Enforcement Assistance Administration funding had ceased. Those centers of the three that are still operating draw from different budgetary bases than they did during the 1970's.

Currently there are 180 centers across the United States. They vary in size and in annual case load. The cases referred for mediation include domestic relations, commercial relations, interpersonal affairs, and divorce mediation. Most cases are referred by courts, district attorneys, police departments, justice of the peace, public interest lobbies, and community services.

The mediation process provides a community mechanism for reaching settlements through nonjudicial, nonadversary proceedings. The strength of the process is in its capacity to do the following:

1. To ease the load on the court docket.
2. To reduce the expense of litigation.
3. To potentially lessen the degree of stress and tension experienced by the disputants.
4. To provide the possibility of a win/win outcome. It additionally provides an instructive experience to aid the parties involved to proceed with their life more efficiently and more productively.
5. To provide a setting for the disputants to be the author of the settlement rather than the victim of an imposed judgement.

THE MEDIATOR'S ROLES

The mediator is primarily a facilitator. He provides the parties with a process through which there can be joint examination of issues, recognition of common objectives, and insights into opposing perspectives. As a neutral he can help probe and dispel areas of misunderstanding encouraging a climate conducive to problem solving. He performs as courier, interpreter, catalyst, and gentle persuader. He makes no judgements as to the merit of positions and renders no decision as to who shall prevail. His many roles include that of educator, translator, agent of reality, idea generator, and crisis intervener.

In the role of an educator, the mediator can help each party understand the technical aspects of a conflict, thus promoting better understanding of both sides of the issue. The mediator also helps the parties understand the benefits in resolving the dispute between them. He continually translates and clarifies terms to ensure that both parties understand what each one is saying. In facilitating the session the mediator keeps the process in motion. He constantly encourages the disputants to identify and clarify the issues in dispute, and he points out areas of agreement and disagreement. When it seems appropriate he summarizes discussions and agreements. As an agent of reality, the mediator can help the parties recognize what is and what is not a practical solution to their differences. By presenting the consequences of any solution considered by the parties, the mediator helps both parties come to a resolution of the dispute with an agreement with which they can live. The mediator may be the only person present capable of generating new ideas or alternatives. Often the mediator will be required to rebuild relationships and facilitate discussions if anything is to be accomplished. He can make proposals directly by simply suggesting a series of alternative settlements for the parties to consider. He might decide instead to suggest some hypothetical possibilities. He might use a "what if?" open ended question.

In employing each of the roles mentioned above the mediator must be able to help the parties do the following:

1. Communicate with each other.
2. Identify and separate substantive issues from emotional issues.
3. Look at the issues causing the dispute.
4. Understand and appreciate each others problems, concerns, and positions.
5. Reassess their own positions on the issue.
6. Recognize when they are actually in agreement on an issue.
7. Recognize superordinate goals.

The mediator's task will be simplified by his doing the following:

1. Probing and asking direct questions that will provide information and clarify information already given.
2. Listening objectively to what the parties are saying in order to get a sense of the real problem.
3. Observing what the disputants say and what they do. Often body language and non-verbal behavior become a more important source of information than do verbalizations.
4. Dissipating tension by the use of caucusing, asking an appropriate question, or

making a statement that will create an atmosphere more conducive to problem solving.

5. Maintaining control of the process and keeping the disputants on target.

6. Being prepared to effectively intervene should a crisis develop.

The mediator must remain objective and impartial. He must be reassuring and calm, maintaining a certain steadiness and warmth toward both parties. He must be supportive and willing to reach out to the parties both emotionally and physically as indicated. The disputants will normally open up if they feel that the mediator is interested in their problem and can be trusted to help with the process. The mediator must be patient. He must allow the parties time to work through the problem and the solution. Even though solutions may not always be available on the spot the mediator must hold out the realistic hope that solutions are possible. The mediator actively tries to help the parties mobilize their own resources to affect a resolution. If the parties believe that the mediator is capable of helping them reach a solution to their dispute, they will be more likely to trust him and the process.

THE MEDIATION PROCESS

The mediation process begins when the mediator first encounters the parties involved. The mediator must make an immediate assessment of the level of hostility, anxiety, willingness to be involved in the process, need to withdraw, and any other signs transmitted by the disputants as they enter the room. Based on the facts presented in the client profile and the mediator's own current quick assessment, he should have a planned seating arrangement as he brings the parties into the mediation. The arrangement should convey the mediator's position of neutrality and equalize the power of the disputants. It should maximize the personal safety of everyone involved. Objects that have the potential for becoming lethal weapons should be removed from the setting.

The Opening Statement

The mediator's opening statement is important because it sets the basic rules for the operation of the hearing. In explaining and interpreting the procedural ground rules, the mediator lays the foundation for his relationship with the parties. These preliminaries, properly presented to the principals and with their acknowledged understanding, are critical to successful negotiations. During this interaction the mediator can make either a positive or a negative impression that can have a profound effect upon

the hearing process. Accordingly, the presentation should put the disputants at ease and develop the mediator's expectations for the session. The introductory statement also allows the mediator to introduce a win/win problem-solving approach to the conflict. The basic points that should be covered in the opening statement include:

1. A welcoming statement
2. An introduction of the mediator(s) and participants
3. An explanation of the process
4. An explanation of the basic premises of confidentiality and impartiality
5. An explanation of ground rules
6. An outline of the procedures that will be used

Ventilation and Information Gathering

The next stage of the mediation process consists of ventilation, information gathering, problem solving, and bargaining. Bargaining can only occur after ventilation, information gathering, and problem solving. It is recommended that the mediator use the following approach:

1. Ask each disputant to state his perception of the conflict. Hear all evidence pertinent to the dispute. Collect any evidence relating to the dispute such as written contracts, cancelled checks, receipts, etc.
2. Clarify issues.
3. Determine whether the parties agree on the credibility of the incidents and information.
4. If the parties disagree, direct them to identify the differences and encourage them to account for the disparities.
5. Clarify remaining differences and see if the disputants can form a common understanding.
6. Ask each disputant to determine what he wants and what he needs to resolve the conflict. Help the parties differentiate between wants and needs since this distinction will be crucial in negotiating an agreement.
7. Listen actively to the disputants' issues and feelings.

If the parties have not developed the issues of the conflict in the initial joint exchange, the mediator must find a means to secure this information without either party losing face. Since the immediate dispute is often a residual of past or on-going conflicts, the disputants frequently bring with them feelings of anger, frustration, disappointment, and revenge. Before they can deal effectively with issues of problem resolution they must first deal with these feelings. During this ventilation period

mediators must be aware that people ventilate on different levels. Thus, the mediator must be flexible and able to cope with uncertainty and changing conditions. He must be prepared to adjust to the disputants' actions. A strategy of caucusing may prove beneficial in drawing out the disputant's feelings. While working in the ventilation stage, the mediator needs to be alert to the verbal and nonverbal cues emitted by the disputants. He must listen actively to the disputants' issues and feelings and show concern for the feelings expressed. It is not expected that the mediator will agree or disagree with the emotions expressed. It is important that he be empathetic and attentive. The ability to mirror the disputant's issues and associated feelings allows ventilation to be of maximum benefit.

While ventilation works as a release for disputants, it also sets the parameters of the dispute for the mediator. The ventilation and joint disclosures describe the conflict situation and increase problem solving.

Bargaining and Negotiation

After a hearing has reached the point that each disputant has drained at least a portion of the emotions, the parties can move toward bargaining and negotiation. Prior to this stage of the mediation session, the mediator took an active role in the process. He gathered information and served as a conduit for the parties. During the bargaining stage, it is important that the disputants take an active role and directly communicate their needs and demands. This will create the psychological ownership that will make the final agreement work. The amount of commitment to resolving the dispute is proportional to their commitment to the outcome. Any agreement that results from actual bargaining by the disputants stands a greater chance of being adhered to than an agreement made by the mediator.

There are certain tactics that seem to increase the chances of resolving an impasse in the negotiations. These tactics include:

1. Developing tradeoffs that are equal in weight. Special attention should be given to understanding the equality of the tradeoffs.
2. Establishing superordinate goals. The disputants develop outcomes that are more important than the conflict itself. If the disputants realize that only through a combined effort can the goals of both parties be achieved, and that the goal is urgent and highly desired, then resolution becomes of utmost importance. For example, settling a neighborhood dispute in order to protect the safety of the children in the area, or maintaining open lines of communication after a

divorce becomes final in order to plan effectively for the benefit of the children might be interpreted as a superordinate goal.

3. Creating a synthesis. The mediator determines that the values in conflict are total opposites, and through problem solving techniques he helps foster a third views.

4. Allowing a graceful retreat. The mediator must help parties in retreating without loss of face.

5. Identifying and suggesting sources not apparent to the disputants. The mediator must assist parties by generating alternatives. He must often ask "what if" questions. "If this occurs how would you feel?" "What would happen if — ?" The mediator must open options for consideration. He must allow the disputants to weigh and evaluate each option presented. Pressuring the parties into making a quick decision is counterproductive to the process. They must be given time to explore the consequences of a decision if a viable solution is to be reached.

6. Narrowing the gap by pointing out similarities that exist and minimizing the differences. Often reminding parties of their stated needs and their proximity to achieving these needs will be encouragement to narrowing the gap even further.

7. Reducing tension. As was mentioned earlier, the mediator's sensitivity to the emotions of the parties is vital in conflict management.

8. Opening constructive communication channels between parties. Some mediators feel comfortable insisting that all communication between the disputants be directed toward the mediator. This strategy might be effective in some cases where the disputants are committed to reaching an agreement but refuse to talk to each other. Generally, it is a more effective strategy to encourage direct communication between the disputants. The mediation session can provide an instructive experience for the parties in dealing with future conflict management.

9. Setting limits. While it is important not to pressure the disputants into making careless or rash agreements, the use of time limits to facilitate bargaining can be effective if handled judiciously.

Certain conditions may impact on the mediator's ability to develop a resolution. These are:

1. The number of issues. One-issue situation may constitute win/lose situations where compromise is difficult. While multiple issue situations necessitate "log rolling" this is time consuming.

2. The type of issues. Concrete issues are generally easier to resolve while abstract issues (such as esteem, honor, and face saving) are difficult to deal with. It is sometimes difficult to make abstract issues concrete.

3. The number of disputants. As the number of parties increases, the number of issues also increases.

4. The amount of time available. Disputants often limit their time which pushes them toward action that may not include a review of the consequences. Conversely, it may prevent them from spending the time needed to resolve the conflict.

5. The value system in effect. Different value systems set expectations with respect to power status arrangements.

6. The communication channels available. The parties' ability to communicate verbally and non-verbally heightens bargaining.

During the bargaining stage of the mediation session, the mediator needs to create an environment where the parties directly communicate their demands/counter demands. Indirect bargaining through the mediator may appear to be beneficial but the risk is that the parties may not own (psychologically) the agreement. Accordingly, it is valuable to push the parties into direct bargaining as much as possible. However, not all cases are readily resolved, and the mediator must deal with impasses.

Impasses

When a mediation session has reached an impasse, the mediator must take the time to work through it. If the parties are not willing to negotiate, the mediator must look for motivating factors that can break the deadlock. These factors usually are expressed during the introductory and ventilation stages, and the mediator must pick up on them. Examples of motivating factors might be:

1. The need to maintain the relationship. Will the impasse create a problem in terms of maintaining the relationship. If so, are the parties willing to pay the price. What are

they willing to do instead to insure the continuance of the relationship.

2. The need to terminate the relationship. Will the impasse (i.e. division of property or money) allow the parties an opportunity to interact when cessation of the relationship is the goal of at least one of the disputants. If the distribution increases the chances for interaction, is it for one party to give up a disproportionate amount.

3. The need for affiliation. Will the impasse create problems between the disputants and other people significant to them.

4. The need for self esteem. Will the impasse increase the chances for loss of self esteem.

5. The need for reality. Will the impasse create circumstances that are unacceptable personally and/or legally.

Some parties are willing to maintain an impasse situation. The mediator cannot be responsible for this. However, sometimes the parties need the mediator's help in taking a risk. Assisting them in risk taking might break the impasse and allow an agreement.

To reach the agreement stage, the mediator must:

1. Be positive
2. Take control of the hearing
3. Remain neutral
4. Help the disputants see alternatives and options
5. Be concrete
6. Emphasize areas of agreement
7. Narrow the impasse area
8. Describe; do not evaluate
9. Check perceptions
10. Test hypothetical alternatives
11. Differentiate between needs and wants
12. Be sensitive to feelings

If the mediator has made use of all of his skills, and does not feel that the case is resolvable, he will explain to the disputants that he is terminating the session. If all agree, he closes the hearing.

If the parties are prepared to move toward writing an agreement, the mediator might consider the following guidelines:

The Agreement

1. Write agreements that the disputants understand; be sure that the disputants are agreeing to what is written.

2. Write realistic agreements that can work.

3. Write agreements that give the disputants an outlet if the conflict reoccurs. Build into the agreement a statement of their intent to return to mediation if any or all of the items in the agreement are violated.

4. Write creative agreements which structure the conflict.

5. Write preventative agreements that limit future problems.

6. Write agreements in concrete terms.

As Richard Evarts, Executive Director of the Dispute Mediation Service of Dallas defines the written agreement, it is a "clear, definitive, conclusive statement that sets forth mutual expectation; promises action; memorializes a set of actions; and indicates the result of breach." The contract created by the disputants must include the following elements: who is to perform, what specific performance is expected, when must the performance take place, how is the performance to be handled, how much is expected, and what will result in case of a breach of any portion of the contract. The "what if" clause is essential in underscoring the parties' trust in the worth of the agreement and the mediation process. The mediator must be an agent of reality in helping the disputants prepare an agreement that they can psychologically own and accept as binding. After the agreement is prepared a final statement is written into the document stating that "the parties to this agreement understand that this agreement is the final settlement of the dispute between them over matters mentioned in the agreement, they intend for the agreement to be enforceable according to its terms in any court of competent jurisdiction." Both parties then sign the agreement and each receives a copy.

CONCLUSION

Mediation represents an exciting and vital alternative to nonjudicial, nonadversary proceedings. Its great strength is in its inherent mandate to return the opportunity and the responsibility for the conflict resolution to the people directly involved.

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LABOR/MANAGEMENT STRESS RELIEVEMENT

Robert B. Kliesmet

Throughout the twentieth century, police administration has been dominated by a management theory that has emphasized centralized command and control, limited discretion by workers, standardized procedures, firm enforcement of routines, and top down communications. The term "professional police" has become the chiefs-only they are members of the one "professional" organization in policing; the International Association of Chiefs of Police.

Recent scholarship has explained the dominance of this management strategy: turn-of-the-century urban reformers bent upon maintaining political control of police and ending police corruption embarked on what *Moore and Kelling (1938)* have identified as a "reform organizational strategy." That strategy included attempting to narrow police functioning from a broad range of urban services to crime fighting; limiting the sources of police authority to criminal law and police professionalism (and denying that political authority exists for police action); emphasizing technology; reducing police officers discretion (or denying that it existed); and, developing the management style mentioned above. Even police tactics such as preventive patrol and rapid response to calls for service—thought to be developed primarily for the purpose of providing service to communities—have turned out to have as one of their major purposes maintaining organizational control over patrol officers (*Fogelson 1977; Moore and Kelling 1983*).

The limitations of this reform strategy have now become apparent. Crime has not been reduced by preventive patrol or rapid response to calls for service. Despite denials by police executives, police officers continue to exercise considerable discretion. Public support for police seems to be waning: cities are reducing the size of police departments while private security is a thriving industry.

Of central concern in this brief paper, however, has been the impact of this management theory on the police I represent: rank-and-file officers. What is apparent is that role ambiguity, boredom, and role conflict—major stressors in policing—may or may not be inherent in police work, but absolutely *are* inherent in the management style of contemporary police administrators.

Note: despite the fact that police officers spend relatively little of their time in crime-fighting activities, arrests continue to be a major indicator of police officer performance.

Note: despite the fact that police officers spend a good portion of their time in order maintenance activities and are "unofficially" expected to engage in that role, no training in order maintenance techniques are provided, no policies regarding order maintenance are published, no records are kept of these activities, and they do not count as indicators of performance—their only consequence can be trouble for officers.

Note: despite increasing awareness of the potentials of police tactics which emphasize close working relations between police officers and citizens and communities (and the high morale of police officers which results), police tactics continue to emphasize automobile patrol and rapid response to calls for service.

So, role ambiguity, boredom, and role conflict are not simply consequences of the nature of police work, but part of an organizational strategy and resulting management style in policing that was deliberately chosen by early twentieth-century police leaders and now consciously maintained by current police managers. That this organizational strategy has failed is apparent; why it is maintained is not. If it had succeeded in substantially reducing crime and maintaining order, requiring officers to tolerate the reform management style may have been appropriate. But it has not been a success. Communities are not being well served and officers are subjected to unnecessary and inappropriate levels of stress. Moreover, what is lost in this relatively narrow bureaucratic approach is maximum utilization of human resources at all levels of command, also lost is a climate of creativity, not to mention insensitivity to community demands for different types of police service and the potentials of

communities to assist police in dealing with crime and maintain order.

Justification for maintaining this style of police management is not to be found in other sectors. Management theory in the private sector has outgrown this approach, especially in the most successful organizations (*Peters and Waterman 1982*). Moving beyond traditional bureaucratic thinking, (*Peters and Waterman 1982*) bring together in their popular book, *In Search of Excellence*, wisdom gained from research on the work habits and styles of successful private sector organizations. Although their model of developing excellence in the private sector needs modification to be applicable to public sector organizations, their emphases on capturing the vision of employees, keeping in close contact with employees, monitoring complaints, an action orientation, and keeping management lean and in close contact with consumers, recognizes the shift that has taken place in contemporary thinking about organizational management and development.

My point is this. We must continue to develop programs which ameliorate stress: counseling, therapy, and other stress reduction and management programs. Additionally, we must work to improve working conditions as they pertain to shift work, officer safety, better training and reward systems, and improved supervision. But at the heart of our current problem in maintaining the health and well-being of police officers is the stubborn maintenance of a management style which demeans police officers, deliberately creates task ambiguity, and attempts to remove from police work some of its most successful and satisfying functions. When communities and the "police profession" address the problem of the current organizational strategy and its attendant managerial style, many of our major problems of stress and well-being will be solved. We will still need special programs for assisting some people manage stress, but stress will not be an endemic aspect of the job.

CAREER DEVELOPMENT AND POLICE OFFICER ADJUSTMENT

Gregory Riede, Ph.D.

One of the ways that psychologists have attempted to understand people's behavior is by identifying stages of development in the personality, such as were identified by *Freud (1943)*, *Piaget (1955)* and *Sheehy (1979)*, and in their careers such as were identified by *Roe (1956)*, *Super (1957)* and *Ginzberg (1971)*. These theories of development have usually addressed general populations with explanations of what we might expect to be common behavior in various situations and at certain stages in people's lives. These developmental theories seem to suggest that as people move through the various stages, they attend to certain areas of their lives, based on their physical, psychological or career interests and needs. When they increase the amount of attention given to a particular area they also reduce the attention available for other areas, resulting in changes in previous patterns of activities and relationships.

In attempting to understand the developments in a person's life in a particular career such as police work, we can see that there are common changes in patterns of behavior and in relationships as officers proceed through their respective careers in law enforcement. As police psychologists, one of our tasks seems to be to help officers determine if changes they are experiencing are within normal limits for someone in their particular career roles, and to help minimize unwanted effects of these changes in their lives.

The career of police officer has a much more demanding and specific role identity than most other careers. Officers are constantly conspicuous about their careers during work hours and are frequently placed in the police officer role by themselves or others during non-duty hours. Perhaps one of the reasons that the specific career of police officer has received so much attention from psychologists, when compared to thousands of other careers, is because the role of the officer has such extensive identity and recognition in the community. The result is that officers' lives are more dramatically affected by their careers than people in other professions. When officers move through various developmental stages, the stability of their interests and attention given to career and other activities varies. In some officers' lives the balance in areas competing for the officers' attention may change so extensively that unwanted effects can occur. Two affected areas in which

we frequently observe these corresponding changes are recreational interests and family relationship stability.

Although, it is possible to identify a number of different stages of development, depending on the choice of behavior and events selected in the career development of police officers, four stages can be delineated based on the officers' knowledge and degree of experience with the work. Four suggested stages are as follows: The Idealistic stage, the Adolescent stage, the Established stage and Termination/Retirement stage. Though officers vary in the rate at which they move through each stage, during each stage they are similar to each other with respect to their levels of experience, the energy and attention they give to their police careers, and how they form their identities.

The following characteristics are frequently demonstrated by officers in each of these developmental stages.

Idealistic Stage

For the idealistic officers, knowledge and information identifying the behavior associated with the role of a police officer comes from public media, including news and entertainment sources. The beliefs of the idealistic officer have not been tested by work experience, but rather are based on fantasy. Often these idealistic officers have unrealistic beliefs about the skills and abilities of police officers. At later stages they find these skills and abilities to be unobtainable. At this stage their goals are not bound by real limitations of ability, equipment, policy and the law. The officers' knowledge, like that of the public with no real police experience, is frequently based on entertainment media. The information that is gained through police training, although it may be based on veteran officers' firsthand experience and may provide accurate and valuable information, generally does not greatly change the concept of the police officer role for the idealistic officers. The idealistic officer describes his work in unrealistic language, concentrating on the exceptions of the work rather than its routine. He frequently dedicates an excessive proportion of his attention to the career of police work whether he is on or off-duty. If he has a history of other recreational activities or family relationships, he frequently begins to reduce the level of

attentiveness to these areas so that they can have more time and energy for the police career. The idealistic phase generally includes some questioning of one's own ability to meet the demands of the work of an officer and usually occurs during academy training and the field training stages of development, although his family and friends are sometimes concerned, they are usually tolerant of his changes and often believe that they are the temporary results of his having a new job.

Adolescent Stage

The adolescent officer stage of development is most characterized by the officer attempting to identify with what he believes to be the role of a very capable officer. The officers' behavior is affected both on and off-duty. On-duty behavior frequently includes denial of inabilities and a tendency to be overconfident and risk taking. The officer is more likely at this time in his career to be unnecessarily authoritarian. He may tend to respond to non-emergency calls and situations as though they are emergencies, and will be hypercritical of others who do not demonstrate what he believes to be "real police" behavior. Off-duty the officer continues to see himself in the police officer role and frequently turns the communication to his career. He is likely to refer to citizens and situations in police jargon and though the situation may not demand it, will frequently identify himself to others as an officer. He may extend his work role of determining wrongfulness and assigning responsibility to his non-work life, resulting in negative and blaming attitudes in personal relationships. This can, unfortunately, have unwanted effects on previous social relationships, including marriage and parenting. The adolescent stage is perhaps the most difficult for the adjustment of the officer and his family. The rate of movement through this stage has wide variability; however, most officers appear to move through it in two to three years after probation. Although, unfortunately as some officers say about those who do not adjust past this adolescent stage, "he is doing the first year of police work twenty times".

Established Stage

In the established stage the officer has matured to a level where he is accepting of the duties and limitations of a police officer. He has a tendency to rebuild more of his identity in areas of his life other than his police career. He may redevelop recreations and friendships that preceded his becoming an officer, and he is likely to become more interested in family relationships with his spouse and children. His on-duty behavior usually

includes minimizing the enforcement aspects of his interaction with the community. He will more often than in his earlier development attempt to reduce and defuse rather than intensify situations to which he is called. His need to take risks or attempt to prove himself as an officer is diminished and in many situations he prefers to be identified individually rather than be identified by the stereotype of a police officer. The stresses he experienced associated with being accepted as an officer tend to reduce. If stresses develop, they tend to be more often associated with his police career identity interfering with the other areas of his life, such as family and recreation.

Termination/Retirement Stage

Many officers leave the career before retirement. In such cases the officers have generally sought other opportunities or activities that fulfill active career needs. These people develop adjustments necessary for whatever new pursuits they have chosen. In such cases they tend to reduce their identity with the police career and reduce their association with police departments and, therefore, with police psychologists. The officers who stay with the departments until retirement, however, tend to keep a stronger police role identity. As a result of this continued association they may tend to continue to participate in the police culture, including the use of police psychologists after retirement. In these instances of retirement, if they have not prepared themselves for continued activity and responsibility, they sometimes experience depression and family conflicts. The effects seem to occur as a result of excessive demands being placed on family and recreational relationships in an attempt to meet needs in areas that were previously met by the police career activities.

The recognition of changes that occur through the normal career development of police officers may provide police psychologists with additional opportunities for assisting officers and departments. Psychologists, when working in the area of evaluation, may be able to develop instrumentation to identify which applicants are most likely to have success or failure at the various stages.

If an adequate understanding of adjustment reactions that officers may have at various stages of experience can be had, perhaps preventive measures can be taken at appropriate times and stages in the officers' careers. In this way, we may give attention to the officers' needs at the most critical times. Many departments already address the psychological needs of the officers in in-service training and workshops. Perhaps with more knowledge of career development patterns, we can organize this training and place it more effectively in the officers' career.

Certainly, if we are able to study the career development of officers, we may learn better therapeutic techniques for assisting officers through the stresses and changes that they experience at certain stages of their careers. This knowledge may allow us to help the officer put in perspective his experiences, whether they are common and transient adjustment reactions, or they are more long term and serious difficulties.

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UTILIZING PSYCHOLOGICAL TECHNIQUES TO DEVELOP POLICE MANAGEMENT SKILLS

Ellen Scrivner, Ph.D.

The American police officer has been studied, scrutinized, surveyed and evaluated more than any group in the criminal justice system. This scrutiny reflects an ongoing attempt to enhance the effectiveness of law enforcement personnel. These investigations have produced useful information and have permitted police psychologists access to a relatively closed system. A broad scope of successful interventions have been developed through these efforts and psychologists now impact on law enforcement administration in entry-level personnel decisions, promotional processes and consultation to command decisions. At the level of the individual officer, the psychologists' impact has been marked because of the counseling services and training programs that have developed to meet the unique needs of law enforcement personnel. In achieving this goal of improved effectiveness of law enforcement officers, however, one population has remained remarkably free of scrutiny, and that is the police manager. Often supportive of interventions that will assist or improve the "troops", police managers are generally able to artfully avoid attempts to subject their group to evaluation. Yet, a question remains if effectiveness can be enhanced fully by looking at only one of the spectrum, in this case the employee? Or do psychologists need to focus, as well, on managers to help the law enforcement system fully realize its full organizational potential? This paper addresses an approach to the assessment of police managers and describes a self-appraisal method to help managers identify their own management approaches, as based on personality, and learn, as well, something about the management perspectives of their peers; it presents data that were collected during a two-day management-stress police workshop.

Self-assessment formed the nucleus of activity in a workshop conducted with a police Command staff. For two days, police managers ($n = 32$) engaged in a variety of exercises that assessed their work habits, time management skills, personal life styles and habits, culminating in their completion of individual stress profiles. A major

factor in this approach to self-assessment was the completion of the Myers-Briggs Personality Type Inventory.

The Myers-Briggs Type Indicator is based on a Jungian theoretical and constructive framework and reflects Jung's personality typology. Form G, used in the workshop, consists of 126 statements, presented in a forced-choice questionnaire format, and provides a self report on basic preferences about perception and judgment relative to how one takes in information and make decisions about it. It was selected for use with this group because it permits discussion of personality characteristics in a non-perjorative and non-threatening manner, since it avoids depicting personality traits as clinically significant within a diagnostic framework. Instead, the Myers-Briggs develops personality information that can be characterized as practical, realistic, non-judgmental and free of the "psychologizing" approaches that are anathema to police administrators. In this regard, its findings can also be related to success with management tasks and thus presents useful information that managers can apply in the course of their daily work.

In essence, the Myers-Briggs measures habitual choices that reflect four basic preferences which, according to theory, structure the individual's personality (Myers, 1962). These preferences involve *perception*, the processes of becoming aware of people, things or ideas; and *judgment*, the processes of coming to conclusions and making decisions about what has been perceived. An underlying assumption of the instrument suggests that there are certain basic type differences in the way people prefer to use their perception and judgment, and that the differences in basic preferences structure needs and behaviors. Furthermore, it contends that individuals develop certain skills that are related to their preferred processes and these skills influence decision making, communication and conflict resolution.

To determine an individual's "type", the Myers-Briggs yields independent preference scores, one for each of four indices. These indices are illustrated in Table 1.

Table 1.

Index	Preferences Between		Behavior
E or I	Extraversion	Introversion	Person or thing oriented vs. concept or idea oriented.
S or N	Sensing	Intuition	Directs perception through the five senses and perceives facts vs. indirect perception through intuition and perceives possibilities.
T or F	Thinking	Feeling	Relies on thinking and discriminates impersonally vs. relies on feeling and discriminates between valued and non-valued.
J or P	Judging	Perception	How individual deals with outside world. Orders environment vs. adapting to it.

When the questionnaire is scored, one score emerges for each indice and the combination of the four indice scores determines the type, with relative degrees of reported strength. For instance, an individual scoring higher on I and E and higher on N, F, P, rather than STJ, would be types as an INFP. *Yoe (1984)* reports that NF's are usually counselors or psychotherapists and *Stricker and Ross (1962)* show a .55 correlation between INFP types and interest in the occupation of psychologist. The data on the current sample suggests that the INFP are few and far between in this group of police managers. Rather, their types tend to cluster in other areas, in particular ESTJ and ISTJ. Table 2 presents the frequency count for types in the police manager sample.

Table 2. MBTI LAW ENFORCEMENT ADMINISTRATOR SAMPLE (n = 32)

ISTJ	ISEJ	INEJ	INTJ
n = 12	n = 4	n = 0	n = 2
38%	13%	0%	6%
ISTP	ISFP	INFP	INTP
n = 0	n = 1	n = 0	n = 1
0%	3%	0%	3%
I:STP	I:SFJ	ENEJ	ENTP
n = 1	n = 0	n = 0	n = 0
3%	0%	0%	0%
ESTJ	ESFJ	ENFJ	ENTJ
n = 8	n = 1	n = 0	n = 2
25%	3%	0%	6%
		n	%
		ST	21 66%
		SF	6 19%
		NF	0 0%
		NT	4 13%
		SJ	25 78%
		SP	2 6%
		NJ	3 9%
		NP	1 3%
		TJ	23 72%
		TP	2 6%
		FJ	5 16%
		FP	1 3%

Because of the STJ combination, many ISTJ's and ESTJ's share common traits that are not unlike the military generals (n=62) and corporate executives (n=111) studies by *Campbell (1984)*. When compared to the findings of *Hanewicz (1978)* on 1,282 police recruit and veteran officers, however, there are differences since only 33 percent of that sample showed the ESTJ and ISTJ type pattern. This sample did endorse the ST preference (50 percent), however, suggesting that these preferences may be influential and possibly strengthened by a law enforcement career. *Hanewicz* identified the following behavioral traits as common to the ST combination:

- Focuses on facts because facts can be collected and verified by the senses.
- Basis decisions on facts rather than feelings and renders an impersonal analysis using a step by step logical process, and reasoning from cause to effect in the decision making process.
- Manifests tendencies to be practical, matter-of-fact, attentive to detail and able to adapt to and tolerate routine.

Hanewicz did not relate "type" to patrol effectiveness, but the characteristics identified suggest patterns that have been observed in officers who adjust well to the law enforcement occupation. His findings are also similar to those reported by *Myers and Myers (1983)* on a sample of 280 urban police officers. They interpreted the ST preference as relative to the occupational role since officers deal with a series of concrete situations where words are not as important as decisions and actions. It is especially interesting that a group of successful police managers show these same characteristics to an even greater degree (63 percent).

Other interpretations of the Myers-Briggs data (*Myers et al. 1983*) depict ESTJ's and ISTJ's as good at analyzing and organizing facts; spotting flaws in arguments; and as firm-minded and capable to taking a stance against opposition. In addition, they do not openly display emotion and tend to be uncomfortable when dealing with the feelings of others. While they prefer to treat people fairly, they can appear insensitive and may hurt someone's feelings without realizing it. The disharmony that can result

from this approach, however, does not bother them since they accept conflict and do not require a harmonious atmosphere to achieve optimum functioning. When the ST preferences are combined with the marked preferences for the judging attitude (J), (as in this sample) rather than the perceptive (P), there is a predominant preference for order, planning and uniformity. Clearly, these interpretations suggest characteristics of effective managers in law enforcement, but they also suggest certain areas where effectiveness could be limited and where frustrations can occur. Within this context, the workshop related the prevailing sample characteristics to varied law enforcement administrative assignments.

Specific administrative assignments were highlighted where the ESTJ and ISTJ types might do especially well; and those where they might encounter difficulties. For instance, it was determined that both ESTJ's and ISTJ's could do well in operations or technical services command positions, but that the ESTJ would find this assignment more satisfying because of the opportunity for interacting with and managing people and things. In contrast, the ISTJ might find criminal investigations or staff command assignments more to their liking, and would do quite well in developing policy and position papers for the Chief. While an ESTJ would be more responsive as the on-scene commander of a barricade or hostage situation, neither of these types would do as well as someone who could handle the fluidity of the situation and be sensitive to the human needs. Within this context, both the ESTJ and ISTJ could be at risk, because they would prefer a quick, impersonal resolution to this type of problem. Nor would either do particularly well as spokesperson for the department or when handling responses to the media that involve sensitive and polarizing community issues, because they could appear as inflexible and unsympathetic to community needs. They would be most useful, however, in gathering the facts to substantiate the police department's case, but it would be wise to let an SF deliver it. Other assignments that were identified as appropriate to the ESTJ and ISTJ included; preparation of budget or city council testimony for the Chief's delivery, since their focus on facts, logic and precision would be definite assets. Implementation of a variety of personnel decisions would also be appropriate for them, since they can hire and fire without falling prey to emotional persuasion. In this regard, they could command an Internal Affairs unit but would not be appropriate to investigate sensitive IA cases. As precinct commanders, they could be expected to be firm, decisive and run a tight ship. They would need an assistant commander, however, who could solve interpersonal disputes, handle employee counseling and deal with morale issues. In this regard, someone with an F in their "type" would provide an appropriate complement. Finally, the

ISTJ was identified as an effective commander of a training division, provided that support personnel varied in type and could provide support to the recruits (F) or explore new training ideas (NT).

Also discussed in the workshop were what appeared to be the significant omissions present in the tabled data and their related impact on the organization. For instance, NFJ's and NFP's were not represented at all and questions were raised if they might be inappropriate for law enforcement. In this regard it was hypothesized that either they would not apply for law enforcement positions; or that they dropped out early in their careers. Such may be a tenable hypothesis, since these types manifest strong preferences for concerns about the feelings of others, value harmonious human contact, desire to serve the common good, do not like routine and possess a bent for original and creative thinking. Hence, it is possible that these individuals would prefer a less conforming and controlling work environment.

NTJ's and NTP's are present in the sample, but they are under-represented. These types are described as resourceful in solving challenging problems and are intrigued by thinking about and developing solutions to problems. They are willing to consider all options and alternatives in this process, but can become distracted from operationalizing plans. For these reasons they were identified as being particularly appropriate to work on the myriad of current issues that require innovative problem solutions by law enforcement, such as department reorganizations or 5 year plans, shift plans, changes in retirement systems, problems with promotional systems and performance appraisal systems; implementation of their ideas, however, would require someone of an SI persuasion. This latter group are frequently seen as indecisive in a structured, para-military organization, but they may actually represent a strength in the organization because of their capacity to read signs of change and anticipate what can happen when a particular course of action is followed. In this regard, they keep the organization from over-simplifying the problems it faces, particularly when there are a preponderance of managers who prefer to use facts to reduce problems to a bare bones structure. In addition, they reduce the chances of the organization becoming static. Thus, despite their under-representation, their value to the organization was clearly identified in this workshop. Furthermore, most participants felt comfortable with the knowledge developed about themselves and other types, and experienced some relief that it was not unusual to adapt better to some management tasks than to others.

This approach was found to be useful with this group of managers. Individually, they learned something about themselves and could see how a "perceived screw up" could actually be an inappropriate matching of task and

preferred way of behaving. In addition, they learned how different "types" could approach the same situation differently and how the potential for conflict could develop. Finally, the participants could see some value in this type of approach to create in-house career development and to encourage management team building, a critical link to enhancing the effectiveness of personnel on the street.

In conclusion, since its development in 1962, the Myers-Briggs has enjoyed wide use in corporate, industrial and government administrative settings. It has not been used extensively, however, with police managers. The current paper describes how it can be applied with a law enforcement management group and illustrates they types of realistic and practical information that it develops. This paper demonstrates as well that law enforcement managers may be more eager to avail themselves of the of their police psychologists, particularly if psychological information is presented in a manner that makes sense to them. In this regard, the Myers-Briggs provided a vehicle to open up this line of communication. Finally, this data provides some insight for psychologists regarding the communication of their ideas and proposals to law enforcement. It illustrates what many psychologists have learned the hard way, that police managers are not responsive to the abstract, reflective orientation or focusing on possibilities for long term gain that are pertinent to a psychologist's training. Rather, they prefer programs to be explained in a step by step, logical format and they want directions, examples, specific models and short term goals clearly articulated. Hence, it would be useful for psychologists to study their own "type" to avoid the conflicts that can develop when NF psychologists encounter ST managers. In this regard, matching one's behavior to that of the manager who one is trying to convince can have inestimable value when

getting programs off the ground. Essentially, this occurred in the development of the management-stress workshop reported in this paper because the psychologists participating tailored their presentations and psychological material to meet the needs of the police managers. If there is a lesson to be learned from this exercise, it is that both police psychologists and police managers can benefit when a common basis of communications is developed and conflict is reduced. In this regard, the Myers-Briggs was instrumental in achieving the goal and can be recommended as an effective tool to use in assessing police managers.

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ADMINISTRATIVE CONCERNS IN LAW ENFORCEMENT STRESS MANAGEMENT

James D. Sewell, Ph.D.

Over the last several years, law enforcement administrators and academicians have shown a major interest in the phenomenon known as police stress. It now seems apparent that both the manifestations and effects of police stress can be dangerous to the individual officer, his family, his Department, and the community at large. Within the academic and professional literature, many researchers have attempted to identify and categorize sources of stress in the field of law enforcement. On the basis of such preliminary research into law enforcement stress, as well as efforts in other occupations, has grown a body of literature which now identifies and offers management techniques for the individual officer as well as the Department.

The use of psychological services to assist police agencies in managing stressors as well as dealing with the primary responsibilities of law enforcement and crime control is, of course, expanding within the profession. An estimated 20-25% of this nation's law enforcement agencies now have stress management programs designed to enable their officers better "to protect and to serve." Yet, with the growth of police psychological services, especially stress management, there are a number of administrative concerns which must be addressed in order to assure the best services for our communities and our personnel. While this Symposium has reflected on a number of clinical, research, and legal/ethical issues, there are perhaps others that those of us who are law enforcement managers must recognize and resolve.

These would include:

1. The appropriate advisory role of the police psychologist.
2. Administrative commitment to stress management programs.
3. The moral and ethical responsibility of criminal justice managers for their personnel.
4. Increased, more realistic training.
5. The use of stress management programs as an "easy out" for incompetent or weak officers.
6. The balancing of on-the-job demands and professional expectations with off-the-job outlets.

7. The need for organizational reform.
8. The education of community governing bodies and citizens about their role in the stress management of public employees.
9. The identification and management of the stress of personnel beyond the line officer.

The Appropriate Advisory Role of the Police Psychologist

The valuable support which can be provided to law enforcement agencies by psychologists has been shown in a variety of areas, including selection, stress management, psychological profiling, job evaluation, and training. Although a number of articles have spoken to the role from the psychologist's perspective, there are other issues which must be considered by police managers. First, today's manager should recognize the value of psychological services, especially in the areas of personnel management and crime resolution. At the same time, one must realize the expense of such services and their ultimate cost effectiveness in reduced personnel turnover, disciplinary and emotional problems, and hopefully, an improved solution rate in crimes against persons.

Second, the manager must recognize the limitations of psychological services. Primarily, the administrator must restrict the expectations associated with psychological evaluations and with the degree of understanding of the human mind and behavior. As in the law enforcement profession and its interaction with citizens, expectation greatly exceeds reality, and our predictive capabilities, especially where no past pattern of behavior exists, are more limited than many police administrators understand. Menninger's words of caution to the legal profession are equally applicable to law enforcement managers:

"...most lawyers have no conception of the meaning or methods of psychiatric case study and diagnosis. They seem to think that psychiatrists can take a quick look at a subject and thereupon be able to say definitely, that the awful 'it' the loathsome affliction of insanity is present or absent. Because we all like to please, some timid psychiatrists fall in with this fallacy of the lawyers and go

through these preposterous antics (*Murphy, 1973: 137-38*)."

Third, administrators of an agency must recognize that, as Truman said, the "buck stops here." The appropriate role of the police psychologists is similar to that of the departmental attorney: he or she provides guidance, counsel, advice, and predictions, all based on education, training, experience, and an understanding of research and behavior. Yet, the psychologist cannot—and should not—make final decisions for managers. Consequently, it is critical that the proper role for all parties be defined and that we never abrogate our responsibility as administrators.

Administrative Commitment to Stress Management Programs

Subsequent to identifying the proper role of psychological services within a law enforcement agency, it is equally critical that departmental managers openly express and demonstrate their commitment to organized, departmentally sanctioned stress management programs. Over the last several decades, many police administrators who perceive themselves as "top cops" rather than true managers, have dealt with stress through a variety of ineffective mechanisms. Many of these have resulted in ignoring the problem or in considering stressed individuals as less manly and not worthy of law enforcement positions. Such overtly conveyed attitudes are too frequently perceived and supported by the "supercops" within the department who earnestly believe "if you can't stand the heat, get out of the kitchen." Although researchers and professionals in the stress management field generally assume that modern managers agree with an enlightened philosophy, the significant majority of departments still lack an organized stress management program. Consequently, the education of police administrators and supervisors to the problem and implications of police stress could allow the phenomenon to be addressed more directly and effectively, for the benefit to the profession and our public.

The Responsibility of Criminal Justice Managers for Their Personnel

For many years, particularly with the development of police collective bargaining and union activity, there has been a distinct line of demarcation between police managers and police personnel. Consequently, the responsibility of "bosses" for the stress management of their officers has become clouded and has centered primarily on legal and administrative issues. While the latter are critical to fostering the development of stress manage-

ment programs, it is equally important that police managers recognize their moral and ethical responsibilities to assure the mental wellness of the persons under their command; that they recognize that they, too, are police officers carrying a badge; that they, too, can be victims of police stress; and that they be willing to admit that the commonality of blue corpuscles in one's professional bloodstream requires them to be involved in the successful development of stress programs for their personnel. At the same time managers are expected to demonstrate responsibility for their officers, police unions must also recognize their role and assume an active part in supporting stress management for the benefit of all officers, their communities, and their profession.

Increased, More Realistic Training

From an administrative point of view, the knowledge gained through research conducted by many of the individuals attending this Symposium should allow for the development of more comprehensive programs of stress recognition and management and will impact both police training academies and institutions of higher education. At a time when most educational training courses have emphasized theoretical frameworks or basic practical skills, the officer actually affected by the stress of his/her occupation has too frequently been overlooked. In Florida, for example, out of 320 hours required as the minimum for entry level officers, only four must be devoted to stress recognition and management. The research completed over the past several years and the new insights offered in this Symposium underscore the need for increased education in stress management, interpersonal awareness, interpersonal communication, aerobic/physical fitness, and diet. Hopefully, such programs will result in more comprehensive training for officers, better control of the problem of police stress, and, ultimately, better protection and service to the citizens which employ these officers.

Additionally, our increased knowledge can serve as an educational tool for police families. Police training has too often failed to recognize the impact of stress on the officer's home, and too many agencies fail to adequately prepare the officer or the spouse for this effect. Consequently, stress on the job is magnified by problems which must be confronted in an officer's home, family, and social life. To reduce the continuing pressures on officers from all their psychological fronts, the development of stress awareness programs, which can more directly affect the high rate of domestic problems, particularly divorce, related to the difficult job of a police officer must be encouraged.

In discussing training, it is appropriate to recognize that training in stress management techniques has only developed within the last decade. During that time, the efforts of many training facilities have focused on traditional methods, including human relations, diet and nutrition, and physical fitness. While such training is critical to a successful stress management program, line officers at times see little benefit to these measures, particularly when their training is limited to only a few hours. Once a basis for understanding has been set during initial training in these areas, regular in-service and specialized training must actually apply the techniques of communications, diet and nutrition, and physical fitness to the individual officer. The most effective training programs will be those which indicate specific methods of physical fitness which an officer can use to control body weight and ensure his own physical condition; which identify foods and even establishments, especially those available on evening and midnight shifts, which will assure the best nutrition for an officer; which provide practical ways to communicate with a spouse or other individuals; and which can be used both on and off duty to reduce stress. No longer can police training in stress management be theoretical and generalized; instead, as administrators, we must demand programs which are specialized and applicable in the daily life of an officer.

At the same time, to be most effective, stress management training and its reinforcement must be on-going; field personnel cannot afford to be exposed to this critical information only in refresher schools conducted every few years. Instead, a continuous and comprehensive regimen, with strong agency support and peer reinforcement, must be developed and implemented.

The Use of Stress Management Programs As An "Easy Out" For Incompetent Or Weak Officers

Stress in law enforcement and the danger it subsequently inflicts on our personnel are major problems which we must today confront. As a result, stress management programs, including extensive training, counseling services, and physical fitness and conditioning, have been developed and implemented in many agencies. Many researchers and administrators believe that a large number of problems for officers have been anticipated and mitigated through such programs.

Yet, at the same time that we recognize the need for such programs, perhaps we should be wary. This new buzz word "stress" offers an easy out to excuse the conduct of unreliable, undesirable, incompetent, or poor officers, who may not belong in law enforcement as a career. In many departments, we are seeing personnel who are incapable of handling the "job" because of the occupation. The "anguish disability" is becoming increas-

ingly common as a method for separation from the department, while assuring continuing income. In a profession where we enforce laws which hold persons individually accountable for their conduct, perhaps it is equally important that we also hold our own personnel responsible for their behavior and recognize that the individual, not just the work, creates problems.

The Balancing of On-The-Job Demands and Professional Expectations With Off-The-Job Outlets

During much of the recent history of law enforcement in the United States, administrators have demanded an on-the-job commitment as well as an off-the-job devotion to the profession. In many cities, a formal policy requires officers to carry firearms at all times in their jurisdiction and to be prepared to take law enforcement action at any moment. In other jurisdictions, such edicts, while not formalized rules and regulations, are part of the subcultural expectation. Regardless of the approach, when one considers stress management programs which emphasize the importance of outlets outside law enforcement and the necessary of getting away from the job, managers are sending out mixed messages to their troops. Perhaps it is time to reassess our philosophy and demands on our personnel.

The Need For Organizational Reform

Law enforcement is, of course, a strongly traditional organization structured along paramilitary lines. Like similar established bodies, it is not readily receptive to change. While a number of effective management strategies have been implemented within the private sector and some have even been applied in law enforcement, generally the organization remains unchanged in terms of organizational alignment, responsibility, and management philosophy.

As we progress through the 1980's, it may be time to recognize the need for management philosophies more similar to progressive business and private corporations. Modern techniques, such as the Japanese style of management, suggest a way for the future which can encourage both law enforcement efficiency and effectiveness and assure successful personnel management.

Within such approaches to management, a number of techniques may actually reduce stress. Decentralization of management authority and responsibility is, of course, one of the major contemporary thrusts. In contemporary concepts, such as team policing, Management of Criminal Investigations, and Integrated Criminal Apprehension Programs, professional and productive alternatives to traditional law enforcement are emerging.

The facilitation of interpersonal communication is equally important to reduce stress experienced by law enforcement personnel. The paramilitary structure of law enforcement fosters a class system which is further complicated by unions representing distinct groups of officers, including managerial personnel. With these distinct classes, especially as a result of collective bargaining, it is critical that administrative, supervisory, patrol, and support personnel have regular exchanges which can moderate the pressures caused by interpersonal conflict. Because of the human reluctance to easily and openly communicate, administrative or structured encouragement may be necessary. It must be recognized that such efforts will initially be viewed as suspect and must be shown to be good faith, productive efforts.

Involvement in the departmental decision-making process is also necessary to reduce stress of personnel. All staff must believe they have a voice in the direction and policies of the agency. It is thus important to include all personnel as part of intra-agency task forces, policy development and quality of work life working groups, and personnel selection and benefit committees. When such approaches are implemented, however, management must assure that all personnel understand the appropriate role of such vehicles and that false expectations are neither encouraged nor developed within nonmanagerial personnel. In attempting to manage stress caused by the organization, we cannot afford to increase stress by policy statements or actions which result in misunderstanding, confusion, or uncertainty. In the final analysis, managers must still be managers; line personnel must realize that, while their input and involvement is critical in an effective decision making process, it is still the administrator who must decide and is accountable for agency actions.

It is, of course, critical that all personnel perceive promotional alternatives within the agency. Step-pay plans, successful in many agencies, may be one alternative to meet the financial needs of all personnel. Professional and personal development through Department-sponsored education and increased in-service training offers another valuable incentive to reduce the effects of occupational stress. In general, sworn and support staff must believe that their occupation is not strictly a dead-end street, but that there is a way to grow and develop within the job.

The Education of Community Governing Bodies and Citizens About Their Role in the Stress Management of Public Employees

Not too long ago, at a conference on stress management attended by law enforcement officers and administrators and representatives of municipal governments, a presen-

tor suggested the importance of physical fitness requirements and the provision of in-house physical fitness facilities to reduce the stress related to law enforcement. During the following question and answer session, a major of a mid-sized south Florida city stated that she doubted the need in her community because her union had never asked for it. As a result, she was hesitant to recommend such facilities for fear of giving them an issue at the bargaining table!

The issue is, of course, whether municipal administrators outside the law enforcement agency understand the potential effects of stress on police officers. Law enforcement administrators simply have not educated their bosses to its impact on the municipal bottom line: Successful stress management means fewer citizen complaints, fewer liability claims, fewer workers compensation claims, and improved productivity for and service to the citizens.

In a country where the media regularly paints officers on a continuum from villain to hero to buffoon, the communication of the real problem experienced by officers and the continuing stress of the job also must be effectively made to the public. The open admission of human qualities in law enforcement officers may more realistically set the level of expectation of the public, an expectation grounded in fiction and best characterized by a classic case in Tallahassee. In that incident, following a particularly brutal rape and assault, officers made an arrest and identified a number of pieces of forensic evidence which clearly pointed to the guilt of the suspect. The jury remained unconvinced, however. It was their considered opinion that the major item lacking was fingerprints and that "McGarrett would have found fingerprints;" consequently the suspect walked. Through an active program of community education and awareness, perhaps some of the frustrations and conflicts in police-citizen encounters can be reduced. With this, some of the fear and frustration underlying stress may be significantly curtailed.

The Identification and Management of the Stress of Personnel Beyond the Line Officer

For many years, the primary focus for our efforts in stress research, identification, and management has been the line officer, with some limited effort devoted to the problems of the investigator and undercover personnel. Yet, in the law enforcement arena, there are other participants whose stress is just as real and just as deadly as the "star" who has received the spotlight. The specialty officers—whether unique because of their responsibilities for their communities—suffer from stresses different from most line officers and which must be addressed in

a unique manner. Perhaps even more serious are the stress-related problems of our forgotten victims—dispatchers, complaint clerks, crime scene and evidence technicians, and even secretaries—who are oftentimes treated as second class citizens, yet are critical to the accomplishment of our law enforcement mission. In an effective stress management program of the future, administrators must expect and demand a comprehensive approach to the stress of all their agency personnel.

Such a comprehensive program cannot afford to overlook a group normally neglected: the police manager. Agency administrators suffer from the same stress as executive in other occupations. Their pressures and frustration are further compounded by the stress they sustain as law enforcement bosses—a magnification of the stress line officers experience.

SUMMARY

Over the last several years, research into law enforcement stress has dramatically underscored the problems experienced by police officers throughout the country. Concurrently, significant effort has been devoted to programs of stress awareness, identification, and management. As has been previously noted,

as our knowledge of police stress has increased, many researchers and law enforcement professionals have offered a variety of mechanisms that can be used to control or reduce law enforcement stress. Increased stress management training, professional counseling for officers and their families, peer advisement, and required fitness standards and programs have been identified as important measures that should be developed and implemented at the department level. The use of relaxation responses and neutralization techniques, proper nutrition and diet, and regular exercise, particularly aerobic exercise, have been offered as remedies for the individual officer (*Sewell, 1984: 520*).

At the same time, it is critical to recognize that, to have the greatest impact, the implementation of stress management efforts must be part of an integrated program to psychological services within a department. In addition to the professional considerations normally associated with such services, there are a number of management issues which must be analyzed and successfully resolved to increase and assure program effectiveness. Law enforcement administrators must accept their critical role in maintaining the highest quality programs which officers demand and communities deserve.

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CONSULTATION AS MANAGEMENT EDUCATION: USING DATA TO PROMOTE CHANGE - CASE FOCUSED APPROACH

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Law enforcement is a stressful occupation. The physical, emotional and financial costs of police stress are significant. Heart attack, depression, family conflict and loss of productivity are but a few of the plethora of indices. *Wallace (1978)* categorizes the effects of stress in terms of psychological, physical and resulting costs of society.

Data concerning the nature and attributes of police stress have been previously presented by *Kroes, Eisenberg, Spielberger, Symonds and Geller* to name but a few. Yet, effective proactive strategies to deal with police stress have been noticeably lacking.

On reviewing the literature, the most common approach for dealing with police stress is reactive. Law enforcement agencies have hired clinically trained psychologists to provide predominantly secondary and tertiary strategies to remedy the negative consequences of police stress. Psychologists provide an array of clinical psychological and supportive services to individuals to reduce stressful negative effects. Police psychologists, for example, are involved in pre-recruit screening, recruit training, emergency triage, short term counseling, fitness for duty evaluations, post trauma interventions, and external referral.

Today, there are some police psychologists who are expanding their services to include more proactive approaches which are more preventive in nature. These approaches attempt to deal with problems on both individual and organizational levels *before* they occur. This primary preventive ideology moves towards the development of early warning signs, supervisory identification programs, physical fitness programs, improved field evaluation methods and peer counseling programs. Reiser's work pre-dates much of these new innovative programmatic thrusts.

This paper describes an educative approach which was used with supervisors to aid them in developing proactive strategies to deal with both the internal and external negative consequences of the stressors of police work. We utilized data from a pre-department wide baseline psychological assessment coupled with specific clinical

case materials to aid police executives in developing specific programs to aid their personnel.

Our approach was consultative in that the actual plan of action was developed by police administrators. This report shows how this data was utilized as a management education tool to aid executives both identify and proactively deal with the negative results of police stress.

The purpose of this applied research project is to show the relationship between patterns of perceived and actual stress and selected demographic, psychological and job satisfaction variables. A multivariate statistical procedure, cluster analysis, was performed to determine if individuals could be identified on the basis of these stress response scores. Cluster analysis maximizes the differences between groups on the stress variables and minimizes the differences within groups. The resulting typology was then associated with demographic, job satisfaction and burnout variables. The results were then presented in simplified form to field commanders (majors) to aid them in developing specific proactive interventions for their constituency.

Case materials were also used to supplement the empirically derived data. These data source were used as tools to promote change within the bureau.

Beginnings

Our approach was based on the new implementation of a stress management, psychological services unit in a large urban police bureau. We asked to administer a pre-program baseline questionnaire to one half of the sworn personnel. The participants were given complimentary time for doing the anonymous and voluntary survey. Individualized feedback was given to those officers who requested it to compare their scores with modal scores. The purpose of the survey was multiple: to provide information as to the nature of stress within the bureau, to make officers aware of the new stress management program and to provide baseline data for utilization of training and consultative projects.

The survey included sociodemographic questionnaire, the Center for Disease Control's Health Risk Appraisal, Singleton's Stress Occurance Inventory, Whiesand's Job Satisfaction Scale, a modification of Spielberger's Police Stress Inventory, Moos Cognitive Style Scale, Maslach's Burnout Inventory and Moos' Work Environment Scale. For the purposes of this paper we are only including some sociodemographic information, the job satisfaction measure and the burnout measure.

Table 1. OVERALL SAMPLE DESCRIPTION

	<i>X</i>	<i>SD</i>	<i>Maximum</i>	<i>Minimum</i>
Age	34.58	7.69	57	20
Tenure	10.25	7.44	33	0
Number of Children	1.68	1.34	8	0
			<i>Number</i>	<i>Percent</i>
<i>Race</i>				
White			344	57.6
Black			239	40.0
Other			14	2.4
<i>Educational Level</i>				
Elementary School			2	0.3
Some High School			9	1.5
High School Graduate			185	31.0
Business/Technical			37	6.2
Some College			168	28.1
AA Degree			68	11.4
College Graduate			77	12.9
Some Postgraduate			23	3.9
Postgraduate			28	4.7
<i>"Extra Jobs"</i>				
Yes			317	53.1
No			278	46.6
Missing			1	0.3
<i>Rank</i>				
Recruit			30	5.0
Patrol			360	60.3
Investigator			71	11.9
Sergeant			61	10.2
Lieutenant			42	7.2
Captain			20	3.4
Major			10	1.7
Deputy Chief			2	0.3
<i>Marital Status</i>				
Single			88	14.7
Married			393	66.0
Widowed			4	0.7
Divorced			74	12.4
Living with Someone			14	2.3
Separated			23	3.9
<i>Watch</i>				
Morning			97	16.2
Day			298	49.2
Evening			202	33.8
<i>Times Married</i>				
0			100	16.8
1			353	59.1
2			123	20.6
3			17	3.0
4			3	0.5

Analysis

Sample

A random sample of 725 sworn police officers were surveyed, 596 completed packets were returned (82.2%). The sample included all ranks and divisions within the bureau. Table 1 describes the sample. The sample was predominantly patrol officers, male (83.8%), and white (57.6%). The mean age was 34.58 years with a tenure length of 10.25 years. The majority of the sample were on day watch (49.9%), married (66%), married only one time (59.1%) a high school graduate (31.0%) and had an extra job (53.1%).

Measures

For the purpose of this study only the following data was included from a larger data base. A sociodemographic questionnaire including age, sex, race, tenure, marital status, educational level, watch, rank, times married, number of children, and job status. A 33 item job satisfaction survey (Singleton, 1977, modified from Whiesand, 1971) was the job satisfaction measure. The burnout inventory is from Maslach (1978). The stress measures were Singleton's (1977) stress history inventory and an adaptation of Spielbergers (1981) Police Stress Inventory (100 items).

Stress Typology

The two stress measures were utilized as two independent measures of officer stress. The Singleton measure was a measure of stress occurrence (ie: number of assaults). Table 2 gives mean occurrence scores for each event. The most frequent stressful event occurrence is assaults without injuries. The total stress scores for all individuals ranged from 0-34 career events, this constituted one axis of our measure of stress.

Spielbergers instrument was factor analyzed and five factors emerged (see Table 3). Factor scores of .35 were utilized in naming the factors Eigenvalues of 2.5 and above were utilized to determine factor size cutoffs. The factor results accounted for 43% of the variance. The factors were labeled: *danger stress* (28%) – responding to a felony in progress and situations requiring use of force; *peer relations* (7%) – partner refuses to share driving time, pressure to be macho and pressure to go to choir practice; *inadequate support* (4%) ineffectiveness of judicial system and lack of participation in policy making decisions; *supervision and discipline* (2.7%) difficulty in getting along with supervisor and being wrongfully disciplined; and *judicial inadequacies* (2.5%) cases dismissed by plea bargaining or technical reasons.

Table 2 SELF-REPORT STRESS OCCURENCE FOR SAMPLE

<i>Event Occurrence in Career</i>	<i>x</i>	<i>SD</i>	<i>Max.</i>	<i>Made</i>	<i>Min.</i>
Number of times partner shot or killed	0.069	.36	4	0	0
Number of times R shot	.17	.65	7	0	0
Number of times partner shot	.29	.93	8	0	0
Number of times R shot on duty	.17	.67	7	0	0
Number of times R shot suspect on duty	.52	1.17	8	0	0
Number of times R shot at suspect on duty	0.7	.31	3	0	0
Number of times partner stabbed	.40	.93	6	0	0
Number of times R stabbed on duty	.42	.92	6	0	0
Number of times other assaults injured R	.68	1.32	8	0	0
Number of times other assaults without injuries	1.30	2.03	8	0	0

A composite factor was created adding the proportion of each factor score total to create a composite factor. This linear total factor score could then be included as one of the measures of officer stress.

The stress occurrence total score and the perception composite score were then put on the horizontal and vertical axis to produce a graphic representation of officer stress. A K-means clustering program (BMD) was utilized to partition all cases into clusters. Each case (individual) was placed in the cluster whose center is closest to the case. The rationale for the use of this procedure is that it seems safe to assume that there is a complex relationship between stress and demographic and psychological variables. The following measures were selected for this analysis: age, tenure, number of children, race, sex, educational level rank, marital status, watch, times married, and extra job.

Maslach's burnout inventory scales measured for both frequency and intensity-emotional exhaustion, deper-

sonalization and personal accomplishment were also included.

The five factor solution on the analysis of the Whiesand job satisfaction scale was the last measure used. Forty-four percent of the variance was included in the analysis. Eigenvalue cut off was 1.25. Factor 1 is labeled *generic job satisfaction* (20% of the variance) is composed of work accomplishment, boredom and dissatisfaction with the job as it stands now. Factor 2 (8% of the variance) is labeled *dangerousness and safety* and is composed of how dangerous the officer, and significant others worry about the officers safety. Factor 3 is labeled *interpersonal understanding* (5% of the variance) and is composed of items which indicate supervisory and significant other conflicts. Factor 4 is labeled *supervisory evaluation* (4% of the variance). It is composed of the item supervisor feels officer is as efficient as he/she was in the past. Factor 5 is labeled *recognition* (3% of the variance). It is composed of items that indicate on the job and off the job personal recognition and friendships.

Table 3 FACTOR PATTERN OF POLICE STRESS INVENTORY FOR TOTAL SAMPLE

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	
JE1S	0.10577	-0.05483	-0.07101	0.11529	0.02543	Assignment or Disagreeable Duty: SR
JE2S	0.35978	0.00106	0.1259	-0.21798	0.02667	Change from Day to Night Shift:SR
JE3S	0.41462	0.11922	0.01766	0.01272	0.05995	Minor Physical Injury on the Job:SR
JE4S	0.42161	0.12209	-0.05246	-0.20079	0.02294	Strained Relations With Non-Pol fnds:SR
JE5S	0.34476	0.12586	0.15957	-0.02795	0.01137	Promotion or Commendation: SR
JE6S	0.34994	0.32442	0.11863	-0.04945	-0.21329	Performing Non-Police Tasks: SR
JE7S	0.35329	0.25340	0.40668	0.15742	-0.16111	Inadequate Locker Room Facilities: SR:
JE8S	0.49894	-0.01216	0.03377	-0.25425	-0.30626	Exp. Neg. Attitudes From Other Officers: S
JE9S	0.47639	0.09719	0.11784	-0.21510	0.02310	Performance Evaluation: Sr
JE10S	0.38057	-0.33149	0.25378	-0.31629	-0.03152	Inadequate Support From Supervisor:SR
JE11S	0.60723	0.11323	-0.11094	-33840	-0.16069	Disapproval of Performance By F-Off: SR
JE12S	0.61087	0.00717	-0.01959	-0.40168	0.05226	Difficulty Getting Along with Supe: SR
JE13S	0.54940	-0.04465	-0.00715	-0.11552	-0.07432	Assignment To New Or Unfamiliar Duties:
JE141S	0.41821	-0.3981	0.41115	9.13396	-0.21504	Ineffectiveness of Judicial System: SR
JE15S	0.46494	0.26070	0.06986	0.12354	-0.04115	Availability of Sexual Opportunities: SR
JE16S	0.46169	0.12088	0.04587	-0.22713	-0.15622	Questions About Private Life Off Duty: S
JE17S	0.43696	-0.10066	-0.20069	-0.37144	-0.04753	Assignment of Incompatible Partner: SR
JE18S	0.49522	-0.27649	-0.34038	-0.05973	-0.18534	High Speed Chases: SR
JE19S	0.56110	-0.38801	-0.37483	-0.01587	-0.20091	Dealing With An Aggressive Crowd: SR
JE20S	0.52471	-0.05648	-0.12456	-21499	-0.10607	Job Conflict: SR
JE21S	0.46238	0.59771	-0.00900	-0.06000	-0.02779	Partner Refuses to Share Driving Time: S
JE22S	0.51674	0.52989	-0.09586	-0.05139	-0.04305	Being Pushed Out of a Fight: SR
JE23S	0.58238	-0.28020	0.33184	-0574	-0.03473	Political Pressure Within Department: SR
JE24S	0.49489	-0.44420	0.29370	-0.15610	-0.02526	Inadequate Support From Department: SR:
JE25S	0.34091	0.30833	0.15077	0.11071	-0.09326	Poor Salary: SR
JE26S	0.45704	0.49473	0.02969	-0.00036	-0.05512	Practical Jokes by Other Officers: SR
JE27S	0.48937	-0.04272	0.22113	-0.02979	-0.41761	Case Dismissal by Plea Barg. & Teh. RL: SR
JE28S	0.59573	0.14761	-0.19671	0.10664	-0.16022	Arresting Someone on Drugs: SR
JE29S	0.55998	-0.08322	-0.30117	-0.14411	-0.02603	Lack of Support by Family: SR
JE30S	0.56885	-0.27447	0.25049	-0.06348	0.03903	Disagreeable Dept. Regulations: SR
JE31S	0.53816	0.25789	0.00631	-0.19925	-0.21297	Fellow Officers Not Doing Their Jobs: SR
JE32S	0.59431	0.03267	0.02651	0.01851	-0.30188	Angry Remarks by Citizens: SR
JE33S	0.55532	0.17740	0.08537	0.00667	-0.33455	Negative Press Accounts: SR
JE34S	0.60134	0.35373	-0.33580	0.06810	-0.10178	Situations Requiring Use of Force: SR
JE35S	0.55370	0.16164	0.27752	0.01946	-0.12206	Calling for Back-Up: SR
JE36S	0.44383	0.55922	-0.10028	0.06133	-0.06379	Pressure To Go To Choir Practice": SR
JE37S	0.18316	0.22368	0.27869	-0.18654	-0.05698	Dept Racial Pressures or Conflicts: SR
JE38S	0.60618	0.10802	-0.04784	-0.00089	-0.26744	Personal Insult From Citizen: SR
JE39S	0.54775	-0.35575	-0.30586	-0.06137	-0.07644	Physical Attack on You: SR
JE40S	0.63359	0.21453	-0.12255	-0.19632	-0.02838	Isolation Frn Oth Officers on the Job: SR
JE41S	0.57880	-0.08113	0.30507	-0.17789	-0.02463	Lack of Recognition For Good Work: SR
JE42S	0.67374	-0.03239	-0.09619	-0.16300	-0.05217	Racial Confrontation Within Community: S
JE43S	0.58999	0.26401	-0.18818	-0.28691	-0.05019	Personal Insult From Fellow Officer: SR
JE44S	0.46574	-0.38817	-0.29020	0.15165	-0.14301	Seeing Dead or Battered Children: SR
JE45S	0.52200	0.33128	0.23227	-0.07201	-0.06154	Rumors & Gossip Within Department: SR
JE46S	0.54246	-0.22144	0.16677	0.01822	-0.20351	Public Disrespect of Police Authority: S
JE47S	0.52324	0.58676	-0.06554	0.02457	-0.08401	Pressure to Be Macho: SR
JE48S	0.53144	0.25474	-0.3958	-0.39452	0.17913	Seeing Wrongfully Disciplined: SR
JE49S	0.46028	0.28489	-0.31341	-0.04632	0.21631	Killing Someone in the Line of Duty: SR
JE50S	0.63799	0.12736	-0.02032	-0.02824	0.04849	Pressure To Prove Abilities: SR
JE51S	0.44134	0.64011	0.05946	-0.03227	0.13960	Being Isolated From Police Officers: SR
JE52S	0.54211	-0.9307	-0.24483	0.16171	0.24175	Dealing With Mentally Ill Person: SR
JE53S	0.51826	0.34592	-0.13342	-0.00316	0.00390	Sexual Pressures or Conflicts on Job: SR
JE54S	0.41220	-0.43056	-0.19912	0.11581	0.16374	Fellow Officer Killed in Line of Duty: SR
JE55S	0.58319	0.07881	0.02051	0.12111	0.05450	Inadequate Training in Self-Defense: SR

Table 3 FACTOR PATTERN OF POLICE STRESS INVENTORY FOR TOTAL SAMPLE--continued.

	<i>Factor 1</i>	<i>Factor 2</i>	<i>Factor 3</i>	<i>Factor 4</i>	<i>Factor 5</i>	
JE56S	0.52014	0.24271	0.01249	0.05379	0.09741	Demands for High Moral Standards: SR
JE57S	0.68331	0.05845	-0.14209	0.25223	-0.04025	Making Arrests While Alone: SR
JE58S	0.58158	-0.18125	0.01600	-0.04192	0.12809	Being Investigated by Intrnl Affairs: SR
JE59S	0.47760	0.43792	0.11101	-0.00076	0.04544	Lack of Role Models: SR
JE60S	0.57321	-0.29096	-0.02003	0.27919	-0.20234	Dealing With Fam-Disturbs & Crisis S: SR
JE61S	0.58952	-0.15455	0.05639	-0.26990	0.07740	Racial Confrontation Within Dept: SR
JE62S	0.60429	0.11887	-0.37287	0.06238	-0.01464	Interviewing Rape Victims: SR
JE63S	0.61783	-0.13713	-0.18594	0.28582	-0.08937	Making Critical On-The-Spot Decisions: S
JE64S	0.53827	-0.28471	0.26330	-0.01148	0.06260	Lack of Promotion Opportunities: SR
JE65S	0.47751	-0.20387	0.31276	0.32076	-0.29372	Court Leniency With Criminals: SR
JE66S	0.55251	-0.05934	-0.01402	0.13691	0.06726	Excessive Time From Family & Friends: SR
JE67S	0.57456	0.33081	-0.16357	-0.03013	0.10792	Lack of Support By Friends: SR
JE68S	0.60785	-0.30225	-0.36177	0.17416	-0.11438	Responding To Felony on Progress: SR
JE69S	0.53014	0.31472	-0.02141	0.08402	0.09879	Attitudes of Non-Police Friends: SR
JE70S	0.34633	-0.04798	0.34439	0.22640	-0.13196	Excessive Paperwork: SR
JE71S	0.29326	0.52677	0.21675	0.16439	0.02137	Vacation: SR
JE72S	0.4825	-0.09543	0.15997	-0.01221	0.10178	Equipment Failure: SR
JE73S	0.53844	0.48939	-0.14342	-0.08285	0.111434	Negative Off-Duty Remark FM Neighbor: SR
JE74S	0.51500	-0.15726	-0.04899	-0.07467	0.33720	Being Passed Over For Promotion: SR
JE75S	0.41584	-0.17779	-0.17364	0.27789	0.41843	Getting Demoted: SR
JE76S	0.57113	0.17823	0.08979	0.14100	0.16812	Overtime: SR
JE77S	0.49356	0.31441	0.18006	-0.05951	0.20653	Holiday: SR
JE78S	0.44877	0.16145	0.00002	0.09211	0.09609	Looking For Runaway of Missing Child: SR
JE79S	0.53784	0.01787	-0.27799	0.26855	-0.04385	Helping Injured in Auto Accident: SR
JE80S	0.61279	-0.01805	-0.28384	0.14872	0.17191	Handling Self in Medial Emergency: SR
JE81S	0.43729	-0.06525	-0.20142	0.05702	0.32782	Separation From Spouse Due to Job: SR
JE82S	0.51455	-0.12440	-0.30553	0.23177	0.03936	Seeing Death or Mutilation: SR
JE83S	0.47721	-0.12025	-0.21044	0.15155	0.00961	Seeing Oth Off Abusive With Community: S
JE84S	0.46082	0.20865	0.02210	0.25763	0.18313	Continuing Education-Training Day: SR
JE85S	0.47839	0.36821	0.08108	0.26447	0.09652	Court File: SR
JE86S	0.44617	0.48008	0.09578	0.05267	0.20654	Sexual Harassment on the Job: SR
JE87S	0.46429	0.03772	0.30831	0.09427	0.26074	Political Pressure Outside the Dept: SR
JE88S	0.55528	0.23719	-0.02408	0.19230	0.20937	Inspecting Physical Injuries OTJ: SR
JE89S	0.48832	-0.10054	0.04239	0.12715	0.21813	Working a Second Job: ST
JE90S	0.51887	-0.20355	-0.14357	0.15646	0.33345	Accident in A Patrol Car: SR
JE91S	0.55797	0.14052	0.22729	0.17295	0.05245	Court Decisions Restricting Police: SR
JE92S	0.65539	0.05495	0.21445	0.14534	0.12050	Competition for Advancement: SR
JE93S	0.54125	-0.28686	0.21084	0.18184	0.05002	Court Appearance on Day Off-After NS: SR
JE94S	0.48761	-0.14884	0.38817	0.24821	-0.03355	Ineffectiveness of Correctional Sys: SR
JE95S	0.57736	-0.15547	0.24196	0.11402	0.023411	Insufficient Manpower to Handle Job: SR
JE96S	0.57645	-0.17858	0.10498	-0.07288	0.33103	Grievances: SR
JE97S	0.57503	-0.09947	-0.15262	0.06265	0.18155	Demands Made By Family For More Time: SR
JE98S	0.51942	-0.33130	0.24810	-0.08014	0.20516	Administrative Non-Support: SR
JE99S	0.47387	-0.24275	0.44527	0.03003	0.14303	Lack of Participation on Political: SR
JE100S	0.57757	-0.28441	0.16376	0.12156	0.15834	Mistreatment of Police Off in Court: SR

In this exploratory study, we examined the results obtained from two to ten clusters. The six cluster solution was considered optimal due to both sample size and the ability to descriptively discriminate the clusters.

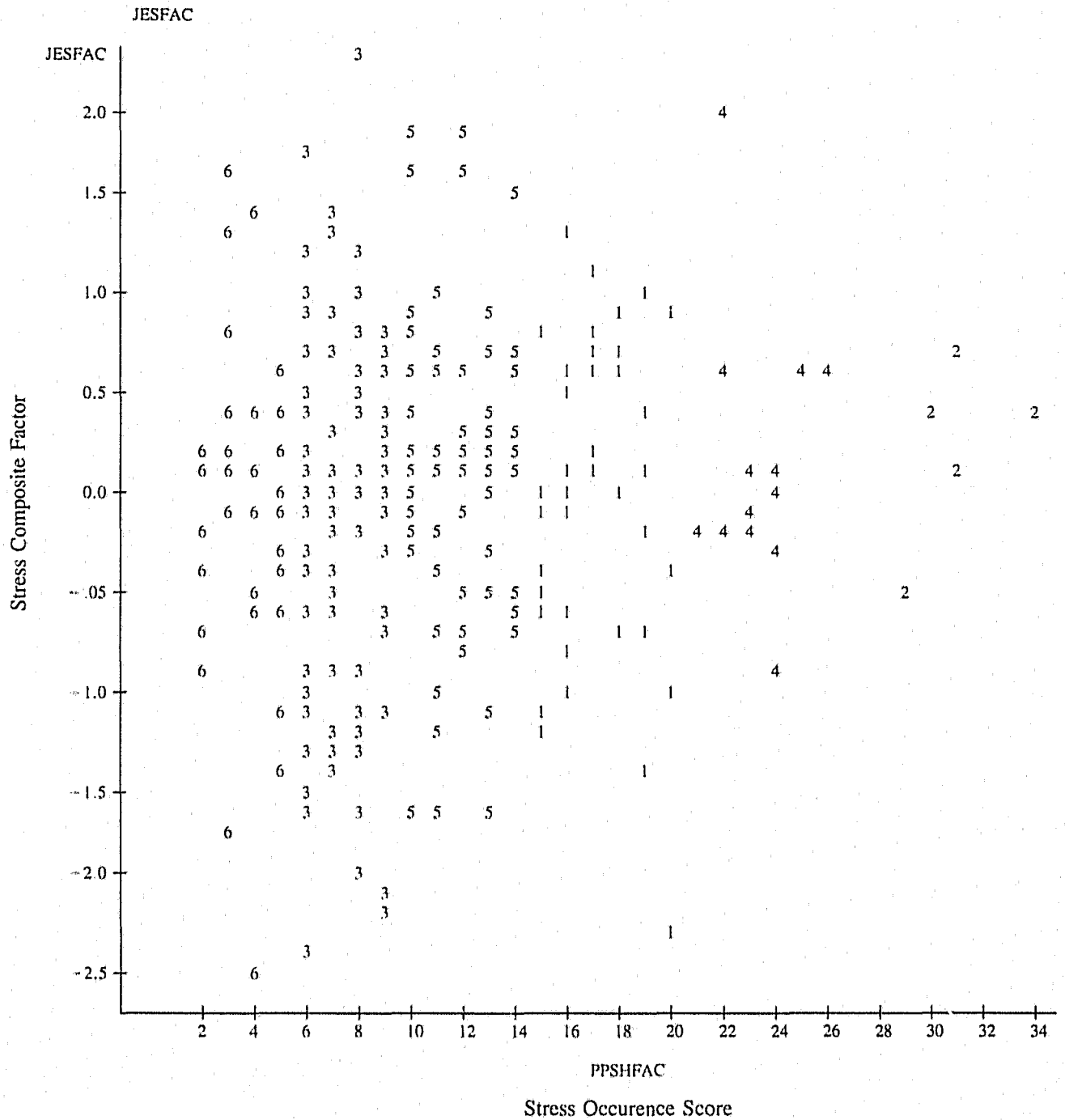
Table 5 gives a representation of how the clusters pattern. The abscissa (horizontal coordinate X scaled) is the stress occurrence. The ordinate (vertical coordinate Y scale) is the composite stress perception measure.

Table 4 FACTOR PATTERN OF WHIESAND'S JOB SATISFACTION MEASURE FOR THE TOTAL SAMPLE

Initial Factor Method, Principal Components		SAS					21:36 Wednesday, March 28, 1984
		Factor Pattern					
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5		
JO1	0.64508	0.05413	-0.22045	-0.07931	0.19446	How Satisfied is R With Sort of Work?	
JO2	0.69172	0.15510	-0.18706	-0.05048	0.11806	Does R Feel Accomplishment From Work?	
JO3	0.65832	0.02879	0.07407	-0.10966	-0.05166	Would R. Advise Friend to Join Department	
JO4	0.41533	0.25730	-0.13872	0.01891	0.26271	Variety in The Course of a Day's Work?	
JO5	01.50580	0.22819	-0.28254	0.30659	0.29463	Is R as Efficient On The Job as in Past?	
JO6	0.50288	0.15622	0.05488	0.04215	0.17431	Value R Thinks Community Puts on Service	
JO7	0.42249	0.22650	-0.05061	0.10334	0.33605	Free to Make Decisions & Act on Them?	
JO8	0.54079	0.05271	0.37019	0.22795	-0.43917	Level of Recognition From Supe 4 GD Job	
JO9	0.54706	0.27093	-0.04844	0.53195	-0.17302	Supe Feel R is as Efficient as in Pasts?	
JO10	-0.50281	0.04622	0.41778	0.24907	-0.34114	Satisfied With Supervisor's Leadership?	
JO11	0.36457	-0.00833	0.26901	-0.37263	0.09660	Satisfied With Chief's OFC Leadership?	
JO12	-0.48815	-0.03593	0.20711	0.10955	-0.25481	Participate in S Decisions Affecting Job	
JO13	-0.50947	0.03630	0.22223	-0.05725	0.15720	How Often Does It Feel Shift Never End?	
JO14	0.58645	-0.17913	0.34226	-0.10494	0.10890	Satisfied with Department as it Now Stands	
JO15	0.56323	-0.05600	0.26885	-0.11066	0.25011	Satisfied With Prestige Within City Gov?	
JO16	0.54662	-0.16718	0.01133	-0.11511	-0.18087	Satisfied With Possibility of Promotion?	
JO17	0.26172	-0.25156	0.20465	0.15733	0.25501	Satisfied With Present Salary?	
JO18	0.41764	-0.19937	0.17694	-0.25236	-0.04936	Satisfied With Present Fringe Benefits?	
JO19	-0.44566	-0.14190	0.16643	-0.06311	0.02438	Feel Work Offers Future Job Security?	
JO20	0.67787	-0.05080	0.26687	0.03211	0.06963	Feel So Bored to Consider Leaving Force?	
JO21	0.45616	0.13382	0.14508	-0.14552	0.05212	Satisfied With Qual & Pref of Co-Workers	
JO22	0.51709	0.23216	-0.29640	0.33606	0.06208	Partners Feel R is Efficient as in Past?	
JO23	-0.09131	0.19571	0.30114	0.20543	0.07746	Difficulty in Working Rotating Shifts?	
JO24	-0.30050	-0.13615	0.17187	0.24789	0.04949	Can R Predict Activities During Shift?	
JO25	0.40861	0.06200	0.11597	-0.23356	0.24840	Is R Satisfied With Status in Community?	
JO26	0.30060	0.19279	0.34676	0.24002	0.38682	Work Interfere With Friendships Off Job?	
JO27	-0.31469	0.16496	0.47687	0.28982	0.26418	Work Conflict With Spouse, Boy-Girl Frnd?	
JO28	0.01107	0.70565	0.01332	-0.23843	0.02512	How Dangerous Does R Feel Job Is?	
JO29	-0.05751	0.75795	-0.02496	-0.21199	-0.19018	How Dangerous Does S-BF-GF Feel Job Is?	
JO30	-0.04723	0.79535	-0.04694	-0.16604	-0.10112	Does S-BF-GF Worry About R's Job Saftey?	
JO31	0.48718	-0.28094	0.30179	-0.14679	-0.04293	Satisfied With Dept's Protection Effort?	
JO32	-0.34701	0.17049	0.22404	-0.13846	0.01396	Feel Pressure Meeting Work Demands?	
JO33	-0.32773	0.49882	0.40576	-0.03642	-0.02102	S-BF-GF Wish R Change to Less Dangr Job?	
Variance Explained by Each Factor							
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5		
	6.922517	2.760004	1.933083	1.414064	1.294778		

Table 5. Description of Cluster Pattern for Total Sample

Plot of Weighted Factor Vars Identified By Cluster
 20:33 Wednesday, March 28, 1984
 Plot of Jesfac • PPSHFAC Symbol is Value of Cluster



Patterns

Cluster 1—16% (96 officers) are officers who have both an average occurrence of stressful experiences during their career and their perception of the job environment. The officers are white (63%), male (94%), a mean age of 33.4 years, are high school graduates (43%), married (77%), patrol officers with 1.5 children and 9.25 years on the job. These officers have the highest emotional exhaustion score and perceive a great deal of job related stress coming from their close emotional relationships whether it be spouse or significant other.

Officers in this category we labeled the "mid career crisis" type. This officer tends to be a steady worker but is strapped for both emotional and environmental support.

Cluster 2—2% (12 officers) are characterized as having the highest perception of stressfulness of the job while also experiencing the highest occurrences of experienced stress. These officers tend to be youngest (X 27 years), white (85%) exclusively male, having the lowest found educational level, married (57%), patrol officers and sergeants with the least tenure (6.5 years), highest number of children and work evening watch (4-12). These officers are also characterized as having the highest scores both on the depersonalization scale and personal accomplishment scale. Their job dissatisfaction stressors appear to emanate from both a lack of understanding from supervisors and significant others and non-empathic supervised evaluations.

The second cluster appears to define the cynical but effective "John Wayne Syndrome" officer. Top cops, but somewhat impersonal, detached and inflexible. This officer feels the most personal accomplishment probably due to his objectifying and counting his accomplishments and ignoring his subjective non-quantifiable feelings.

Cluster 3 is the largest cluster, (216 officers). It is composed of 36% of the sample. The officers tend to be male (87%), white (53%), married (65%), patrol officers (61%), with half having a second job, 1.5 children, 32 years old with 7.89 years on the job. This cluster has the highest overall job satisfaction but also has a high emotional exhaustion intensity score.

These officers have low stress experience occurrence and a moderate perception of job stressors. Relating to job satisfaction they appear to perceive pressure from their significant others perception of the dangerousness of the job.

For this jurisdiction, this is the "modal officer," steady but pressed.

Cluster 4, is also a small type, with 23 officers or 3% of the total sample. These officers tend to be white, patrol officers married, with the highest educational level, the highest proportion of recruits, lieutenants and above

ranks. They also have the highest percentage of extra jobs and usually work evening watch. The surprise for this cluster is that they tend to have been married the most times and have a mean age of 33 years. They have an above average perception of the stressors of the job while having a fairly high stress occurrence experienced score. They are the most satisfied with their work and their burnout pattern is in the moderate range on all scales.

We had a difficult time labeling this cluster but came up with "separators." These officers tend to have many problems with multiple and extended families.

Cluster 5 (24% of the total sample, 146 officers), these officers tend to have an average occurrence of stressful on the job events while having a moderate perception of job stressors.

Descriptively these officers tend to be male, white, who have an extra job, tend to have gotten a high school equivalency diploma, divorced, morning watch, patrol officers who are 33 years old and have over 8 years on the job. They tend to have the least perceived conflict with their supervisor but also have the lowest personal accomplishment scores.

Again we had difficulty labeling this cluster but came up with "in between." In between a rock and a hard place, not having much of a sense of personal accomplishment with limited growth options within the bureau.

Finally Cluster 6 (103 officers, 17%) has the lowest occurrence of stressful occurrences on the job while having a low to moderate perception of job stressors. These officers have the longest tenure (12 years); are the oldest (37 years) and have the highest percentage of women. They tend to be black, do not usually take a second job (only 38%); are high school graduates, presently married and have been married the least times. This type has the lowest burnout scale scores but has the highest generic job satisfaction.

This cluster tend to be split between women and experienced veteran officers who tend to be both "steady and dependable."

Dialogue and Program Development

The next step in our consultative process was to set up individual meetings with the area or zone commanders to give them feedback from the results we obtained from the initial overall survey. At this individual meeting, we also had time to develop the clinical case examples of each of the types and their specific validity in each of the zones.

This proved to be very positive and rewarding experience for the zone commanders. They both appreciated the opportunity to individually discuss personnel management issues and also the focus on enhancing officer per-

formance before it developed into a problem.

As a result of these consultations, the commanders then individually began to develop management strategies to remedy their unique yet common situations. Their goal was to develop programs and procedures which would improve performance but also to short circuit some of the major ways which the different types inhibited their on the job performance.

They came up with many innovative strategies and techniques. For example, supervisory life event monitors, where supervisors monitored birthdays, days off, family illness, death and separation events. This monitoring would aid supervisors in understanding and dealing with possible problems (i.e. divorce, illness) before they got out of hand. The commanders also developed new roll call training modules which accented handling (both positively and negatively) officers coping with off the job pressures.

Utilizing a critical incident stress inoculation model, the commanders were utilizing the survey and clinical data as a management tool to both promote wellness and to promote proactive change.

One of the exciting parts of this educative process is that the developed innovations are usually substantial under the headings of good management style and techniques.

This process is still on going and commanders are now developing these new strategies and ways to evaluate their effectiveness. What's even more exciting, for us, is that this product provides a new role for the psychologist. This prospect gives a valuable new perspective to our role as police psychologists.

Summarizing, this paper outlined a process of management consultation which is currently being used by psychologists in a law enforcement setting to aid developing proactive educative management techniques for supervisor's to prevent the negative effects of police stress from inhibiting job performance.

ALTERNATIVES TO TRADITIONAL DISCIPLINE IN LAW ENFORCEMENT

S. A. Somodevilla, Ph.D.

Law enforcement has progressed in an almost geometric scale in the last several years. However, one aspect of law enforcement has remained archaic and regressive throughout the history of the profession and that is discipline as it is meted out to its members.

In the traditional approach to discipline law enforcement has typically used the following tools:

1. verbal reprimand
2. written reprimand
3. suspension
4. termination

Outside these strictly punitive means there have been few if any methods employed by law enforcement agencies to go beyond the punishment of its personnel when they violate departmental rules.

In early 1983 the Chief of Police of the Dallas Police Department created a Disciplinary Alternatives Committee to study the possibility of modernizing as well as humanizing the disciplinary process. This Committee was composed of representatives from all Bureaus and Divisions and involved officers of all ranks through captain, civilian employees and supervisors, and the police psychologist. The Committee was also racially balanced.

The first order of business was to canvass other Police Departments to find out what they were doing in this area. These departments included Houston, San Antonio, Kansas City, Atlanta, Denver, Baltimore, New York City, Miami, Los Angeles, and Philadelphia. The findings were quite consistent with our expectations: reprimands, suspensions, and terminations.

In evaluating our problem the Committee divided the disciplinary problems into three different categories:

Hardcore/Repeaters

These employees account for a large percentage of total complaints but they are a small number, probably fifteen to twenty out of a sworn population of 2100. These employees present a real problem for the department, and particularly the supervisors, because they seldom show any signs of changing their behavior. Usually they end up terminated or resigning during a serious complaint. Many, however, are so adept at walking the fine line between aggressive policing and sheer aggression that they "stick" for a long time.

Periodic

These employees receive complaints on a fairly regular basis but none that are really serious and no regular pattern can be identified.

Random

This is the category that most employees fall into. There is no regularity or pattern and most complaints are minor.

In 1974 the Dallas Police Department introduced a new method of dealing with disciplinary problems. This was the Behavioral Cause Investigation and it involves a referral to Psychological Services of officers involved in events where the Chief of Police feels that a behavioral/psychological problem may be a causative factor in the disciplinary inappropriateness. It is obvious that only a fraction of disciplinary problems would fall under this alternative (approximately six cases a year). We were left thus with a majority of disciplinary problems and the same old methods of dealing with them.

After several meetings of the Alternative Discipline Committee suggestions were generated to address the problem, these were:

Employee Relations Board

This suggestion involves creating a Board composed of peers of the same rank who would study the specifics of the violation, interview the Officer involved, and make a determination as to disciplinary action. This "jury of peers" would be selected by vote rather than appointed by Supervisors.

Probation

One of the options the Employee Relations Board would have is that of probated sentences in lieu of discipline. For example, the employee may receive a three day suspension probated for a year. If the year is completed without further incident, no suspension occurs. However, if a violation occurs within the probationary year the suspension would be doubled and served in addition to the new discipline.

Training

Another suggestion involves using extensive and specific training that would assist the officer in dealing with the problem area. The staff of the training academy agreed to work on this suggestion and reported that they indeed could provide remedial training when appropriate. This would include training in human relations such as dealing with minorities; assertiveness training; etc.

Off-Duty Work

This would allow officers to work their suspensions on their days off thus they would not be exposed to a financial loss as a result of several days without pay. This suggestion is presently being staffed by the Legal Liaison Division to insure that no infringement on personal rights and freedoms is involved.

Community Work

Similar to No. 4, this suggestion would allow the officer to work out the penalty through community work in an area mutually agreeable to the officer and the Department.

Supervision

It was the consensus of the committee that first line supervisors need to become more aggressive in the identification of problem areas in their subordinates and not wait until the problems become significant. Most problem

officers do develop over a period of time and in many cases early intervention may help prevent serious problems later on. Supervisors should be able and willing to intervene early and to this end a section on developing discipline problems will be added to the ongoing Supervisors' Seminar on recognizing signs of stress.

It is unfortunate but true that management skills are comparatively ignored in law enforcement. Early-stage problem officers are typically ignored until the problem becomes serious enough that a supervisor can transfer him/her or, more likely, terminate him/her. The loss in experience has to be significant year after year.

Some of these suggestions are still being evaluated by the administration and others are in the process of implementation. The one aspect that seems to be of utmost importance is that officers are given *OPTIONS*. This would afford them an opportunity to have a say in their discipline. Obviously there are some officers who may have to be terminated as a result of violations. These "Hardcore" may be beyond repair at this time, however there are many officers who can and should be helped to correct (unlearn) bad habits while they have not yet cemented themselves and become "second nature".

The Alternative Discipline Program is still in its infancy. We have been able to see a very positive attitude from officers regarding the fact that the administration of the Police Department is demonstrating a concern for them as people and this a good first step. There will be bugs in the system; but the alternative is loss of experienced officers through termination; potential civil and criminal litigation; and the possible destructive influence of the "Hardcores" on the younger, more inexperienced officers.

ORGANIZATIONAL HEALTH IN LAW ENFORCEMENT

Susan E. Walima, M.A.

Having begun one too many reports with the words "Introduction," or "Background and Statement of the Problem," I'd like just for fun, to begin this one with a story. It's plot is transparent, and it's point—to provide some painless history.

A True Story

Once upon a time many years ago, there was a young management consultant/O.D. practitioner. Me. Now, "O.D." meant "Organizational Development" and was not to be confused with overdoses of any kind, (although some people believed that any dose of O.D. was an overdoes...) But I digress. This consultant often had trouble explaining what she did for a living. Once, a taxi driver in rural Mississippi asked why a nice young lady like her was going off to a week-long business meeting in a remote resort with a group of aluminum plant managers. And she said that it was her job to improve their teamwork through things like better communication, clearer work planning, and more shared decision-making. "People are happier that way—and work better too," she said, warming up to the conversation and a risk-free opportunity to pontificate. "We could use you where I work," he said. Everybody said that to her, which felt good. It was nice to be needed. But the next question was always harder. "How do you *do* that?" he asked. Fortunately, the taxi had pulled to a stop at its destination and there was no time for an answer.

The driver wished her luck. That felt good too. A little luck in the O.D. business never hurt.

Years passed and the O.D. practitioner felt less and less dependent on luck and more and more secure with her tools. In fact, she began to feel like an artful mechanic in organizations; whatever was wrong, she could fix. She fixed broken relationships and autocratic management styles, useless appraisal systems and apathetic work groups. The more she fixed, the more she learned, and wanted to fix still more.

But one thing puzzled her. Whenever work organizations "tuned themselves up" with the help of O.D. tools, the individuals in them grew...healthier. They often stopped smoking, lost weight, had fewer headaches, ulcers and backaches, even took less days off. And that intrigued her.

Now as it happened, other people in her country had just begun to write about a great problem there: *stress* and how individuals could cope with its pervasive impact in their lives. Some of the more insightful writers said that the organizations people worked in were *causing* stress, and they proposed some solutions. But not many organizations were listening. If they did, they only nodded their corporate heads, required annual physicals and perhaps installed exercise and shower facilities.

The O.D. practitioner thought about the tools, and thought about all those people trying to stay healthy in unhealthy organizations, and she made a wish. She made a wish to find an organization wise enough and courageous enough and patient enough (for it would have to be all three to succeed) to try all her O.D. tools in a thorough effort to build both personal and organizational health.

And her wish came true.

Three and a half years later, the tools well worn from rigorous testing by wise, courageous, (but not always patient) police, she was asked once again to explain "How do you *do* what it is that you do? What is it really?" And even though wishes do come true, that answer still doesn't come easy. But I'll try.

Undercover O.D.

I am (surprise!) that O.D. practitioner, and have been fortunate to work as a consultant to the Palo Alto Police Department (Palo Alto, California) as well as other San Francisco Bay Area agencies, for the last 3½ years. However, I am reluctant, after years of calling my work *anything but O.D.*, to admit my identity as a long-time practitioner of same.

Organization Development has a questionable reputation among police (because of early teambuilding experiences based on overly-negative sensitivity training models, or naive trainers who tried inappropriate "touchy-feely" methods and then blamed their rejection on "up-tight" and "untrusting cops".) In my experience, O.D. technology has always been accepted as positive and productive (well, almost always...) so I feel obliged to present it as clearly and jargon-free as possible, emphasizing its practicality and workability. I'll err in the direction of nuts and bolts, recognizing that my theory

base may not always be apparent. It's nuts, bolts and results my clients want, not theory. I've come to feel strongly that theory without the expertise to bring about change in police lives is next to useless and even unfair. Police have been too-much-studied and too-little-served.

My purpose in writing this report is to:

- Offer a brief understanding of what O.S. is and how it can be used to build health and productivity for individuals and organizations.
- Identify five factors which organizations can manage to create such health and excellence.
- Share Palo Alto's experience so far, relating specific activities they've undertaken, and their results.
- Offer some advice to other agencies or helping professionals who might want to follow suit...

This Is Dedicated To You and You and You

There are three audiences I'd like to reach:

- Police administrators, who can support the kind of comprehensive work necessary to build healthy organizations, and who may want to start with themselves (it's lonely and stressful at the top!)
- Line Officers at all levels, to let them know they *can* impact their daily work lives. They are not powerless, as they sometimes believe.
- The helping professionals who may want to play an organizational change agent role in law enforcement.

So: What Is O.D. And What's It Good For?

Organizational Development is a system of theory and method designed to improve organizational functioning. Its purpose is to remove the blocks to personal and organizational effectiveness which exist in any work setting. It assumes that people work best, feel best, and grow as employees when they participate in decisions affecting their work. Simple enough, right? Wrong. The first challenge of O.D. is the skill-building required to make such participation viable and efficient. As any group knows which has tried participative decision-making, it can be enormously frustrating - unless and until the people involved master some not-so-basic skills:

- Accurate, active listening
- Succinct, to-the-point communication
- Systematic problem solving
- Giving and receiving feedback in productive ways
- Action planning and follow-through
- Group process (vs. task) management

In addition, there are often underlying attitudes which must be surfaced and changed. Many a participative manager has been stymied by employees who insist he/she just "*tell* them what to do." I remember an industrial chemicals plant manager who threw a sofa pillow across the room after hours of unsuccessfully trying to pull ideas out of his supervisors. (In that case, his explosive personality had something to do with their reticence and the incident was a breakthrough for discussion purposes!) For the employee, it can be scary to put forward one's own ideas, especially if they've met with ridicule, rejection or failure in the past. The fear of failure or looking foolish is a very common attitude which must be changed before participation can work. Both of these attitudes are common in the police culture, where the traditional paramilitary hierarchy valued following orders, and where "put-down" humor could be devastating to new ideas.

Another key attitude which can hinder participation is the supervisor or manager's belief that he/she must have all the answers. Most sergeants are promoted because they've been superior line officers (e.g., took control, handled things, didn't need assistance.) Suddenly as sergeants they're asked to delegate, plan, and develop people. First-line supervisors need to be *allowed* to change that attitude (management's responsibility) and they need the skill training to teach them to handle new and very different tasks.

On the most basic level, then, the O.D. consultant's job is about teaching those skills and surfacing those kinds of attitudes. *However, to teach the skills or discuss hindering attitudes without a context of organizational problem-solving doesn't work.* It is rejected as theory without a task base. What *does* work, for me anyway, is a process which goes like this, and which can be used flexibly in any setting, within any timeframe, and for any work effort:

1. People from a natural work group (in a police agency, it could be a patrol squad, a division, or a management team), with a "third party" helping professional, meet to discuss what gets in the way of their doing the best job possible. *Before* the meeting the third party will have interviewed all or a sample of

the participants, to identify major issues and to design an appropriate meeting strategy, setting and length. Depending on the issues, designing the meeting can take hours, or weeks.

2. Together, they learn how to solve problems and action plan solutions as a group, considering all available ideas and opinions. They tackle their priorities one by one, producing a written plan for each, showing *who will do what by when*.
3. In this problem-solving process, invariably the group has trouble because they lack one or more of the skills listed earlier. Only then is their problem-solving interrupted by the O.D. trainer for skill-building as needed. Generally the help is requested, if not demanded!
4. Almost always, the group decides it needs to change some of the typical ways they interact or work together. For example, they may decide to compete less and cooperate more, or cut back on the amount of destructive humor, etc. This is encouraged by the O.D. trainer as active management of the organization's culture.
5. The group returns to the workplace with their plan, monitors progress as well as additional problems that may arise. They meet again at a pre-set date to assess their progress and any need for further work.

This basic process can be used with or without outside help. Groups or individuals in early stages of organizational problem-solving tend to depend heavily on outside help; later they learn the skills the "outsider" brings and they carry on independently. That's O.D. success.

This process is also the basis for building personal and organizational success. Even though I have used it with groups from very diverse organizations, I am always amazed at the predictability with which certain issues come up, often in the same sequence. Perhaps because I have worked with other kinds of organizations (large, small, public and private), police people have many times asked me to make comparisons, and they are always reassured to know that their issues and problems are not very different after all. Police have been told so often how different they are, they need to know they are indeed part of the organizational human race!

Five Factors Common to Organizational Health and Personal Well-Being—And Not Coincidentally, the Reduction of Police Stress

Article after article, indeed entire books, have been written about the subject of police stress. And there is little disagreement that *something* should be done. But by now, officers have begun (understandably) to tire of the merry-go-around presentation of stress management techniques, most of which center on individual coping and ignore the organizational side of the equation. Those who have acknowledged organizational stressors either lay blame (and therefore responsibility for change) entirely with management, or call for sweeping police culture change without suggesting practical ways to do that.

I sympathize. Creating organizations which support rather than undermine individual health is a long-term and complex process. It requires commitment, knowledge and patience on the part of both management and line to succeed. But it's definitely possible. There are five key factors, which, if "tuned up," create healthy organizations. Here they are:

1. *Clarity of Responsibilities*. Do people understand and agree to what is expected of them? Do they have the opportunity to influence the responsibilities they assume? Are organizational goals as well as individual goals communicated in writing, and in clear behavioral terms?
2. *Quality and Timeliness of Performance Feedback*. Do people know, at all times, how they're doing? Is good performance acknowledged, as well as poor performance? Is the feedback as immediate as possible, and are improvement plans specific?
3. *Work Planning, Distribution and Support*. Is the work planned and distributed in a way that allows maximum predictability and control, and is perceived as fair? Do people have the necessary equipment and technical support to carry out their responsibilities?
4. *Interpersonal and Inter-unit Relationships*. Do individuals and work units "get along," helping and supporting one another? Is it acceptable to ask for help? Is conflict and disagreement handled directly and resolved?

5. *Management Style and Structure of the Organization.* Is the agency organized and run so as to allow people at all levels and in all assignments maximum participation and responsibility? Is change managed in a way that keeps people informed and involved? Is personal and professional growth encouraged? And are there viable ways to leave the organization, if one's career growth stops or life goals change?

A "yes" answer to each question will produce a healthy organization. A "no" answer in any *one* will produce an organization with less than maximum productivity, unnecessarily stressful conditions, and (count on it) troubled employees.

Palo Alto's Program To Create Organizational Health and Reduce Stress

In a report prepared for the IBM Company in 1980, I've written about these factors in greater detail, and specifically about what individuals, managers, and organizations can do about them. As an Appendix to this paper I've included a list of problem "symptoms" which one can look for in an organization to help diagnose which factor needs work.

But Palo Alto has done much more than diagnose, and I'd like to focus now on specific activities they've undertaken. First, however, it may be helpful to know why they are motivated to do so. The early impetus for stress reduction came from a number of stress disability retirements which were closely on two levels: monetarily for the City and emotionally for all the people involved. A disability process can be terribly stressful in itself. Early attention to problems, and their prevention, seemed a better alternative for everyone.

In the summer of 1980, the department hired an intern from the Harvard Master's in Public Policy Program to determine the major sources of stress within the department and to develop program options to alleviate stress. The intern reported that the major themes in all her meetings with department personnel revolved around organizational communication. She wrote an excellent diagnosis, from which I'll extract key points:

- "The major sources of stress are perceived as resulting from the ways in which the informal and formal structure, policies, procedures and character of the department act to inhibit effective com-

munication. Because facts are not communicated clearly, the rumor mill is able to distort information. The resulting misinformation is seen as straining relationships between levels of the department, between divisions and between individuals.

- Information that could improve job performance is also not conveyed in an unambiguous, clear fashion. In addition, the goals of the department are seen differently by different levels. Actions that one level sees as legitimate are not seen as legitimate by another level because justification of goals and related policies are not communicated effectively.
- Constructive communication regarding job performance is also thought to be lacking. Criticism from the public and from one's superiors and peers is perceived as overwhelming. It eats away at one's self-esteem. Most people felt that more formal and informal "pats on the back" are needed to balance this criticism. In addition, they believe that praise, not criticism, motivates them to do a good job. When someone receives praise for the way a situation was handled, he/she can also use that behavior as a model for the future. Without that praise or without suggestions for ways to improve, many personnel feel that they are in limbo—they really have no way of gauging their job performance.
- Line personnel want participation in order to utilize their abilities. Management personnel have expressed interest in spending more time with line personnel but feel that their current workload leaves them without the time to do so. Many staff members would also like to encourage line personnel to take more responsibility for solving problems. There also seems to be a need for assurance of timely implementation of these solutions. When the solutions are not implemented right away, people involved in designing the remedies say that they feel that their efforts have been wasted, and they are less willing to participate in the future."

Sound familiar? Palo Alto's searching self-appraisal turned up what one would find in virtually any organization. What amazes me still, is how clear the patterns of organizational problems are, and how little is systematically done about them in our culture. However, Palo Alto has a standard of excellence seen in few organizations, and they decided to do a *big* something about standard problems. The Harvard study resulted in City approval of a plan to hire a "Health Resources Coordinator" to design, implement and evaluate an 18-month trial program.

A Marathon Search and Hiring Process

In late 1980 a national effort to attract candidates for this position was begun. Advertising reached several professional groups: clinical psychologists, health administrators, organization development professionals and government program analysts/administrators. Over 200 people responded. The hiring process required three months and the involvement of 50-60 department personnel at all levels. It was felt that to succeed, the program (and its coordinator) would have to overcome significant organizational resistance and skepticism, so broad PAPD involvement was necessary in the selection process to assure support at all levels. The process was thorough and well-managed, culminating in a two-day assessment center completed by six final candidates. Two were hired, when it became apparent that no *one* candidate could meet the multiple needs identified, and several candidates expressed a preference for job-sharing to protect other consulting commitments. I was hired, along with a clinical psychologist trained in individual stress management. It was thought that we two would cover all the organizational bases and complement one another's skills.

Evolution of a Successful Program and Hard Lessons Learned

The hard lessons began immediately, and tragically. On my second day of work, I learned that an off-duty officer had attempted suicide. He was in critical condition in a nearby hospital. Twelve years of work with people in work settings had prepared me for a wide range of helping interventions, but none so demanding and immediate as this. And as it happened, my clinically-trained partner wasn't there. That afternoon the patrol banter outside my office was suddenly, then increasingly replaced by low, urgent voices. I heard a name I recognized from a conversation I'd had the day before when we'd asked if there were any officers facing an unusual amount of stress or pressure. In a role that had only begun to define itself, I started to work with the "organization" as

a collection of feeling, reacting people. I'll never forget the faces and conversation of the next several hours:

...The senior manager who had expected to hear from the officer that day, hadn't, and worried that he should have followed up.

...The acting Watch Commander who crisply but with great kindness called in a patrol officer, the injured officer's best friend, asked him to change clothes and go to the hospital to be with the family.

...That young officer, who offered to give me a ride to the hospital, and when I said I'd drive myself, gave me very careful directions because I was new to the area.

...The Chief, who, when I asked in the hospital waiting room how he was feeling, said he was "OK," and later told me he had wanted to cry.

...A silent parade of people I didn't know yet, one of whom said the hospital reminded him of his mother's recent death, and if he were the officer's family, he wouldn't want so many people around.

...And many hours later, the same young officer who had offered me a ride, carrying the friend's boots out to this own car, and telling me to drive home safely.

The next day, several people said it was a shame I hadn't been hired sooner. There was both cynicism and hope in that remark. Cynicism, I suppose, that the law enforcement community does too little too late to prevent individual problems. But more important, the hope that the same community *could* buffer the stresses of police work, *could* be a positive source of strength, human support, and self-esteem.

The Palo Alto Police Chief, management staff and line personnel have demonstrated that hope—even certainty—over the last 3½ years in what began as a trial program and now may be the country's only comprehensive, long-term effort to reduce organizational sources of stress in police life. For me, working in law enforcement has called for the most diverse and challenging application of organizational consulting skills in my personal history. It has also required that I draw more deeply from my own inner resources, particularly when working with individuals facing a personal or work crisis or when officers have talked through an upsetting policework incident, and I have grown a great deal.

I learned, for example, to make myself immediately available to people who show up at my door asking if I "have a minute," or who call asking if they can see me

"sometime today." Perhaps the greatest difference from my former practice has been this on-site availability to people when they need it. No appointments to make with strangers, and no delays. A colleague once told me that in 13 years of private practice as a therapist, she had never seen a suicidal client. I have seen several in three years, and I believe it is the on-site immediacy which allowed them to come. (They are alive and well, I would add.) Two were non-sworn personnel, they very people in law enforcement agencies most neglected, undervalued, and often highly stressed as a result.

More Lessons

My first partner and I learned very early that some things worked and some things didn't. What worked was responding to people's *felt* and *expressed* needs, rather than developing a program and "selling" it. When we developed two nifty surveys and insisted everyone complete them, they did (under orders...) but they weren't the slightest bit interested in our results. On the other hand, when we sat down with groups of people and let them talk about what was on their minds, we were able to help solve their problems, and more people came forward to talk as a result.

My partner learned the hardest lesson, however. He found that his skills in teaching individual stress management techniques were not being utilized; in fact they were rather resoundingly rejected as too "far out." Even officers who were regular meditators, for example, wouldn't support the use of such methods *in* the station, particularly in group settings. So my partner and the organization had a parting of the ways after about a year. I continued alone until July of 1983, when we selected a new partner who has been very successful. Ellen Kirschman has brought clinical training and experience with police to the program.

Finally, What It Is We Really Do

The fourteen-point program that follows has evolved as the way this organization uses helping professionals to minimize organizationally-caused stress. The fourteen points also make up the contract document under which the program functions. For each point, I'll give an example or two (disguised to protect confidentiality, but nevertheless typical.) Here, then, are fourteen ways to make a difference:

Provide counseling and/or make referrals for individuals experiencing high stress.

I generally see people who want help with a work situation but it is not at all uncommon to find personal

problems exacerbating the work problem. For example, I have seen many people whose marriages, families or special relationships were facing trouble. It is a very common source of personal stress which affects work performance. I use Rogerian active listening combined with a search for immediate coping strategies. The effect seems to be one of relief that there is someone to talk to who allows one to "think out loud" and who clearly cares. Referrals are made for people who request one or when a situation requires immediate and/or long-term professional attention, as was the case with the potential suicides mentioned earlier. In such an instance, I will follow-up with the person in a few days to make sure the connection has been made and to see how things are going.

Provide Conflict Resolution for Individuals and Groups.

Conflict is a necessary part of organizational life. People must be able to disagree or new ideas would never emerge. However, when disagreement escalates to ongoing conflict, the people or groups involved need third party help. I've been asked to resolve disputes between competing peers supervisors and their employees, and entire divisions. The subjects of dispute have been as diverse as inappropriate competition over tasks, to racism and sexism issues. Most important in conflict resolution work is the ultimate transfer of those skills to the individuals and the organization as a whole, so that future conflict can be worked through without the third party.

Identify Sources of Organizational Stress and Consult With Work Units and Individual managers to Resolve Them.

A small book could be written about this part of the program, particularly about *how* the sources of stress are identified. I have learned to think of myself as never "off duty," in that *anything* I see or hear may become part of an identified pattern creating stress. Obviously, I pay close attention to each of the five factors mentioned earlier, and bring to management's attention anything they need to do to correct a troublesome trend. For example, so many people told me they needed clearer feedback on their work performance, and particularly *praise*, that I designed and conducted training in performance appraisal during the second month of the program. All sergeants were trained in how to prepare for and conduct a performance appraisal, and in how to give behavior-based feedback in a constructive manner. Because of turnover and promotions, the sergeants were recently retrained because many of the current group were new. Officers afterward reported that their appraisals were more useful and instructive.

Another typical approach to this goal has been to conduct off-site teambuilding with work units in which they have identified the sources of stress in their worklives, and have planned together how to minimize them. A secondary benefit has been the creation of closer working relationships which buffer future stressors.

Monitor Organizational Change to Assure Involvement and Information for All Those Affected.

We know from stress research that the nature and frequency of organizational change is a major determinant of the stress people feel. In a dynamic and innovative organization, change is a way of life. The best buffers are information and involvement. Palo Alto, like many police agencies, has recently begun to use computer-aided crime analysis to identify crime trends and direct both patrol and investigative resources toward the apprehension of career criminals. Recognizing that this change could make a significant difference in the way the department was run, Chief Jim Zurcher asked me to help design ways for all the department's personnel to influence and shape the change process. Over the last 2½ years, an unprecedented series of meetings have occurred which brought together as many as six organizational levels to decide such questions as: What do line people need from management in order to make this change as smoothly as possible? What should the department's priorities be? How can line officers have more control over how they spend their time? How can sergeants give line officers the support they need to be pro-active in fighting crime? Even such apparently mundane tasks as the development of new crime report forms were given to task teams of patrol officers who volunteered. And we have used *this* change process to instruct the organization in how change can be productively managed in the future to avoid unnecessary stress.

Monitor Management Decisions With Regard to Their Stress Impact, Search for Implementation Methods Which Minimize The Stressful Impact, and Advise Management Staff.

This is otherwise known as sticking one's nose in another's business, but our managers report that they actually *like* having an "organizational conscience." or someone who will collar them in the hallway and tell them what they're about to do (or have already done) may cause unnecessary trouble for themselves or others. We are free to attend management staff meetings and regularly "stop the music" when something strikes us wrong. New general orders, for example, are more smoothly implemented when we have suggested ways to

introduce them which allows people to question the reasoning behind them, offer modifications, etc.

Train FTO's, Supervisors, and Managers in Communication, Problem-Solving, Conflict Resolution, and Supervisory Skills Which Can Minimize Stress for Employees.

Again, stress research tells us that besides organizational change, it is the style and skill of one's immediate supervisor which most determines stress levels for employees. We train everyone in supervisory and management positions to recognize how they may be creating stress in their work units. These people are also encouraged to ask for feedback from their employees regarding how their style affects stress. During the first year of the program, the Chief set a fine example by asking me to interview each of his managers to learn how he may have been creating stress for them. The interviews were confidential, and culminated in a 20-page written report about the Chief's style and what he could personally do to minimize stress. The management staff reviewed the report prior to his seeing it, then decided to forward it exactly as written to give him the feedback he's requested. Since Yours Truly did the writing, I also led the meeting in which the report was discussed by the Chief with his staff. Decisions were made for change, and in an extraordinary gesture of openness, (or perhaps because the grapevine is so successful in police agencies) he decided to make the document available to anyone in the organization who was interested in it.

Advise Individual Managers on Stress-Producing Practices and Events Within Their Units.

This is similar to point 5 except it focuses on individual managers and the way they work with their divisions. We learn about organizational goings-on in a variety of ways and not uncommonly from line people who bring us their problems and complaints. I have occasionally been directed to work with a division, when too many such complaints indicated a management problem, but more often it is the manager him-herself who requests help in problem-solving efforts.

Educate All PAPD Personnel in the Range of Stress Reduction/Health Enhancement Techniques Available in the Palo Alto Area, and Encourage Their Use.

This goal is largely accomplished without our direct intervention because of the aggressive marketing of stress reduction resources in the San Francisco Bay Area. We do, however, refer individuals with specific interest or needs to appropriate resources ranging from aerobics

classes to progressive relaxation and biofeedback programs.

Design and Facilitate Team-Building and Problem Solving Meetings for Managers and Their Work Units.

Emphasis here is on the design and facilitation of productive meetings, which may cover very diverse topics. The purpose of such design and facilitation is to assure that everyone has a chance to be heard, that the meetings run smoothly, stay on track, and produce the desired results within a pre-set timeframe. I am also free to invite myself into any meeting dealing with a topic with stress impact, where I may both facilitate the meeting and help see that the stress content is adequately dealt with.

Teach PAPD Personnel How to Design and Facilitate Problem-Solving Meetings.

Having this responsibility included in the program felt like a major victory for me. The organization would have preferred that I facilitate *ad finitum* at all the meetings to which I was a party. I argued instead they they should learn to do this for themselves. With a little help from some managers, sergeants, and line people who recognized that facilitation skills could help their careers, I won. Now there is a growing cadre of people at all levels who can design and lead meetings very well.

Sponsor Special Events or Workshops Related to Personal and Organizational Health.

This is a new goal, and unrelated to the training workshops we conduct on topics from learning/teaching styles in the FTO program to management by objectives. Some special events we're thinking about include in-house biofeedback experimentation, and a proposed get-together for new recruits about to enter the academy and their spouses. The purpose of the latter will be to talk over some of the stress to be expected during academy-time, and to build a support network among the recruits and their spouses. The idea, tested in other agencies but new to Palo Alto, so far has wide support. Biofeedback may be another story, but I'm hoping to interest police meditators in EEG biofeedback as a way to begin.

Assist in Program Evaluation as it Relates to Personal and Organizational Health.

Thus far the program has been evaluated in the best informal way I know: by asking our users how helpful we have been, through word-of-mouth endorsement of

our credibility, and staying very busy meeting requests for service. Still, it would be nice to be able to do more formal evaluation, and we are looking at ways to do that.

Maintain a Health-Related Bulletin Board and a Library of Health-Related Materials Available for Use By All Employees.

Our officers are directly across from the patrol briefing room and just down the hall from the cafeteria, so the traffic pattern passes our bulletin board constantly. On it are newscippings, cartoons, journal articles, program and course announcements, and anything else we think may interest our folks. Articles regularly disappear to be read in private, and reappear dog-eared for future readers. I keep a library of organizational stress-related books which I loan, but more popular are career development and life planning materials which I've also made available. Relaxation and "Anger at Work" tapes have also been useful to people.

Provide Career Counseling and Life Assessment Guidance For Individuals.

Don't let this last number on the list fool you. This service is much in demand, particularly since word is out that we have successfully helped people define new career goals for themselves (including leaving the police world for private industry) and they have Made It in the Great Outside World. Police sometimes believe they have no career options other than positions in the security field. Having worked in private industry for some time, I knew the people I saw at Palo Alto could do well in other environments, told them so, and helped them leave when they wanted to. Most recently, an officer whose interests had shifted away from law enforcement brought me this resume to review, and I noted that he had "hidden" the fact he was a police officer on the last page, bottom line. He explained that he'd been advised to do so, that no one would be interested in him if they knew he was a cop. I argued that they would be more distrustful if it looked as though he were hiding the fact, and that his skills and proven management ability would speak for themselves. Happy ending. He got the job he wanted in a high-tech industry as a second-line manager. The other happy ending is that he is one of several well-regarded Palo Alto police who have left with the organization's good wishes to pursue other careers. For officers feeling trapped or wanting change, this offers hope for new options, and in a broader sense, can begin to teach other organizations that police are attractive job candidates.

An Ending and Ways to Begin

These pages cover just a sample of what Palo Alto has done. For other agencies who might like to compare notes or similarly experiment, we'd be pleased to share

with you more of what we've learned. My police colleagues in Palo alto would be well. For anybody out there who's ready to begin change-agenting, I wish you luck. It never hurts in the O.D. business.

APPENDIX

FIVE FACTORS COMMON TO ORGANIZATIONAL AND INDIVIDUAL HEALTH (AND SOME PROBLEM SYMPTOMS)

1. *Clarity of Responsibilities. Do people understand and agree to what is expected of them? If not, you may see:*

In the organization

Misdirected activity. Overlapping activity. Low morale. Low level of motivation. Confusion or conflict over priorities. Over-dependence on management for direction. Inactivity in manager's absence. Little initiative or creativity. Performance appraisal considered a waste of time, or simply for salary structure purposes.

In the individual

Anxiety and/or confusion about how they're doing and over what they should be doing. Overdependence on supervisor for direction. No sense of their contribution. Complaints of being left out, suspicious, resentment of others. Performance appraisal or MBO system regarded as "paperwork" and filed away. No sense of priorities. Poor crisis management. Absenteeism.

2. *Quality and Timeliness of Performance Feedback. Do people know how they're doing and is feedback clear and behavior-based? If not, you may see:*

Mistakes and non-productive behavior patterns repeated. Successes not recognized or rewarded. Consequent frustration. Low morale. Low commitment to results. Low productivity. Misunderstanding of what represents good work. Supervisory avoidance of performance appraisal. Complaints following performance appraisal.

Anxiety over how they're doing. Excessive need for approval. Mistakes repeated. Complaints on non-recognition. Excessive salary comparisons. Preoccupation with status and standing in the group. Inappropriate lack of confidence in good performers or unrealistic expectations in poorer performers.

3. *Work Planning, Distribution and Support. Is the work planned and distributed in a way that allows maximum predictability and control, and is perceived as fair? If not, you may see:*

"Fighting fires" instead of working from a plan. People waiting to be told what to do; little pro-action. Little initiative. Poor crisis management. Poor time management. Unit functioning well in manager's absence. Work imbalance—some people doing too much, others too little. Conflict over this. Deadlines chronically missed. Last minute "surprises" and crises. Frequent unplanned overtime—resulting complaints and stress.

Stress complaints and illnesses. No sense of control over work. Little sense of accomplishment. Complaints of unfairness or unexpressed resentment. Withdrawal in quiet members. Overwork in compulsive individuals. Poor individual time management. Misunderstanding of priorities. Grievances and complaints.

4. *Interpersonal and Inter-Unit Relationships. Do people and work units get along, communicate well, helping and supporting one another? Is conflict and disagreement handled directly and resolved? If not, you may see:*

Bickering. Blaming. Little cooperation. Sarcastic humor. Excessive competition. Guarding of information. Vying for power. Back-stabbing. Low level of risk-taking for fear of failure and exposure. Superficial cooperation, sometimes masking sabotage efforts. "Strong" (vocal) members dominating—quiet members withdrawing. Low level participation and input in important decisions.

Inability or refusal to work with another person. Excessive complaints to Personnel Department or supervisor. Grievances. Sulking or withdrawal. Grudges. "Getting even." Stress complaints, illness and absenteeism. Emotional flare-ups or depression. Excessive time spent in gathering support for one's point of view.

5. *Management Style and Structure of the Organization. Is the agency organized and run so as to allow people at all levels maximum participation and responsibility? If not, you may see:*

"By the book" behavior. Low level creativity. Excessive "yes-men." Decisions taking too long to implement. Activities getting lost in the organization. Complaints of monotonous work, low level of challenge and responsibility. High-potential people leaving the company for better opportunities. Low level accountability for results. Problems shunted from one unit to another. Classes or levels of employees chronically underutilized.

Complaints of non-involvement in important decisions. Apathy and low morale. High potential going untapped. Over-dependence on manager for direction. Appearance of busy-ness with low actual output. Complaints that job doesn't allow any growth. Dead-ended employees. Low level sense of personal responsibility for career growth. Frequent conflict between subordinate and supervisor. Little confidence expressed in management. In middle managers, excessive role ambiguity.

SECTION FOUR
PSYCHOLOGICAL SERVICES

CONFIDENTIALITY WHEN THE POLICE PSYCHOLOGIST IS EVALUATOR AND CAREGIVING PRACTITIONER

Eloise M. Archibald, Ph.D.

In recent years interest in the field of police psychology has been growing rapidly. Testaments to this are the newly formed section of police psychology in Division 18 of the American Psychological Association, the International Society of Police and Criminal Psychology, and the FBI sponsored symposium on police psychology held in September, 1984, which drew experts in the field from all over the United States as well as other countries. Certainly police psychology has come a long way from 1968 when Martin Reiser became the Los Angeles Police Dept.'s in-house psychologist on a full-time basis (Reiser, 1972). It is generally accepted that this event marked the beginning of police psychology.

As with all fields that are new and still very much growing and developing, the practice of police psychology raises many questions to which there are as yet no clear, definitive answers. This paper discusses one of the problems of being a police psychologist who is primarily a psychological evaluator for police department administration but who is also expected to be caregiving practitioner for the employee of that same department when the need arises, i.e. the problem of confidentiality. It is based on the author's experiences as a full-time in-house psychologist for the New York City Police Dept. (N.Y.P.D.).

The police psychologist who finds him/herself in the position of primarily acting as an evaluator of employees who are suspected of having emotional problems has a very difficult job indeed. Not only must the psychologist have excellent evaluative and diagnostic skills but he/she must often be prepared to make recommendations regarding the employee's work status, e.g., can this employee continue to work on the streets in a patrol assignment given the psychological problems which are present. In order to make appropriate recommendations, the psychologist must be familiar with police work in general and the particular duties of the individual being evaluated as well as with the performance standards of the police organization involved. However, as difficult as this job is it becomes even more so when the psychologist has an additional duty of being a caregiving clinician to employees. In the N.Y.P.D. this second function takes the form of providing crisis intervention and,

at times, ongoing short term psychotherapy to employees. Therapeutic interactions also occur indirectly and in a less defined way when the police psychologist is the first mental health professional to see the distressed employee and then spends several hours doing an "evaluation" for the administration. Even though for ethical reasons relating to confidentiality it should have been explicitly explained to the employee that the interaction has this evaluative and not a therapeutic purpose, in reality such a clear division between evaluation and therapy cannot exist (MacKinnon & Michels, 1971). Even in a relatively brief interview between the psychologist and employee something therapeutic or non-therapeutic can occur.

The question can legitimately be raised as to why a police department would want to have the same in-house psychologist perform the two functions of mandated work-status evaluations and treatment. There may be several reasons. First, a police department is a close-knit organization that often has an "us- and-them" attitude towards the rest of society. It is not surprising then to perceive a "we-take-care-of-our-own" attitude. In other words, if a member of the department is in need of help, there is an expectation that the department will take care of the officer. If the need is psychological, there is an expectation that the police psychologist will help whether it be to tell the department what is wrong with the officer or to treat the officer.

A second, related, idea is that the police department psychologist will know and understand better police officers, police work, department policies, etc. and, so, is the best person to both evaluate and treat the officer.

A third reason why a department might want their police psychologists to perform dual roles could be a feeling among the department administrators that it is more cost effective. That is, if they are paying a yearly salary to a psychologist why not use him/her for all the department's needs. "If we have these in-house shrinks, why do we have to go outside for treatment (or evaluations, etc.)?"

Regardless of the police organization's reasons for giving the police psychologist two roles, as one would expect this situation greatly affects the relationship between the police psychologist and the officers he/she sees.

The main problem arises around the area of confidentiality. Because the primary function of an N.Y.P.D. police psychologist is to evaluate the police officer for the police organization this must be explained to the employee (Reiser, 1972, 1982). He or she must also be told that nothing discussed in the interview is "off the record" and that a report of the psychological findings will be made available to the Department administration. In the case where a police officer and not the administration has requested the evaluation, a limited kind of confidentiality exists. Before the interview, the employee is told that if his/her problems are judged by the psychologist to be serious enough to warrant administrative intervention, confidentiality will not exist. However, if in these self-referred cases, the psychologist does not find it necessary to make an administrative intervention, e.g. remove firearms, change a work assignment, then the Department administration will not be informed about the evaluation. At this point, the employee may choose to seek a private consultation with a psychologist not employed by the police department rather than risk loss of confidentiality.

From an ethical standpoint, it is necessary to inform the employee of any limits on confidentiality. The psychologist clearly wants to avoid a situation where after a lengthy interview with a very open employee, he/she tells the employee that the psychological report to the administration will be forthcoming and the horrified employee says, "What report? You're a psychologist so I thought this was confidential."

Some may argue that by announcing at the start of an interview that a totally confidential relationship does not exist, that it will be impossible to establish rapport with the officer and he/she will be unwilling to talk. Probably every clinician will agree that without a certain amount of rapport the psychologist will never get the information necessary to properly evaluate the employee and thus be able to make recommendations which are worthwhile and helpful to both the police organization and the employee. An example is the police officer suspected of depression who is referred to the psychologist for evaluation by a concerned supervisor. The supervisor had noticed the officer to look "down-in-the-dumps". Here the police organization must know if the police officer is so depressed as to make a change of work assignment and/or a removal of firearms necessary, etc. However, the police psychologist will also want to know the exact nature of the officer's problem so that not only administrative but therapeutic recommendations can be made. Granted, establishing rapport with someone being seen in a mandated evaluation is difficult. Still, any argument that the officer should not be informed of the limits of confidentiality is without merit. Such behavior would be clearly unethical according to the American Psychological Association's Ethical Principles of Psychologists

(1981). In addition, the attitude of the police psychologist plays a large part in whether rapport can be established. If the police psychologist can communicate verbally or non-verbally a genuine concern about the employee, he/she is more likely to obtain open and honest answers to questions and so be better able to conduct an evaluation beneficial to both administration and employee.

Confidentiality becomes an extra sensitive problem when a police officer is referred for a psychological evaluation because of certain charges leveled against him/her, e.g. spousebeating or brutality towards the public. Here the officer is simultaneously involved in a police investigation for the same reason he/she is being psychologically evaluated. To honestly discuss the issue with the police psychologist can be equivalent to making a confession and not to discuss it can make the whole evaluation pointless. There is no clear answer to this dilemma. The police organization could choose to wait until the administrative/disciplinary case is settled before referring the employee to the psychologist but there are arguments against this. Disciplinary cases can take months or longer to settle, meanwhile a troubled employee might continue to spouse abuse, etc. whereas psychological evaluation might lead to treatment and, perhaps, a resolution of the problem. Another argument against delaying the evaluation is that the administration may want a recommendation from the psychologist regarding competency to stand trial or whether leniency should be used in selecting punishment, etc. Again, there is no clear solution to the problem of the employee who also faces disciplinary action. Often the psychologist must try to do as thorough an evaluation as possible without having full information on the referring incident from the employee. (For example, in the case of the officer accused of spouse abuse one is often limited to looking for other evidence of violent tendencies in the individual. This type of evaluation is not totally satisfactory but at times is the best that can be done until the disciplinary case is settled and the police officer feels freer to be open.) With regard to treatment, it is the opinion of the author that in these disciplinary cases, the treatment should occur with a clinician not employed by the police organization in order to provide greater confidentiality. Whereas in other types of cases, an officer being open with an in-house psychologist would not result in the officer being disciplined or even fired, in cases where the officer may have violated department regulations or broken the law this might very well be the result. In order to avoid merely being the disciplinary arm of the department or engaging in fruitless therapeutic efforts where the main purpose for seeking help is never addressed, the psychologist should explain to the police administration that such cases must be treated by clinicians not responsible for reporting back to the department. (The latter issue will become increasingly important as illegal drugs use by police

officers become a more visible problem. Many police departments severely discipline rather than treat officers using illegal drugs.)

Another issue which the police psychologist must deal with is that of deciding what information is necessary for the police organization to know about the referred employee. In a typical evaluation, the psychologist will obtain much more information than that which directly relates to the employee's job. However, some of this information, e.g. ongoing marital problems, may have an effect on job performance and so be relevant. In writing reports to administration, the psychologist must constantly make decisions about what the organization needs to know. The American Psychological Association's Ethical Principles of Psychologists (1981) states that only information pertinent to the evaluation should be included in written and oral reports on employees. The distinction between what is necessary or unnecessary for the administration to know is not always clear and is a problem the psychologist can never stop struggling with in fairness to the organization who is the employer and the police officer who is entitled to some privacy.

A more subtle problem with confidentiality arises when an officer has seen non-department psychotherapist or been hospitalized for emotional problems. In such cases it would benefit the police psychologist in evaluating the officer if he/she could have a report from the therapist or the hospital records. In order to obtain these, however, the officer would need to give the private therapist/hospital a signed release. The problem arises when the department has paid for the outside treatment (e.g. through a fund for needy officers) and yet the officer will not give consent for information to be released to the department. Here, again, as mentioned earlier, serious problems and misunderstandings can be avoided by clarifying with the officer before treatment begins if his/her rights to confidentiality is limited by accepting treatment funds from the department.

In summary, the problems of confidentiality faced by a psychologist employed by a police department are dif-

ficult ones. It should be obvious that a crucial part of the solution is for the psychologist to clearly define his/her role before accepting this employment. Is the psychologist primarily there to serve the agency or the individual officers? In the case where the psychologist is primarily an evaluator for the agency with brief therapeutic interventions a secondary function it must be understood by all—psychologist, police agency, police officer—who the client is. If, as is the author's case at N.Y.P.D., the agency is the client, then the officer must always be made aware of the limits on confidentiality. (If, on the other hand, the police officer is the client, then the police agency must be forewarned that although it pays the psychologist's salary it is not entitled to information on the officer.) Because the field of police psychology is a new one, ethical dilemmas will continually arise which as yet have no clear solutions. The individual psychologist with the assistance of colleagues will have to struggle for answers. Certainly, as more police departments hire psychologists with an interest in confronting these difficult and sensitive issues, the field of police psychology will grow and develop, thus benefiting the psychologist, police agencies and police officers.

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MANAGING THE DIRECTED REFERRAL

John P. Berberich, Ph.D.

Psychologists who provide services to law enforcement agencies are sometimes referred veteran officers under conditions that require a psychological evaluation and written report to the agency. The author has been involved in more than three hundred such directed referrals both as Department Psychologist on an employee basis as well as in a consultant's role to a number of local, state and federal agencies. Reasons for these referrals have included post-shooting trauma, problems with the public (e.g. excessive use of force, verbal abuse, inappropriate behavior with female citizens), alcohol and drug abuse problems, petty theft, obvious psychological difficulties (fearfulness, anger, depression, delusional reasoning processes, inappropriate sexual behavior), lack of motivation and a variety of other reasons.

When an already employed officer is referred for psychological evaluation, the referring agency accepts additional legal responsibility for the officer's behavior. That is, the agency acknowledges, by virtue of the referral, that it knows that the officer is having difficulties which might impact performance of duties. It is the author's understanding that such a referral can place the agency into the position of so-called "vicarious liability" with reference to issues of assignment, training, retention, etc., if the officer performs inappropriately subsequent to the referral. Thus, when a psychologist accepts a directed referral, he/she is almost always asked to assess the officer's psychological fitness to perform within his/her chosen occupation. It is by asking the question of "psychological fitness" that the referring agency cover its legal responsibilities. At the same time the psychologist comes to be in a position of considerable power and impact in the life of the officer.

Aside from the issue of psychological fitness, the most frequently occurring referral questions the author has dealt with have to do with with requests for impressions as to need for treatment and for recommendations to management as to how to deal with the officer (e.g. where he/she should be assigned, need for time off from duty). Only infrequently has the author been asked to assist administration in determining what kind of discipline would be appropriate in a particular case. It has been the position of the author that referrals which request recommendations for the assignment of discipline generally create a serious conflict in roles. The author has

refused to provide recommendations for discipline.

Directed referrals contain possibilities for case management issues that deserve prior attention. Some of the most frequent issues experienced by the author are discussed below.

Role of the Psychologist

The author has held several staff (advisory) and operations (line) positions. It would appear that the role of psychological consultant in a law enforcement agency is most often a staff role. Most law enforcement agencies are loath to give up operational management responsibility to non-commissioned individuals. Interestingly, most directed referrals contain an implied message that the psychologist should "take care" of this officer who has somehow become a management problem. That is, there is often a desire by the agency to refer the officer via a telephone call to the psychologist, or, in some instances to order the officer to contact the psychologist "or else." This latter kind of referral is often followed by a request by administration to the psychologist to "tell us if he came to see you, what's wrong with him?, what should we do with him?" etc. Of course, the psychologist cannot divulge such information because his client has the right of confidentiality. Significant problems can follow. For example, the officer might be pressured to release the psychologist from the restrictions of confidentiality when this was not understood by the officer at the time of the referral. Issues of privacy come to the fore and considerable anger and frustration can result.

Because of such kinds of problems, the author has developed a general rule for managing directed referrals. Whenever a supervisor or administrator seeks to refer an officer, the author requests that someone in an administrative or supervisory relationship to the officer come in with the officer on the first meeting. In this way, the agency's concerns can be clearly presented together with the the referral questions being asked of the psychologist. This initial meeting also allows for the sharing of viewpoints, statements of differences, and for questions to be asked. Everyone starts off with the same general information. Additionally, the referring agency has taken steps to show its concern about the officer, not only administratively but personally by taking the time and effort to

make sure that the officer is well informed as to his/her situation. This removes a good deal of the natural "paranoia" and defensiveness that goes along with such a referral. But most importantly in the author's view, this approach maintains the psychologist's STAFF role (as evaluator/advisor) and underlines the supervisory/administrative LINE role as it relates to directing the officer to be evaluated by the psychologist.

During this first meeting the author seeks to understand why the referral is being made, whether the officer's job is in jeopardy, what will happen if the behavior of concern continues, what are the exact referral questions, what written information does the department have regarding the problem behavior (hopefully, all of the written information will be available to the psychologist), whether the officer is having any other difficulties (e.g. complaints, lawsuits, internal investigations). All of these questions are asked during the time that the referring supervisor/administrator is present.

After the supervisor/administrator has left, the author encourages the officer to discuss his/her feelings about being referred and to ask any questions he/she might have regarding the referral. It is again made clear to the officer that confidentiality can not be a part of the evaluation and that before the evaluation will begin, the officer is requested to sign a release of information allowing the author to write a letter to the referring administrator (e.g. the Chief of Police, Sheriff, or other administrator involved in the referral). The officer is also advised that a copy of the letter will be sent to him/her. This second part of the first interview is designed to clarify personal feelings of the officer that are more easily discussed without the supervisor/administrator being present. This also allows the author to further develop his staff relationship not only with administration but also with the officer.

Attitude of the Officer

As one might imagine, officers who are referred for psychological evaluations to assess "fitness" do not approach such an evaluation happily. It is the author's experience that such evaluations benefit from the psychologist being very open and direct with the officer throughout the evaluation. This decreases suspiciousness and guardedness on the part of the officer being evaluated and allows the psychologist to collect the data that are needed to answer the referral questions. There have been very few occasions where guardedness and hostility have persisted throughout the evaluation. Most officers come to see that the psychologist is not attempting to cause problems but rather to understand the entire situation so as to be of service in solving problems. Perhaps of most

assistance is the avoidance of a judgmental attitude with reference to the matters discussed. The feeling that an evaluator is judging one negatively is very threatening when one's job is seen to be at stake.

The author has found the staff role to be of assistance in dealing with those few officers who have maintained a defensive or hostile stance well into the evaluation process. That is, the officer eventually comes to perceive the psychologist's role as one of possible assistance and NOT as disciplinarian. The psychologist really cannot lose sight of the role of expert on human behavior and the need to be objective in the evaluation process. However, objectivity does not require losing sight of the officer's position of concern about his/her job and the desire to get back on the right track. Hostility seems often to be a coverup for fear among police officers. The author has frequently found that officers referred under the most adverse circumstances and who have had the greatest initial levels of defensiveness and hostility later come to refer the greatest number of fellow officers for assistance. Also, the author has found that officers who initially respond negatively to being referred for evaluation often become those patients who benefit most positively from treatment. Clearly, most law enforcement officers love their work and feel very threatened when a supervisor questions their fitness. It is the love of their work coupled with a positive relationship with the psychologist that encourages them to straighten out their lives.

The Psychological Evaluation

The author utilizes psychological testing and interview methods in dealing with directed referrals. Experience suggests that all psychological testing should be done in the office or office waiting room rather than sending testing materials home with the officer. A broad variety of tests are used including MMPI, CPI, FIRO-B, Sentence Completions, Rorschach, TAT, WAIS-R, WRAT, etc. Of course, the specific tests utilized with a particular officer depend on referral questions and on data obtained through the interview process.

The interview portion of the evaluation generally requires at least three hours. The author's interview approach focuses heavily on current life situation, especially sources of stress. Thus, current work situation is examined closely as are: martial/family situation, current medical condition, perceptions of psychological state, use of alcohol and drugs, legal status (lawsuits etc.), financial state. Quite frequently the author will actually observe the officer on duty (with the officer's and agency's permission, of course). Spouses and families

are also consulted during the evaluation process where indicated.

A second part of the interview focuses on the officer's past history as it relates to work, health, family of origin, education, involvement with legal authorities, etc. It is particularly important in the author's opinion to closely assess work history to determine whether the officer has ever been involved in a fatality or shooting, been the victim of assault (especially deadly weapon's assaults), had a history of work-related accidents, sick leave history, history of complaints, activity level when compared with peers, frequency of bringing Resisting Arrest and Obstructing charges, frequency of court appearances on misdemeanors (the latter three areas in comparison to what his/her peers experience in the same kind of assignment), whether the officer is working at a second job (i.e., moonlighting) and, if so, for how long.

Evaluation of work history and current work situation depends, in large measure, upon the psychologist's knowledge of various duties associated with law enforcement work. There is no substitute for first hand knowledge of what is required in a particular law enforcement assignment. Again, it can be very useful for the psychologist to actually observe the officer who is being evaluated while he/she performs duties. This kind of observation should allow for more accurate prediction of fitness related issues as well as the development of more useful treatment approaches when there are job related problems.

Decision Making and Recommendations

When analyzing data in preparation for submitting a written report, it is well to bear in mind that most law enforcement agencies tend to place all reports regarding an individual officer in his/her personnel file in perpetuity. Unfortunately, psychological reports left in a personnel file can be used in variety of inappropriate ways. For example, a law suit can result in a subpoena for personnel files and very old psychological report can be used to discredit an officer well after the problems or difficulties mentioned in the report have long since been resolved. Further, the original report was probably never intended to be placed in a general personnel file but rather to assist the department in decision making over the short term. Most psychological reports seem to have limited value after one to two years. Clearly, it is a questionable practice to place them in a personnel folder. Another difficulty associated with psychological reports that are placed in department files is that the policies that apply to their storage, retention, and accessibility can change most dramatically. For these and numerous other reasons associated with the storage of files, one is well advised

to discuss these kinds of concerns with agency administrators before writing the report. The author prefers to write brief reports that answer the referral questions and make the necessary recommendations but which do not go into the raw data upon which the decisions are based. Such a report is typically one to one and one half pages. Some agencies for which the author consults insist that the psychologist store all such reports after they have been read by the administrators who are designated as "needing to know" This reduces the file storage issues for the agency and places them upon the psychologist. The author is aware of instances in Washington State where psychologists and psychiatrists have been ordered by the court to present them for examination. In each case (thusfar) the mental health professional was able to convince the court of the need to maintain confidentiality. However, a time may come where one of us will be ordered to make a file public. Perhaps that has already happened in other states where psychologists work with law enforcement agencies. Perhaps a word to the wise is sufficient.

In terms of the actual decision making process, one draws, of course, on one's knowledge of the job, the specifics of the evaluation, and the options available within the agency. This latter area includes the possibility of light duty assignments, time off on vacation and/or disability, the willingness and ability of the agency to assist the officer through training or re-training. (It is often believed that public agencies are financially well endowed. Unfortunately, many law enforcement agencies, especially the smaller ones, are quite limited financially and lacking in options. There are also manning requirements that can preclude an agency from giving time off or light duty to an officer.) It is well to know the agency's limitations before writing a report. Impossible recommendations may not serve any useful purpose for the agency or the officer.

Perhaps it goes without saying that a psychological report should be written in language that can be understood by the agency and the officer. Law enforcement officials tend to be practical people who want to know what to do and how to go about doing it. Our theories and diagnostic terms are often confusing. It is the author's experience that brief reports written clearly and directly to the point are the most useful to all concerned.

Treating the Officer Subsequent to Evaluating Him/Her

The author has treated approximately 1300 law enforcement officers. The greatest majority of these individual came into treatment under conditions where they chose to do so and were not directed to do so by their

employers. Again, in such cases the usual confidentiality conditions exist as for any outpatient psychotherapy patient in Washington state. However, there have been some occasions subsequent to a directed referral where the author has recommended that the officer be required to complete a course of treatment. These situations have occurred when it was the author's opinion that the officer was significantly disturbed or represented a risk for acting inappropriately on the job. Often the recommendation for required treatment was made in conjunction with recommendations for time off from duty, or light duty, or transfer to a more appropriate assignment.

When an officer is removed from duty for psychological reasons, it seems wise for the agency to have a policy that requires that he/she turn in the department issued weapon(s) and identification. While it is very distressing for the officer when this occurs, this blow can be softened by virtue of there being a policy that requires it and not making each such situation a matter of discretion.

Many mental health professionals pull back from the idea that they can treat an individual who is "forced" to be in therapy. We all recognize the value of the individual's freedom of choice in choosing to be a client. However, it is the author's experience that officers who have been required to enter treatment can benefit significantly despite the coercive nature of the requirement that they be in therapy. Perhaps the motivation for keeping their job is at the basis of their being able to accept treatment and make valuable changes. Perhaps the careful structuring of the staff role before and during the evaluation process allows the officer to utilize directed therapy to advantage. The explanation is not entirely clear. However, the results of treating more than 50 officers required by their agencies to be in treatment with the author have been overwhelmingly positive.

When an officer is required to be in treatment, there are limits to the confidentiality that can be offered. Once the agency requires treatment, there are needs to see that the officer is complying by coming to the sessions and remaining in treatment until the therapist feels that maximum benefit has been achieved. The author typically provides information only in those two areas and specifically does NOT provide information with reference to the specifics of treatment nor what is actually being discussed. Most officers can accept the agency's needs for feedback as to attendance and termination of required treatment and are able to enter easily into treatment.

There are times when administrators, supervisors, and peers seek to determine "how things are going" for a particular officer known to be in treatment. It is the author's experience that it is particularly important to be

especially careful to maintain confidentiality under these kinds of circumstances. Law enforcement agencies are notorious rumor mills and whatever is known by any particular individual about another officer is sure to make the rounds in no more than 16 hours. It is particularly distressing to face an officer in treatment when he is being victimized by the "rumor mill." We should bend every effort to avoid idle chatter about our clients even to (perhaps ESPECIALLY to) those fellow officers who seem to genuinely care what is going on. Nothing is more potentially destructive to the psychotherapy process with law enforcement officers than to feel their privacy threatened. I make it a practice to respond to such inquiries by saying that it is illegal for me to make any comment about anyone who may or may not be a patient of mine.

Perhaps a few words about therapy with law enforcement officers are indicated. The kinds of problems the author has dealt with in treating officers are within the range of those to be expected in any mental health practice. The major difference observed is that officers, on the average, represent short term therapy cases. That is, they manage their psychological problems, on the average, more quickly than do other patients the author treats from a variety of other occupations. Further, the author has found his therapeutic skills to be more than adequately taxed in terms of methods, techniques, creativity, etc. It seems most important to maintain an up to date knowledge of methods for dealing with occupational stress, for managing crises, and for assisting in management and supervisory issues. Often, the most significant therapy is accomplished by advising management in how to effectively deal with an officer. The author remembers a case where an officer with a lengthy history of complaints relating to verbal abuse and attitude problems with the public was told by his supervisor, "You better shape up your act and I don't want you to cut back on your activity level just because you are in trouble." This high activity officer was in a significant double bind. He had to keep up his number of citizen contacts and, at the same time, get them to stop complaining about him. This was, in the author's opinion, virtually impossible. One of the recommendations was that the officer should be REQUIRED to reduce his activity level by at least one-half so that he could reflect on each contact to assess how well he had done, his feelings at the time, etc. Had he not been allowed to do that, his therapy would have been punctuated by additional complaints and, eventually, his termination.

This paper has directed itself to the discussion of some of the issues that come to the fore when a police psychologist accepts a "directed" referral from a police

agency. It is hoped that the information herein will assist as a stimulus with reference to managing these difficult kinds of referrals and avoiding the numerous pitfalls that

can occur with such referral. The author welcomes comments and suggestions for other case management approaches in such cases.

A STATEWIDE POLICE PSYCHOLOGY PROGRAM: GUIDELINES FOR DEVELOPMENT

James T. Chandler, Ph.D.

INTRODUCTION

There are probably as many designs for a Police Psychology Program as there are police psychologists. Each police psychologist will also vary in his program design for each police agency in the same manner that he varies in his approach to treating individuals in psychotherapy.

The present article will attempt to describe how one police psychologist initiated and developed a police psychology program in a Midwestern department of approximately 3200 employees. The department services a state 385 miles long and 218 miles wide containing a population of about 11 million people.

DEPARTMENT HISTORY AND ORGANIZATION

In 1970, the Illinois Department of Public Safety was reorganized and two departments were created, the Department of Law Enforcement and the Department of Corrections. Today, the Department of Law Enforcement (DLE) provides a full spectrum of direct and supportive law enforcement services to Illinois citizens and local law enforcement agencies throughout the State. These services include such major area as traditional traffic patrol, scientific support and assistance, a full range of investigative activities, and the investigation of illegal toxic waste dump sites and dumping. Figure 1 illustrates the organizational structure of the Department of Law Enforcement as it exists today. Working out of the Office of the Director are relatively small units involved in Affirmative Action, Internal Auditing, Psychological Services, Legislative Liaison, Legal Matters and Public Information. Also working out of the Director's Office, but with much larger staffs, are the Office of Professional Standards (the Department's internal investigation arm) and the Office of Training.

The Office of Training, consisting of about 55 people, administers most training endeavors for the Department of Law Enforcement, as well as providing for various law enforcement-oriented training to local and other state agencies at the Training Academy and elsewhere.

The Merit Board exercises jurisdiction over the certification for appointment, promotion, discipline, removal,

demotion, and suspension of those appointed as Department of Law Enforcement officers.

The Division of State Police, consisting of about 2,110 individuals, is directed by a Superintendent. Besides providing general patrol services throughout the State, the Division provides highly specialized services through such units as Executive Security, Air Operations, Overweight Vehicle Enforcement and a Hazardous Materials Section.

The Division of Criminal Investigation, consisting of about 415 individuals, is directed by a Deputy Director. In addition to providing general investigative services on a statewide basis, there are specific units for areas such as race track investigation, criminal intelligence, financial fraud and forgery and metropolitan enforcement groups.

The Division of Support Services, consisting of about 335 people, is directed by a Deputy Director. This Division operates seven crime laboratories throughout the State; provides crime scene services; and maintains a large Identification Bureau which monitors such programs as the Computerized Criminal History (CCH) program, the Firearms Owners Identification program, and the Illinois Uniform Crime Reporting program.

Also headed by a Deputy Director is the Division of Administration, which contains about 235 individuals. As the name implies, this Division provides administrative support to the rest of the Department. It provides planning and development, data processing, personnel, fiscal management and logistics services.

The Division of Internal Investigation, consisting of about 25 individuals, is headed by a Deputy Director. This Division investigates criminal allegations against officers and employees of each executive branch department, agency, board, or commission under the Governor's jurisdiction.

The Illinois Department of Law Enforcement, then, consists of over 3,000 individuals, 60% of whom are sworn.

THE BIRTH OF THE OFFICE

For some years, particularly after the establishment of a Chicago Police Department Counseling Program in the 1970's, discussions were held in our Personnel Bureau

and in other sections of the Department concerning the need for counseling services. In 1980, an Ad Hoc Psychological Services Committee was formed to formally work on the issue.

This Ad Hoc Committee developed a Long Range Planning Project Proposal which would establish the job-related stress program. The proposal had two goals. One was to get the Department to recognize stress and its factors, causes, extent, and effects; the other was to develop a program that would fit the Department's needs in combating and assisting those who were suffering from stress. Part of the Long Range Proposal involved the need to develop confidential counseling for Department employees and their families by way of a staff psychologist, and also to institute psychological screening of all new recruits. The proposal was adopted and the process of finding and hiring a police psychologist began. The process was completed with my selection and arrival at the Department in the middle of January, 1981.

TRADE-OFFS

In the establishment of new programs, it is my opinion that there are basically two styles used. One style, more likely used by the theoretical (introverted?) police psychologist, involves a heavy emphasis on structure, research and low risk, and basically involves an attempt not to start a program until most of the "t's" are crossed and "i's" dotted. It also involves very definite ideas about how the program should develop over time. As a reader will soon note, I come from a different school – a practical (extroverted?) high risk approach in which the motto is, "Leap first and then look frantically for a landing place." The same two themes can be found to exist in the management of any large police department. Some of the managers will be insisting that the program should be started with the "bugs" worked out along the way, while others will be insisting that a successful program will only result if its initiation occurs after careful and detailed planning. Whichever approach you use, you will have to deal with those who believe in the opposite approach.

My arrival at the Department had kind of a "good news, bad news" flavor. The good news included a statement by the Department Director to, "Take a year to find out what your job is," and by surprisingly warm support from Department administrators and the Federation of Police Officers. The bad news was, because of financial conditions of the State and the Department, I could not be immediately given an office and a secretary separate from the rest of the Department. I temporarily took up offices in our Training Academy. While these few months

at the Academy provided an excellent opportunity for me to gain knowledge about the Department and its personnel, major problems in the area of privacy and confidentiality arose. In addition, it created confusion in the minds of the employees concerning my placement in the organizational chart.

In any event, within a few months the basic elements for a satisfactory Office of Psychological Services were in place. Offices were found in a State Regional Office Building, which contained no other law enforcement personnel and which had a relatively private entrance. It was at this point that I obtained my own secretary. We began to solve our logistics problems by a combination of buying and borrowing equipment and supplies. A suitable automobile, not easily recognized as a police vehicle, was issued to me, and over the year's time we developed a police radio configuration which provided good communications anywhere in the State. Other necessary items such as a pager and armor were obtained. Many other services of the Department were available to me, such as the use of Departmental aircraft for emergency response.

As a part of the long range planning process and in order to provide the Office with a source of advice, a Psychological Services Task Force was formed. The Task Force members were selected in a manner which should allow for representation across such areas as Division, sex, race, rank, and special interest.

I began servicing the Department from the day I arrived, but avoided a written definition of my services for some time. By July of 1981, the program of the Office of Psychological Services was structured sufficiently for a Department directive to be issued concerning the service.

That directive, shown below, remains essentially the same today as when originally published. It is the basic guideline for the Department psychological services.

PER 25 PSYCHOLOGICAL SERVICES PROGRAM

25-1 PURPOSE

The purpose of this directive is to provide information relating to Psychological Services available to all employees of the Department of Law Enforcement.

25-2 POLICY

It is the policy of the Department to provide a comprehensive program of psychological services, including a confidential source for assistance to employees in times of stress.

25-3 OBJECTIVES

The objective of the Department's Psychological Services Program are to:

- (a) Provide assistance to employees (and their families) when their well-being and productivity have been significantly affected in a harmful manner by vocational stress. A primary responsibility will be to assist employees through traumatic psychological incidents such as shootings, accidents, deaths in the immediate family, etc.
- (b) Increase individual knowledge and skills concerning mental hygiene as it relates to personal and social conduct.
- (c) Conduct studies in the areas of stress effects and stress relief methods throughout the Department to enhance the mental hygiene of all personnel and to develop selection techniques.
- (d) Provide consultation regarding human behavior to Department personnel in such areas as hostage negotiation, suspect profile development, death calls, the handling of emotionally or mentally ill individuals and disaster situations.

25-4 PROCEDURES

Persons in need of psychological services can contact the Office of Psychological Services at Room 144, State Regional Officer Building, 4500 South 6th Street Road, Springfield, Illinois 62706, at 217/786-6071. Messages may be left with or without name identifiers, The department Psychologist will make reasonable efforts to be available on call 24 hours per day. Office hours are 8 a.m. to 4 p.m. on regular working days. Emergency contact can be made when the Office is closed through the services of a professional answering service at the same telephone number.

25-5 PRIVACY AND CONFIDENTIALITY

The Office of Psychological Services will maintain strict standards of privacy and confidentiality. It must be remembered, however, that confidentiality has legal limits and cannot be maintained in certain cases involving danger to the client or to others.

25-6 VOLUNTARY PARTICIPATION

(a) A Department employee who voluntarily approaches the Office of Psychological Services for aid will become a "client of record," and information about such contacts can only be released to persons inside or outside of the Department by virtue of completion of a Psychological

Services Release of Information Form signed by the client.

(b) The Department shall not request or require the office of Psychological Services to furnish information which results from voluntary participation in the program.

25-7 MANDATORY PARTICIPATION

(a) If, in the opinion of a supervisor, actions of an employee indicate that counseling assistance is needed from the program, the employee may be encouraged to voluntarily seek the service. If the employee refuses or if a serious performance problem is evident, the concerned supervisor may request the appropriate Deputy Director/Superintendent to determine, in consultation with the Psychological Services Administrator, the appropriateness of mandatory referral into the program.

(b) If mandatory participation is deemed appropriate, the directing Deputy Director/Superintendent will advise the employee via memorandum of the circumstance that prompted the action and the appointment date, time and location.

(c) A Department employee who is directed to contact the Office of Psychological Services for evaluation of emotional state will *not* be considered a "client of record," since the client is the Deputy Director/Superintendent. The evaluation report will be submitted to the Deputy Director/Superintendent in a confidential manner, and the contents of the report can only be released to the person evaluated or to others if the Release of Information Form is executed by the Deputy Director/Superintendent.

(d) If an employee is ordered to contact the Office of Psychological Services for evaluation, and for *any* reason prefers not to be evaluated by the Psychological Services staff, the employee can:

(1) Request the official list of psychiatrists or psychologists outside of the Department who have been deemed competent by the Office of Psychological Services, and notify the Office of the professional chosen.

(2) Propose the name of a psychiatrist or psychologist for possible addition to the approved list.

(3) All reports from outside consultants will be forwarded to the Office of Psychological Services so that results can be interpreted to the directing authority.

25-8 SHOOTING AND OTHER TRAUMATIC INCIDENTS

(a) When an employee is involved in a shooting or other such incident of a traumatic nature, the concerned Commander shall advise the Office of Psychological Services

of the incident as soon as possible.

(1) If the Commander is uncertain about the possible adverse impact of an incident on the employee, the Commander will arrange for the employee to talk to the Psychological Services staff, in person or by telephone, as soon as practical after the incident. Such "arranging" is intended to remove any hesitancy on the part of the employee and any "stigma" the employee thinks might attach to his discussion with a psychologist. Such "arrangement" is considered "voluntary" for purpose of privacy and confidentiality.

(b) Continuation of normal duty and schedule of the involved employee or a change in the employee's status, such as temporary relieved from duty with pay, temporary reassignment, or return to duty after temporary relief should be decided by the concerned Deputy Director/Superintendent based on consultation with the Office of Psychological Services. This will occur normally after the Psychologist has talked in person or by telephone with the involved employee.

25-9 EMERGENCY REMOVAL FROM DUTY

A Psychologist shall have the authority to temporarily relieve an employee from duty with pay if, in his opinion, an employee's mental status would be otherwise severely damaged, or if the employee is determined to be dangerous to himself or others. The Psychologist will then immediately contact the concerned Deputy Director/Superintendent or higher Departmental authority to further resolve the issue.

25-10 PRIORITY

The Office of Psychological Services will respond to requests for assistance on the basis of the following priorities:

(a) Priority One: Traumatic incidents, such as shootings, deaths of Department of Law Enforcement employees, emotional "breaks" of Department of Law Enforcement employees, hostage situations, riots, and plane crashes.

(b) Priority Two: Voluntary or mandatory consultations to Department of Law Enforcement employees or immediate families, such as marriage counseling, problem drinking, illness counseling, or other life adjustment situations.

(c) Priority Three: All other aspects of police psychology, such as consultation on ongoing cases of the Department, advice about personnel management, evaluations of candidates, teaching or research.

25-11 REPORTING AND RECORDS

It is the responsibility of the Psychological Service Administrator to submit to the Director of the Department of Law Enforcement such statistical reports that are deemed necessary for evaluation purposes. Such reports are not to violate confidentiality and will not contain personal identifiers or other information so as to make individual identification possible.

(a) The Office of Psychological Services will be custodian of all psychiatric or psychological reports forwarded to the Department, in order that such reports be interpreted properly and be afforded proper legal and professional control.

25-12 COSTS

(a) The direct services of the Office of Psychological Services are free to all Department employees and their immediate families.

(b) The cost of using a professional from the official list will be borne by the Department, if such use is for an *evaluation* required by the Department, and if such use is first approved by Office of Psychological Services.

(c) The costs of all other mental health services outside of the Department will be borne by the employee involved.

In many areas the directive is purposely open-ended so that new services and directions can be pursued without a constant need to revise the directive. A professional, private answering service was chosen so as to avoid the confidentiality problems caused by the use of State or Departmental answering services.

Section 25-6, of the directive specifically states that the Department "shall not request or require" that my Office provide information resulting from voluntary participation. In working in a large state organization, it is important that such statements are agreed to, "signed off" by management and become widely publicized.

Since the inception of the program, we have made a change in the mandatory participation area in that all mandatories are conducted by police psychologists outside of the Department, although the process is monitored by the Office of Psychological Services.

In the area of shootings and other traumatic incidents, we have purposely left the definition of "traumatic incident" rather vague, and over time commanders and other managers have developed a "feel" for the kind of problems necessitating contact with our Office. I clearly am suggesting that written guidelines concerning police psychology services, especially in a large agency, be developed in a relatively nonspecific manner.

PROGRAM GROWTH

The program was initiated in January, 1981 and by the end of that year, over 100 individuals were seen as individual cases. There were over 180 consultations to administrators and other training administered to over 1200 individuals. In addition, several research projects were initiated.

By the end of 1981, the Psychological Services Task Force had forwarded to the Personnel Subcommittee of our Long Range Planning Committee and Action Plan for Long Range Planning. The basic plans for achieving goals in logistics, increased staff, program evaluation and other areas were submitted to and approved by the Long Range Planning Committee. This step of going through the Long Range Planning process helped the Office of Psychological Services to become a fully integrated and better understood program. It also provided a structured approach and means of obtaining necessary improvements for the Office.

By the end of 1981, I was traveling approximately 1500 miles a month (it's a *big* state), and it was apparent that the workload was more than could be handled by one police psychologist and secretary. At the end of the first year, the difference in perceptions about the program for those in the Department had become clear. Some saw me only in an Employee Assistance role and among those, some focused on the broad-brush counseling approach, while others focused on an alcohol abuse program. Others saw me in more academic role, such as in training and research. Still others approached me for aid in investigative functions, such as investigations concerning mental hospitals or in the profile development of murder suspects. Finally, many began to use me in a management consultant role, especially in those areas concerning discipline.

As of this date, the program has expanded to the point where there are two full-time inhouse psychologists, with steps under way to hire one more police psychologist and additional clerical staff. The acquisition of an IBM PC XT Personal Computer tied into our Departmental mainframe will hopefully aid us in handling our rapidly developing workload. By the end of this year, we expect to see over 600 individuals for individual evaluation or counseling. We are experiencing a 40% increase in consultations from year to year and a large increase in individuals trained from one year to the next.

What have we learned after three years? For a state law enforcement agency of our size, we have come to expect between 5 and 10 mandatory referrals per year. We expect to see 60 males in individual counseling for every 40 females. In direct counseling situations, we

expect about 60% of our clients to be in sworn status, 20% to be civilian employee of the Department and 20% to be dependents. The average time spent on individual evaluation or counseling per individual amounts to about 3.6 hours.

In terms of DSM III categories, about 30% of the cases over a three year period involved Non-Mental Disorder conditions called "problems of living," such as marriage problems between normal individuals. About 10% of our cases involve Adjustment Disorders of various kinds, and another 10% include Personality Disorders. Over the three years of our program, we have assigned approximately 20 different diagnostic categories listed in DSM III.

Over the three year period, reviews of month by month statistics show no particular trends and we expect that such a trend may never appear. There simply do not seem to be "light" or "heavy" months which we can use for planning. Unpredictable factors, such as sudden requests for selection, hostage situations, plane crashes, etc., makes the prediction of a particular load per month extremely difficult.

Our consultation to administrators and others continues to grow as a popular service. Approximately 10% of our consultations are now to departments outside of the Department of Law Enforcement, which are primarily law enforcement arms of other state departments, such as Conservation Law Enforcement or Secretary of State Police. Traumatic incident responses by our Office are occurring at a frequency of about twice a month. They are quite disruptive to normal office routine, since it often involves counseling clients or training sessions and depending upon the situation, such as a plane crash, can use up to three days of a police psychologist's time.

The Office of Psychological Services has taken the lead in establishing a Police Psychology Academy in Illinois. In connection with the Illinois Association of Chiefs of Police, we have organized two day-long training sessions for police psychologists, police chaplains, police social workers and others in order to advance the science and art of police psychology and related mental health areas.

One of our research projects involves the use of the Inwald Personality Inventory and the Minnesota Multiphasic Personality Inventory. We initiated the formation of a Hostage Negotiation Committee, which is currently completing directives, procedures and policies necessary to insure a reasonable and modern approach for the Department in such situations. We have actively become involved in changing the Department Medical Duty guidelines, and are active members of the Medical Review Board. Finally, we have involved ourselves in

changing the job description (class specification) of our professionals and now work under the titles of Law Enforcement Chief Psychologist and Law Enforcement Psychologist.

THE DIMENSIONS OF OUR OFFICE

What are the dimensions of the Office of Psychological Services at this date? Generally, we are available on-call to anyone in the Department who requests service. Our role is largely determined by the kinds of problems that arise within the organization. In practice, we find ourselves shifting and modifying our frame of reference to accommodate various requests for service. This has led to a spiraling process of expansion to roles that some police psychologists might perceive as beyond the legitimate role of a police psychologist. One might ask if we are primarily a mental health agency, a social change agency, a group of organizational staff specialists, or are we in some other category? We expect those questions to be answered on a day by day and year by year basis and it is probable that we will always be in relative state of flex and change.

Finally, if I may give advice to anyone wishing to start a police psychology program in a large state law enforcement agency, I would suggest:

1. Take six months to a year to find out where you are needed and only then commit yourself in writing to a program.
2. When you do commit yourself in writing, avoid detail and keep documents generally open-ended.
3. Do not assume that divorce, suicide, alcohol abuse and other statistics gathered in other areas will apply to your Department. They certainly did not to ours.
4. Develop a "broad-brush" program and not one which focuses on specific interests or areas such as research, alcohol abuse, selection, or marriage problems.
5. Finally, we should all keep firmly in mind the fact that police psychology on a statewide basis is in a relatively infant state which requires us to move cautiously in promoting guidelines for further growth.

OPTIMAL HEALTH SERVICES: A WELLNESS APPROACH TO HEALTH MANAGEMENT FOR INDIANAPOLIS POLICE OFFICERS

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INTRODUCTION

During the past decade, a spotlight has been focused on the impact that stress has on the quality of life in western civilization. Publications ranging from the New England Journal of Medicine to the National Enquirer have devoted substantial percentages of their available space to catalog the physiological and psychological sources of stress, its dilatorious effects, its coping strategies, and "at risk" groups. Police officers are inevitably high on the hit parade when we make up lists of high stress occupations. There are so many obvious sources of stress inherent to police work (physical danger; modest pay; the discipline of a para-military organization; the necessity of interacting with frightened, angry, desperate and/or defeated individuals on a regular basis; a typical working hours and conditions; etc.) that it is easy to overlook some additional significant stressors that have been added to the policeman's life over the past twenty or so years.

Prior to the Korean War and even as recently as 1960, it was reasonable to stereotype police officers in most parts of the country as second or third generation police who were males with an anglo-saxon background and a high school education. They operated under both a formal and informal set of general orders. The informal orders distinguished between the veniality of a free lunch at the local diner, a few ounces of whiskey in a tea cup, or Christmas presents from local merchants as opposed to hard money from felons. The informal guidelines recognized the necessity of "thumping heads" and "kicking ass" to the expedient preservation of law and order. Belonging to the right political party, having a powerful "rabbi", and occasionally making an "unsolicited" political contribution were time honored paths to promotions. Above all, police work was a brotherhood. Membership in the fraternity was a prerequisite to survival, and the dues paid include unswerving loyalty to fellow officers.

As with most fraternities, membership and good standing depended upon enthusiastic identification with the value system of the group, and the uniqueness of the group as compared to the rest of the world was significantly underscored. For thousands of years, membership in an elite group has been a significant morale booster and has helped individuals to cope better with adversity, to bolster their own self-esteem, and even to take pride in the sacrifices demanded by such memberships.

This stereotype has been changing dramatically in metropolitan police departments during the past few decades. Technology and mobility have eradicated the multi-generation familiarity where the cop on the beat knew you when you were a kid and your father knew him when he was one. Indeed, tight municipal budgets and technology have eradicated the beat cop and put him in a single man patrol car. The 1960's spawned an irrational antipathy towards authority in general, and police forces across the country were primary targets and felt, with some justification, that all too often others in authority were happy to watch them take the heat. Single man patrol cars, team policing, and fixed shifts combined to make it extremely difficult for a policeman to personally know all of his fellow officers. The Warren Court, the Miranda Decision, an adversarial stance from the news media and the ACLU, and a myriad of other factors left many policemen feeling that their guns had been unloaded, that they had been shackled with their own handcuffs, and that the very people they were trying to protect would trip them if they were at risk of capturing a criminal in spite of these handicaps. Merit systems for promotions focused on attempts at establishing objective and measurable criteria. These changes were mandated as the result of legal challenges to the old systems and resulted in the introduction of a bewildering array of objective tests and structured interviews. This added to an officer's confusion and frustration. If they felt that the old promotion system was corrupts, at least they understood it. To many, the final

outrage came when they were told they could no longer select their own fraternity brothers. Affirmative action programs and consent decrees mandated that blacks, women, and hispanics have proportional representations on police departments. A college education became a point in one's favor, and when a man with military experience did apply, he was more often than not indifferent to, if not actively disparaging of, his military career. This was especially true if he was a veteran of Vietnam rather than Korea.

The metropolitan police officer of 1985 must contend with a vastly different set of circumstances than his father or grandfather faced when they were on the force. He no longer gets the exercise they got walking the beat. Instead, he must sit in an overheated police car, removed from the normal human contact that they enjoyed. The preponderance of his workday interchanges with others are restricted to radio traffic, coffee with other officers, or primarily adversarial encounters with victims, witnesses, or suspects. He often feels bewildered or intimidated by the laws which he has tried to enforce, vulnerable to losses and public censure, and burdened by a bucketful of responsibility and a thimbleful of authority. He no longer has the same feeling of fraternity and pride of membership in an elite organization.

None of this is to say that being a police officer is a terrible job. Most large departments still have thirty applicants for every position they fill, and career changes among police officers continue to be extremely rare. The point is if we are attempting to help officers cope well with the stress in their lives, we need to address ourselves to these new stressors as well as the traditional ones.

CURRENT PROGRAMS AND APPROACHES

The majority of metropolitan police departments today are expending considerable money and energy in an effort to reduce the adverse impact of stress on officers, both for the sake of their own sworn personnel as well as in the interest of public safety and efficiency. These efforts begin with the screening of applicants. Uniformly, departments evaluate applicants with regard to their physical health, their physical conditioning, their emotional stability, their aptitude and intelligence, their education, and their fiscal responsibility. Community safety and security have come to depend increasingly on the quality of police personnel. This rising demand for quality crime prevention has increased the pressure and stress associated with the role of modern police. Consequently, police officers' ability to cope with stress and related health issues have become a concern of law enforcement and health care professionals. Police administrators have sought consultants in medicine, behavioral science and related fields

who can develop programs with police officers to help them successfully survive their occupation throughout an entire career.

Selection, training, and ongoing career assessment of police officers have correspondingly increased in complexity and expense. It has been found that the police officers who can cope with the kind of stress specifically related to the police occupation will probably provide the best community service. Traditional police recruitment criteria have emphasized capability to cope with the immediate stress of the police environment. However, this emphasis has neglected recruits' capacity to cope with the long run emotional effects of years of a uniquely stressful lifestyle. Thus, it is beneficial not only for the community as a whole, but also for the individual police officer, to isolate and recruit for those personality qualities most adaptive to coping with the particular kind of stress found in day-to-day police work. This would contribute to the safety of the general population by the most efficient utilization of expensively trained manpower. It would also reduce the introduction of well-meaning recruits into social roles to which they are relatively unsuited. Given the very large applicant pool from which Departments select, it should be no surprise to learn that police officers as a group are well above the national average on all of the aforementioned criteria when they are hired.

During their training, rookies are exposed to lectures on nutrition, exercise, and psychological strategies for coping with stress. In addition, departments attempt to address the unique social and family problems encountered by police officers, and some even devote time to budgeting and financial considerations as well as the constructive use of recreational and social time. While such efforts are commendable, they often are made with a population that is still a number of years away from experiencing the problems being discussed and whose members are, therefore, not likely to remember the details when they encounter these issues five years down the road.

Some departments offer in-services to veteran officers in these same areas, but in-service time is valuable, and only very limited amounts of it can be allocated to such projects. Many departments have gymnasium facilities for physical conditioning which are available to all of their officers, and some even them to the families of sworn personnel. Yearly physicals and minimum standards are also utilized in an effort to identify "at risk" officers. These programs constitute the vast majority of the preventative approaches to stress management.

For the officer who becomes dysfunctional as a result of physical or emotional factors, many departments have far more elaborate alternatives. These include medical

insurance to cover in-patient care treatment as well as partial or full programs for out-patient care. Very generous and at times exorbitant sick leave benefits are common. The services of full time chaplains are available in practically all large departments. Peer counseling programs (especially in the areas of substance abuse and reaction to police action shootings) are often endorsed and sponsored. Other officers and their spouses frequently volunteer time and material help to policemen and their families who are in trouble. Some departments contract with physicians and mental health professionals to provide services to officers with physical or emotional difficulties above and beyond what standard medical insurance would cover.

It would seem, then, that most departments have been conscientious, and some even extraordinarily generous, in their efforts to assist officers in crisis. In spite of this police departments are faced with the fact that the incidences of heart attack, stroke, alcoholism, bankruptcy, mental illness, divorce, and suicide remain far too high among police officers. They are a population of individuals who enter their career well above average in physical health and conditioning, education, aptitude and intelligence, emotional stability, and fiscal and social responsibility.

The Next Step: An Inter-Disciplinary Approach to Prevention

It doesn't seem likely that different or more expensive efforts to treat officers already in crisis will substantially improve the lot of Indianapolis police officers. We hope to make inroads by assisting officers who accept and welcome the responsibility for achieving and maintaining their own good health throughout their careers in a stressful occupation. The major determinants of health—nutrition, physical exercise, and mental attitude—are not treatable by someone else but must be self-determined. In order for us to assist officers interested in utilizing their own resources for good health and thus gain better control of their lives, several factors are critical. Our primary consideration will be that of the officer/patient's privacy—our promise of confidentiality is the foundation of our entire effort. No information will be released to anyone without the written, explicit consent of the officer/patient. The voluntary effort on the part of the individual officer is imperative; a correlate of that is that officers need to be rewarded for accepting this kind of responsibility for their own health, not punished for failing to make the effort. We must utilize a multidisciplinary approach, relying on experienced police personnel, competent and credible professionals (physicians, chaplains, exercise physiologists, nutritionists, financial advisors,

mental health professionals, etc.), and, for reasons of cost containment as well as public good will, volunteer groups where appropriate. We must take an integrated approach wherein the contributions of one group complement rather than compete with the work of the other disciplines. If the program is to be accepted and endorsed by officers it must be an open and non-adversarial system in which they are totally assured of confidentiality. Finally, our program must produce verifiable results to retain the enthusiasm of both its consumers and its sponsors.

As currently conceived, the wellness program (Optimal Health Service, OHS), focusing on both physical and psychological health. The program would use a variety of methods tailored to the individual officer's needs. We would begin with yearly meetings with each individual who chooses to participate in this program. Prior to this meeting, the office would have supplied us with the following data: a log of all food consumed on several different type days, e.g., on a working day, a nonworking weekend day, and a nonworking weekday; a profile of energy expenditure which would match the days of the food log; a general exercise pattern; an updated medical history form mentioning new illnesses and interventions; a summary of personal information regarding financial status, spending habits, drinking habits, sexual performance, mood states, family relationships, job performance, social relationships, hobbies and use of leisure time, career aspirations, retirement plans, etc. All of this we will do with due regard to the individual's rights to privacy. It needs to be restated here that such records would be totally confidential. Experience has shown that officers are far from reluctant to share such information if they are once assured that it is indeed confidential. With that data in hand, an officer would then have a simple physical examination consisting of a recording of height and weight and blood pressure, a testing of visual acuity, a determination of body fat using skin calipers, hemocult testing of stool for blood, and tonometry at the officer's discretion. ((Alternatively, if an officer is 40 years old (and at five year intervals thereafter), he/she would have a more elaborate physical examination which would include a chest x-ray, an EKG (exercise EKG where appropriate), tests of kidney, liver and other metabolic functioning and a thorough examination by a physician.)) A "fitness score" would be defined for the officer as well as a "performance" score on an agility test appropriate for his job. The officer would then have the opportunity to sit down with an expert in each of the four fields (nutrition, fitness, mental health, physical health) in which he has either been tested or gathered data and discuss both where he is or he would like to be in each of those four areas.

The purpose of this meeting would be that the officer and the OHS personnel could draw up a plan for improving the overall health of the officer which would incorporate realistic and acceptable goals for the individual officer in the forthcoming year (such goals might well include an officer sustaining an already quite acceptable balance in any of the aforementioned areas.) It would be the obligation of the OHS personnel involved to provide the officer with specific and reasonable methods for arriving at the goals agreed upon and to be available to him/her throughout the year for review and new input

should problems arise. The attainment of these goals might involve exercise, weight reduction, changes in dietary pattern, voluntary attendance at seminars provided by OHS and/or passing brief tests on information provided in those seminars. The point is that the goals and the prescription for reaching those goals would be individualized to the specific officer involved and would be attainable in reasonable increments. Each officer would leave his or her annual review with written suggestions and a data sheet for his personal physician where he/she desires it (refer to Fig. 1).

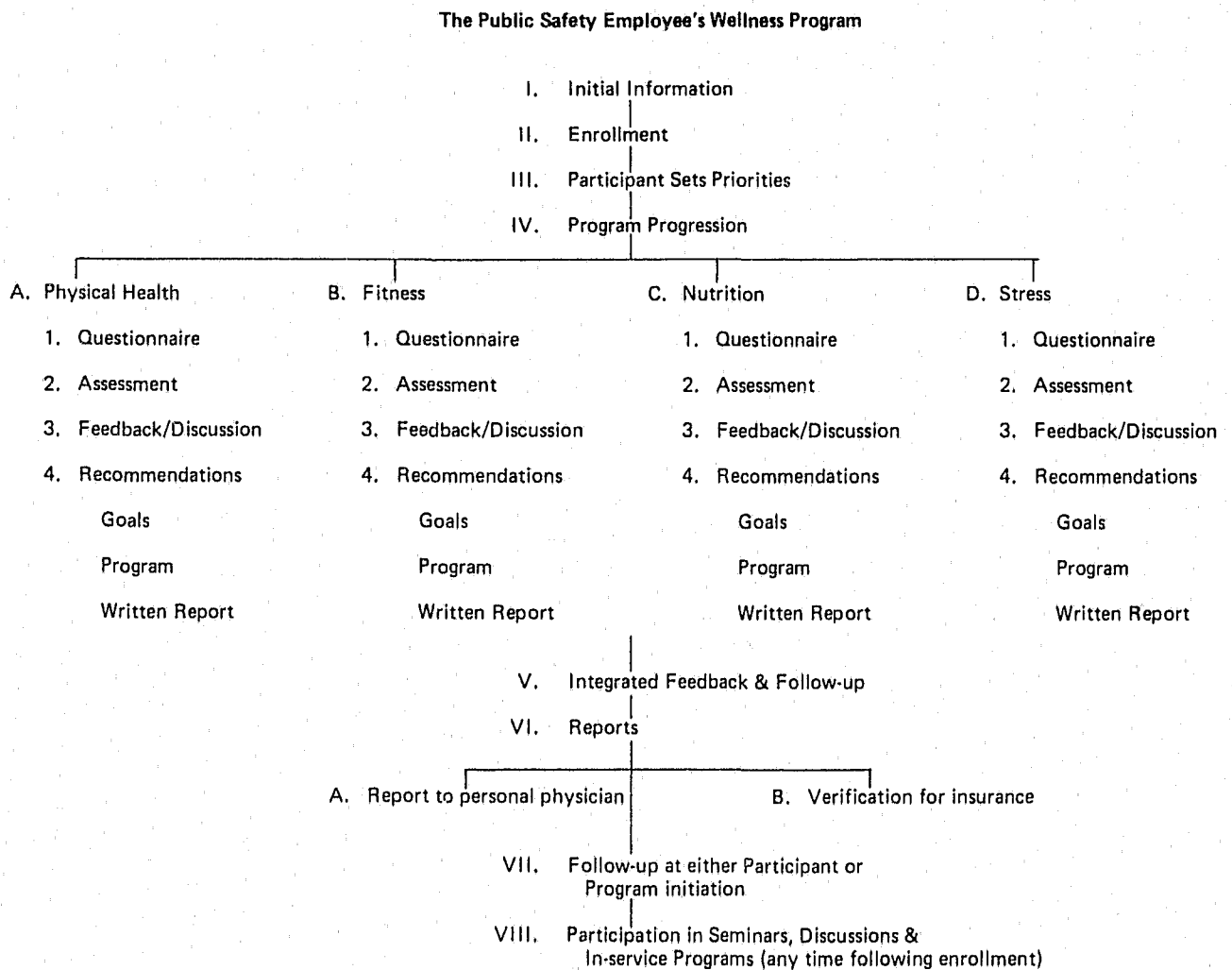


Figure 1.

The following is a hypothetical presentation of the benefits that would be available to officer John Smith who is 40 years old, married, father of three and a fifteen year veteran of the Indianapolis Police Department. This discussion is designed to serve as an outline of the program's services.

Initially, Officer Smith would receive a letter from Chief McAtee, providing an explanation of the benefits, purpose, and policies of the wellness program. This letter would reference the staff personnel and services available. Additional bulletins, brochures, and newsletters would further identify program procedures. Chief McAtee's letter would emphasize that the wellness concept is designed to maximize physical and psychological well-being through voluntary participation in a comprehensive preventive health care program. It also would stress that expected benefits of the program include improved health, increased longevity, improved job performance, and reduced health care (and insurance) costs.

Next, Officer Smith would be scheduled for a medical examination with program professionals. This exam would be either a full review with complete laboratory tests, or a comprehensive "mini-exam". The type of review scheduled would depend on: 1) the medical data available on Officer Smith; 2) his general condition; and 3) the date of his last full exam. The purpose of this review would be to document Officer Smith's condition and to assist medical professionals in the development of an individualized wellness program. All data would be provided to Officer Smith's private physician upon request.

Officer Smith would then be notified of the date, time, and place of a counseling session with a professional health care specialist in each of the following fields: 1) nutrition, 2) physical fitness, and 3) stress management. This session would serve as a formal review of his current condition and would include a discussion of his future health needs in each area. Officer Smith would be advised of specific services available, and a recommended program would be outlined. Segments of the program could focus on such areas as nutrition, fitness and exercise, stress management, substance abuse, preventive health care, etc. Referral services also would be recommended, as appropriate.

In addition to receiving individualized diagnosis and recommendations, Officer Smith also would be encouraged to participate in in-service or roll call training relating to available wellness services. He also would be advised of voluntary seminars available for him and his

family.

Alternatively, an officer who has already participated in the kind of annual review outlined above, who has discovered with the aid of the health care professionals mentioned above certain changes he would like to make in his life with respect to nutrition, physical fitness, and stress management techniques, finds that he or she has difficulty implementing the changes he/she would like to make. Another visit to an appropriate specialist within our system would be designed to "iron out" the concrete problems encountered as the officer strives for optimal health. Again, the emphasis would be on giving back to the individual the tools and information he/she needs for attaining good health and preventing crisis situations of a medical or psychological nature. The individual's resources for dealing with difficulties or disease would be the focus of our attention and every effort would be made to see that he/she could maximize all his/her potential for living in a more healthful, independent, and happy way.

The wellness program will not take the place of existing medical services. Instead, it is designed to enhance these services. Thus, the program will not alter current contracts relating to injuries on-duty, or fitness for duty determinations. Rather, the program will focus on preventive health care and voluntary officer participation through positive incentives and health education.

If we accomplish our goals, the departments should be able to negotiate a reduction in health insurance premiums. They should see a significant and appreciable reduction in sick time utilization. They should realize a higher level of efficiency and a better level of morale from its personnel, although it is acknowledged that this would be more difficult to measure since both efficiency and morale are multifactorial entities. There should be an appreciable reduction in some kinds of injuries and the morbidity resulting from substance abuse. In addition, the benefits inherent in adopting a more healthful, less stressful lifestyle would themselves be reinforcing to the individual officer and his/her family.

An officer's continued good health is critical to the departments. For an officer to be healthy he/she must be both physically fit and psychologically well adjusted. The existence of either physical or psychological illness frequently results in personal dissatisfaction and eventually problems for the departments. The physical and psychological wellness program is being established to encourage officer's wellness through health education and the practice of preventive health care.

RIDING—OBSERVING—LISTENING **A Natural Link Between Psychologists and Police Officers**

Douglas Courtney Ed.D
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With "Helping Services" in mind as the theme of the National Symposium on Police Psychological Services a field project was initiated and this paper was prepared. The sub-theme which this paper addresses is a technique for getting the "helper" (the psychologist) in a position where he can in fact be of use. Its purpose is to gain for the new psychologist some of the knowledge and sensitivity that is imperative if he is going to be "let through" the defenses of the average police officer in the street. In order to really help it is necessary to know what help is needed; where it is needed; what resistances are in place; and, how and where the appropriate help can best be delivered.

The underlying idea is that the best place to obtain the above is to spend some consistent time with patrol officers in their "offices" rather than in the office of the psychologist. Since their office is the police cruiser, the writer in cooperation with the Monterey, California P.D. set up a "riding" schedule enabling the "new" psychologist 40 hours (one week) of experience as a rider with a random selection of police officers. This experience included approximately 10 officers (nine men and one woman) spread over the three shifts (day, swing, and midnight). This sample is close to 50% of the patrol not including motors(bikes).

The introduction of the psychologist was done in one of three ways. The Captain of the Patrol Division let the purpose be known in advance; the Watch Commander introduced the psychologist at muster; or the psychologist did his own introduction directly to the officer with whom he was riding. In introducing himself the psychologist made the following explanation:

"The reason for my being with you today is part of a study on how psychology and law enforcement can work together. Its special purpose is to see how psychologists can be useful to police officers in the mental aspects of police work.

The first step is to give the psychologist some basic idea of police work. We feel that the best available teachers are police officers like

yourselves. You are best able to introduce the psychologist to what you do "on the street"; what you think about law enforcement work; what are some of the stresses and pressures of your job.

Although you may know me because we live in the same town and I have done some work with many of the P.D.s around here, I wish you would think of me as a brand-new psychologist just coming to the department. I want to learn as much as I can from you. Whatever you are willing to share with me I would be very interested in learning about. Somewhere in our ride, maybe you could give me some idea of how you think psychology or psychologists might be helpful in dealing with your concerns."

Once the officer realized that it was a study in which he was the instructor to a newcomer in the department, with an opportunity to transmit his own street experience, he was most cooperative. In every case the officer appeared to be genuinely interested in the endeavor and seemed to enjoy the opportunity. In every case, the officer warmly invited the psychologist to come and ride again whenever he wanted to.

The setting for the study is the Monterey, California PD. Monterey is a city of 27,500 people on the Central Coast of California. It is about 120 miles south of San Francisco and 350 miles north of Los Angeles. It is in the center of a cluster of seven cities some smaller and some larger than Monterey. From a law enforcement point of view, it is a community with moderate action. The department under the direction of Chief Harold Benadom is considered one of the best in California. The Chief, who is nearing retirement, is highly regarded by both his officers and the community at large. The only officers that we lose are those looking for more action or those going out on disability or retirement. Captain Charles Houseman, second in command, established the scheduling for the study and gave this effort his full support.

FINDINGS

General Observations:

1. The first striking observation is how varied are the personalities of police officers. There may be similarities among them but the differences were most striking. They varied from "gung ho" to "laid back"; from ultra conservative to ultra liberal; from aggressive to somewhat passive; from moderately angry to tolerantly good-humored; and, of course, came in a variety of shapes and sizes.

2. The second observation included two common features. All of the officers seemed to have a kind of physical sturdiness and air of self-confidence; and all of the officers seemed to emphasize that they, themselves, had roles as "helpers" in the community.

3. The third general observation was that officers on the day shift or wanting the day shift appeared to be more settled "family men" whereas the swing shift officers or those who preferred the swing shift were the chargers, the fast responders, the action oriented personnel.

4. The fourth general observation is that police officers need as much orientation to what psychologists do or can do, as psychologists need orientation to the work of the police. When officers were pressed on how they might be able to use the help of psychology or psychologists, they did not come up with very many ideas except the most obvious one of help in their personal lives. Even there, the idea was mostly an idea and not something they were likely to do much about. This reluctance to take advantage of even the most obvious services will be discussed at greater length below.

Broad Areas of Stress or Concern having Psychological Implications

NOTE: In responding to ideas on stress and need for psychological help, officers were not necessarily referring to their present department but rather to police work in general as they or fellow officers in this or other departments have experienced it.

5. Chronologically speaking, *the selection process* is the first specific area of concern among police officers and one with clear possibilities for psychological help. The concerns centered around the mysteriousness of the process; failure of departments to reveal their specifications or reasons for failure; gold-like declarations concerning candidate fitness by police psychologists without any

clear underlying basis for those declaration; the reliability or consistency of oral boards; and the reliability and validity of polygraphs which are viewed as infallible by many police administrations. There was special concern with the above in lateral transfers where the officer in question has already enjoyed a number of years of on-the-job success and is then told by the hiring department that he does not meet their standards. Few areas are so clearly needful of psychological help.

6. Training is the next area of concern as voiced by police officers. There is a special need by young police officers to efficiently learn through training those lessons that older officers have gained through long experience. Learning the hard way can be injurious to one's health. How can psychology help to incorporate that experience into texts, movies, or training exercises. As older officers retire or move one, their experience is otherwise lost.

7. Marriage and Family Life is a broad area of concern. One significant opportunity for the application of psychology on the street arose in this "40 hour week" on the street. Riding with the officer provides a privacy in this "office" that would be hard to duplicate anyplace else. In this relatively short sample of riding, a number of personal matters were freely discussed with excellent rapport. It leads to the suggestion that the police psychologist that rode on a kind of circuit with departmental officers might provide an introduction to psychotherapy that all officers could take advantage of without the fear of stigma that is still large in the minds of street officers.

8. Many street officers find their niche on the street and have little or no interest in promotion even to the next grade. Both the promotion procedures and comparable rewards without promotion are of concern and could be addressed by psychologists. It should not be necessary to leave a job you like to get more money or prestige. The infantry badge in the Army is a small sample of that organization's attempts to provide meaningful non-monetary rewards. Similar possibilities might be explored in the work of the police officer.

9. Disability and post-retirement employment are of concern to officers as they reach retirement age or face disability. If psychology has a function in police selection, it certainly has an equal function in the selection for the next job after retirement. The clarification of career paths available to trained police officers could be a major help based on solid psychological data.

10. Psychological education of the police officer offers an answer to a need expressed by police officers here. They would like to know more about personality types, criminal profiles, "5150s" etc. with information on how to recognize and deal with the individuals so identified. They would like to know more about the psychology of domestic disturbances and how to deal with them safely.

11. Personal psychological education for the police officer on how to deal with himself, his fears, his angers, his reactions to street events from a child in a traffic accident to a shooting in which he is personally involved.

Minor But Specific Stressful Events

The following events occurring over these 40 hours, although not especially important in themselves, can add up to a lot of frustration or tension over time. In fact, it is the cumulative nature of police stress that is so subtle and so needing understanding and relief of psychological education. They are set out without comment but may stimulate the reader to perceive possibilities for helping activity.

1. Nothing happening (especially 3 am-7 am);
2. Burglary in progress;
3. Two racoons dead in the roadway;
4. Man, possibly armed, at massage parlor;
5. Injury accident – drunken driver;
6. Public disturbance at a homosexual bar;
7. Paper work;
8. Second guessing by supervisor;
9. Cultural confusion (termed DWO or "driving while Oriental")

10. Code 3 – high speed response

These are just ten of many events, each with its peculiar psychological demand on the police officer – each with potential implications for psychological assistance.

IN SUM

Riding on a consistent basis with street officers offers:

1. An opportunity for the psychologist to gain some real understanding of the officer's task and the cumulative nature of the separate events;
2. An opportunity for the officers to get to know the psychologist on their turf rather than his; and, thus, able to relax in company;
3. Direct opportunity to provide advice or "therapy" without every calling it that;
4. The basis for the development and implementation of practical helping programs in close cooperation with the department.

All of the above is especially important for psychologists who are not on the department payroll. Since not too many departments have full time psychologists, this applies to most of them. It takes time for non-police personnel to become accepted by sworn personnel. The time is worth the effort. Even though this writer was already known and apparently accepted by many of the police officers, this intensive 40 hour effort made a remarkable difference in both awareness and acceptance among the group.

POLICE PSYCHOLOGICAL SERVICES: ETHICAL ISSUES

Claire D'Agostino, Ph.D.

Ethical issues which arise from psychologist's involvement with police organizations have been discussed by *Monahan (1980)* and *Reiser (1972)* in some detail and more briefly by several additional writers. This paper is written from the viewpoint of a psychologist whose primary role with police departments is that of clinical practitioner. The first eight Ethical Principles of Psychologists adopted by the American Psychological Association (Ethical Principles of Psychologists, 1981) will be used to clarify ethical considerations related to police psychological services.

Principle 1 – Responsibility

In providing services, psychologists maintain the highest standards of their profession. They accept responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

For the police psychologist, ethical decision making is influenced by the nature of police work and police organizations. Because of the para-military, authoritarian structure of police departments, power and control are central issues. Police psychologists can become involved knowingly or unknowingly in power struggles between various factions of the police department. Requests for psychological services which appear to be legitimate may actually be an effort by individuals or factions within the department to increase their own power. Examples of this would be fitness evaluations or evaluations of emotional stability which are described to the officer being evaluated as the beginning of a helping process when in fact the results could be used as the basis for discipline or harassment. Additional examples would be the psychologist being pressured for involvement in labor/management contract issues and the psychologist being advised by members of one departmental faction to avoid being seen with or associated with another departmental faction.

Although the issue of who is the client will be discussed under Principle 5 (Confidentiality), in the opinion of the writer, the police psychologist functions in a general sense as the agent of the police organization as well as the individuals within the organization. The psychologist should be sensitized to the power struggles which occur

within the department in order to avoid participating in the misuse of psychological knowledge or the misuse of personal power and influence which the psychologist may have acquired. At times the psychologist may not recognize that he or she has acted inappropriately until the damage has been done. Attempts should then be made to correct the ethical error or at a minimum to notify the parties involved that the psychologist recognizes the error and it will not be repeated.

Principle 2 – Competence

The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and the profession as a whole. Psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience. In those areas in which recognized standards do not yet exist, psychologists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current scientific and professional information related to the services they render.

One of the major ethical dilemmas for a police psychologist is the absence of accepted standards of practice. Although there are a few internship programs which train individuals interested in police psychology, there is no current mechanism for determining the content of such training, who is qualified to provide training, etc. Most police psychologists have acquired their knowledge of police organizations, police selection procedures, etc., through job experience, study of the relevant literature and contact with other police psychologists. As police departments are unique in their way of functioning, any psychologists who purports to be a specialist in working with police should have a thorough knowledge of the police organization with whom he or she is working. The lack of established standards of practice results in the psychologist making an individual decision about what constitutes competent practice. The psychologist has an obligation to communicate personal conclusions about competency and the limitations of our current state of knowledge to police employers.

An interesting ethical problem for a police psychologist who is a specialist in working with police departments is observation of other psychologists who provide limited services to police organizations while lacking the competence to do so. For example, a clinical psychologist may evaluate police applicants prior to hiring without having knowledge of the requirements of police work, the literature on police personnel selection or the laws which govern selection of police personnel. In a 1980 article, *London and Bray* state that this is not ethical practice and should be dealt with as an ethical violation. It would appear that the police psychologist has an ethical obligation to share the current knowledge about selection of police personnel with the non-specialist or to take other steps to remedy the psychologist's engaging in unethical practice. However, in the absence of widely accepted standards of practice in police psychology, the police psychologist may run the risk of appearing hypocritical or self-serving. Because police psychology is a relatively new specialty with a sparse research literature, all police psychologists have an ethical obligation to communicate their standards of practice to others in the field and to otherwise assist in the establishment of generally accepted standards of competence.

Principle 3 – Moral and Legal Standards

Psychologist's moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Regarding their own behavior, psychologists are sensitive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as psychologists. Psychologists are also aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

The writer's clinical experience and understanding of the relevant research literature indicate that police officers tend to endorse conventional mores. Although expressed attitudes may not be congruent with personal behavior, there is strong official support for the traditional values of family, conformance to the law, honesty and integrity. Within the police organization there is likely to be a great deal of interest in the personal values and private behavior of employees including the police psychologist. Psychologists who work with police departments should be sensitive to the fact that unconventional moral values and behavior may be offensive to police officers and may damage the psychologist's credibility and effectiveness.

Police psychologists also need to be alert to either expecting or accepting unique favors which police officers can bestow (e.g., withholding a traffic ticket).

Principle 4 – Public Statements

Public statements, announcements of services, advertising, and promotional activities of psychologists serve the purpose of helping the public make informed judgments and choices. Psychologists represent accurately and objectively their professional qualifications, affiliations, and functions, as well as those of the institutions or organizations with which they or the statements may be associated. In public statements providing psychological information or professional opinions or providing information about the availability of psychological products, publications, and services, psychologists base their statements or scientifically acceptable psychological findings and techniques with full recognition of the limits and uncertainties of such evidence.

Principle 5 – Confidentiality

Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

In one of the few articles published on the subject of ethical dilemmas in employee assistance programs, *Lee and Rosen (1984)* discuss the unique ethical conflicts of professionals who provide clinical services in this context. Police psychologists who provide clinical evaluation and counseling to police officers and their families in a departmentally funded program are in reality administering an employee assistance program. The fundamental question of who is the client in an employee counseling service has to be readdressed with each clinical situation because each employee is unique. When the issue of who is the client is settled, the principle of confidentiality can then be applied.

In a discussion of the confidentiality principle as applied by police psychologists, *Monahan (1980)* noted that the multiplicity of functions which police psychologists perform leads to role conflicts and subsequently to ethical conflict. As part of the police psychologist's role as counselor, he or she may see police officers who are self-referred and who contact the

psychologist on a completely voluntary basis. The problems which the person has may be personal and not related to work or producing any problems at work. This would be the most clear example of the police officer being the client and the police officer reserving the right to confidentiality. Unless the psychologist indicated otherwise to the client, the police officer would be protected by the legal statutes governing confidential communications between psychologist and client which a client in private practice has. Of course, the police officer could waive this right and request that the psychologist communicate with the police department for some reason. The psychologist would need to clarify who would be contacted and the purpose of the contact.

Although the counseling situation involving a self-referred, voluntary client may be the most comfortable one for a clinical psychologist by virtue of graduate training and possibly experience, self-referral is not the only basis on which police officers become clients. *Lee and Rose (1984)* indicate that identification and treatment or referral of "problem employees" is a major task of employee assistance programs. The employer is likely to view this function as crucial to the purposes of the organization. In police settings, a supervisor may refer an employee for evaluation of the extent to which emotional problems or personal problems are interfering with a police officer's capacity to perform his or her job successfully. The supervisor may have already concluded that this is the case and refer the police officer for counseling. Who is the client in this situation and how should the confidentiality principle be applied? If the police officer makes the first contact with the psychologist, the psychologist should clarify what feedback the supervisor is expecting. The psychologist should indicate that the supervisor and the police officer are both clients in the sense that each is expecting the psychologist to perform a function and each is expecting to communicate with the psychologist. The limits of the police officer's confidentiality could then be determined and communicated to the police officer. The police officer would then be able to choose to continue participating in an evaluation and treatment/referral process or to withdraw from the process.

A third and perhaps most complex referral procedure is a situation in which a "problem employee" is departmentally ordered to take a psychological evaluation against the will of the police officer. If the police psychologist elects to perform this function within a police department, the issues of confidentiality, who is the client, welfare of the client, among others, must be addressed. In the writer's opinion, a departmentally ordered evaluation must be described by the psychologist

to the police officer as not confidential as the client is the police organization and the welfare of the police department will be the priority. When it is possible to do so, it might be preferable for the police department to refer all departmentally ordered evaluations which involve coercion out to a psychologist who does not perform other functions for the department. However, as *Lee and Rosen (1984)* have noted, the "problem employee" may not be the real problem or the only problem. In police settings a troubled employee may be having conflict with a poorly functioning supervisor or his entire squad may be having difficulties which relate more to supervisor than to individual employee difficulties. The police psychologist may be the best qualified person to identify all the issues involved with a "problem employee" and to make the most realistic and helpful recommendations for all concerned. This particular ethical dilemma should be addressed by each police psychologist because the ethical issues involved in this situation may be viewed differently and still be legitimate.

A major exception to the confidentiality principle is the "duty to warn" which is applicable to homicidal as well as suicidal individuals. *Gehring (1982)* has outlined the legal and ethical principles involved in the psychologist's "duty to warn" potential victims of homicidal clients. *Knapp and Vandecreek (1983)* have discussed the "duty to warn" as it applies to suicidal clients. Although there may be variability within police departments, geographic areas, etc., it is a commonly accepted observation that the rates of alcoholism, divorce and suicide are unusually high among police officers (*Fennell, 1979*). In the writer's experience, homicidal behavior, not including that required in the line of duty, is more frequent than suicidal behavior among police groups in the State of Delaware. In any case, those behaviors which may necessitate the "duty to warn" appear to be more common in police populations than in the general population.

Given that police groups may be more prone to experience alcoholism, divorce, depression and other indicators of emotional distress than the general public and that police officers also carry weapons, does the police psychologist have a special "duty to warn" the employers of police officers? The available case law suggests that three conditions must exist before the "duty to warn" is applicable. First, there must be a special relationship between the person who is knowledgeable about another person's potential dangerousness and the dangerous person. The therapist-client relationship has been determined by some courts to fit the definition of "special relationship." Second, the therapist must make a reasonable determination based on professional judgment that the

client is dangerous. Third, there must be a foreseeable victim.

In order for a police psychologist to make a judgment about the "duty to warn", the psychologist needs to be familiar with the extent to which police officers use hostile or violent language in the normal course of their work. Violent metaphors are a routine method for releasing tension and may serve a useful function. Although the capacity of psychologists to predict dangerousness has not been demonstrated (*Gehring, 1980*), psychologists are expected to use their clinical experience to make such determinations. For police departments this is an important service for psychologists to provide. In addition to a clinical interview, the use of assessment techniques, and a social history, the psychologist needs access to the police officer's work history and current job performance. How can the psychologist acquire current information about work performance if the police officer is guaranteed confidentiality?

One of the positive aspects of being a counselor in an employee assistance program is the possibility of obtaining information about job performance without the necessity of revealing this to anyone. If as stated in the preceding situation, the psychologist is unable to obtain a waiver of confidentiality, it may be possible to obtain information through another route. If the police officer agrees to release confidentiality which is often the case, the psychologist is then able to complete a thorough evaluation and make a well informed judgment about the police officer's potential for dangerousness. When working with police officers, the first two conditions for a "duty to warn" may be determined by the therapist to exist, what about the third condition? If a police officer makes a statement threatening the public at large or anyone with whom he or she might come into contact in the line of duty, is the general public a foreseeable victim?

In the writer's experience, police officers are often capable of judging when they have reached the limits of their own stress tolerance and are likely to lose control of their behavior. This may be expressed by such statements as "I'm afraid I may hurt the first person who gives me any trouble." In the writer's opinion, statements such as these which suggest the possibility of a readily available but unnamed victim meet the legal condition of a foreseeable victim. If the police officer will not take responsibility for controlling his or her own behavior, then it appears that the psychologist must violate confidentiality and warn a supervisor or someone who will control the behavior. Of course, there are several avenues for reducing the potential for violence including light duty assignments, leave time, etc. Procedures for dealing with suicidal behavior may essentially be the same except

that the psychologist would most likely warn family members rather than a job supervisor.

Principle 6 – Welfare of the Consumer

Psychologists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and psychologists' employing institutions, psychologists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments. Psychologists fully inform consumers as to the purpose and nature of an evaluative, treatment, educational, or training procedure, and they freely acknowledge that clients, students, or participants in research have freedom of choice with regard to participation.

Application of principle six in police settings is a complex and challenging task. Role conflicts and consequent conflicts of interest have been explored by *Monahan (1980)* and *Reiser (1972)*. Although a police psychologist may develop an initial contract with a police department to clarify role expectations and to avoid potential conflicts of interest, all ethical dilemmas may not be anticipated in advance. When the psychologist provides services to suspected malingerers, police officers who are laying the groundwork for a psychiatric disability pension, and other police officers who may be attempting to misuse the psychologist and the police organization, the psychologist should address the ethical issues of who is the consumer and what actions on the psychologist's part protect the welfare of the consumer. After answering these questions and being careful to act within the guidelines of the confidentiality principle, the psychologist should make a clear statement about whose interests he or she is protecting.

In the case of a malingering client, the psychologist may decide that he or she cannot simultaneously act in the interests of the individual police officer and the police department. If so, the psychologist has the option of stating this to the police officer and making a recommendation that the police officer see a psychologist who is able to act as the police officer's advocate. Because this type of situation may develop occasionally, the police psychologist needs to develop referral sources in the community who are sympathetic to and knowledgeable about the needs of police officers and their families.

In a 1982 article on ethical and legal considerations in marital and family therapy, Margolin outlines a number of ethical considerations which have relevance to employee assistance programs for police marriages. The question of "Whose side is the therapist on?" is standard

although possibly unstated issue in all marital therapy. When a police department pays a psychologist to provide marital counseling for police officers and their spouses, the police officer may expect the therapist to have a greater commitment to and understanding of the police officer's position than that of the spouse. The non-police spouse may have the same expectation or a different expectation. In reality, the psychologist may have a work relationship with the police spouse which antedated the couple's contacting the therapist for counseling. The therapist may have more knowledge about the police than the spouse. The police psychologist needs to openly address the expectations the couple have about the psychologist's role in relation to the police department and the psychologist's capability of being a helpful therapist to both marital partners.

Because of the close knit nature of police personnel, the many friendships which may exist, the family interconnections and the continually operating "rumor mill", the police psychologist has a special opportunity to acquire unsolicited information about a police officer and his or her family. Although the therapist's orientation to dealing with information revealed by each spouse, other people may distribute information which has the appearance of having come from the therapist. Police psychologists need to be alert to the way personal information is transmitted within the police organization and correct any misperceptions or possible misperceptions. In addition, the psychologist may acquire information which indicates that one or both spouses is being less than truthful with the other. The therapist will have to decide what action will best serve the clients' welfare.

An additional ethical dilemma for the police psychologist in counseling police officers and their spouses is the divorce situation. If the therapist counseled the spouses together and they then divorce, who becomes the client during and after the divorce? If there is a dispute over the custody of the children, does the therapist have an obligation to testify on behalf of the police spouse only, the spouse whom the therapist thinks should have custody, or neither one. If divorce becomes an option for a police couple, the most ethical position for the therapist would be to inform each spouse in advance of counseling and policies the psychologist has in regard to divorce counseling and court testimony. The therapist's ability or non-ability to handle this situation ethically and fairly may become general knowledge and will more than likely be scrutinized by potential clients if they should consider seeking marital counseling with the police psychologist.

Principle 7 – Professional Relationships

Psychologists act with due regard for the needs, special competencies, and obligations of their colleagues in psychology and other professions. They respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated.

Because police departments are public agencies which receive close scrutiny from other governmental agencies as well as from the general public, there may be a special sensitivity on the part of police departments to public statements made by police psychologists in their employ. In an effort to act as an advocate for police officers, a police psychologist may wish to inform the public as well as professional colleagues about the particular stresses of police work. Any public discussion of police departments and police behavior should receive the approval of the employing agency prior to its occurrence. The police psychologist must take care not to undermine public confidence in police officers and police organizations of the police personnel with whom police psychologists have a professional relationship.

Principle 8 – Assessment Techniques

In the development, publication, and utilization of psychological assessment techniques, psychologists make every effort to promote the welfare and best interest of the client. They guard against the misuse of assessment results. They respect the client's right to know the results, the interpretations made, and the basis for their conclusions and recommendations. Psychologists make every effort to maintain the security of tests and other assessment techniques within limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

Psychologists have used assessment techniques for police personnel selection, "fitness for duty" evaluations, selection of personnel for specialized units and evaluation for promotion. Detailed discussions of ethical issues involved in personnel selection and promotion may be found in a number of sources including *London and Bray (1980)* and *Grant (1981)*. A review of the major ethical problems with the application of assessment techniques to police populations may be found in *Monahan (1980)*. Because of the scope of these articles and additional available literature, the present article will include only a few ethical cautions from the writer's experience with several police departments.

Police departments differ widely in their policies and procedures related to the use of psychological assessment techniques. Psychologists should be alert to the possibility of police departments' administering and interpreting assessment techniques without the involvement of a licensed psychologist. When a psychologist is involved in an assessment process, the psychologist needs to become familiar with the laws and governmental regulations which affect assessment procedures in the particular police department in which he or she is employed. In addition, agreements should be made in advance regarding the extent to which the person assessed will receive feedback, who will provide the feedback and what form it will take as well as procedures related to the security of records. Additional aspects of ethical record keeping include the development of guidelines related to who will have access to the records and when and how these records will be disposed. The limits of confidentiality should also be explained to the police officer or police applicant who is being evaluated.

Because the use of psychological evaluation by police departments is relatively new and largely undeveloped (Monahan, 1980), psychologists doing assessment of police groups must be alert to the limitations of assessment techniques with this population. In addition, any reservations about the lack of validity or reliability of a particular test for the purpose it is being used should be communicated to the police department. There may be a tendency for the police department to have inflated expectations about the validity of test results particularly in the area of personnel selection. As research continues to be conducted and the knowledge base continues to expand in the field of police psychology, police psychologists must continually update their own standards of competency in the area of psychological assessment of police officers and police applicants.

RECOMMENDATIONS

Ethical decision making by providers of police psychological services is influenced by the nature of police work and police organizations, the variety of roles which police psychologists may play, the lack of established standards of training and practice, and the absence of formal ethical training. As Margolin (1982) has noted about ethical issues related to marital and family therapy, ethical practice in police psychology required special attention. Knowledge of the APA guidelines for ethical professional conduct is not adequate preparation for the dilemmas which police psychologists encounter. The following steps are suggested as a strategy for developing ethical guidelines for the practice of police psychology:

1. The police psychology subsection of Division 18 of the American Psychological Association should take the initiative in developing standards of competence for police psychologists. The first task in this undertaking would be to define the scope and purpose of police psychology. Additional areas for study would be minimum standards of training and the development of ethical guidelines which are congruent with the ethics of professional psychologists as outlined by the American Psychological Association.

2. Police departments employing psychologists should be asked for input regarding their views of what constitutes ethical practice.

3. The research design of Tynchuk *et al.* (1982) could be used to study the extent to which police psychologists are consistent in their application of ethical principles to ethical situations which they encounter as police psychologists. In addition, data could be obtained regarding the decision making processes which police psychologists employ.

CONCLUSIONS

Providers of psychological services to police departments encounter unusual ethical issues as well as a large number of potential ethical conflicts. Policy psychology can be viewed as an ethical nightmare or as a challenging opportunity to apply the ethical principles developed by the American Psychological Association to a new specialty in psychology. If police psychology continues to grow and develop as a specialized area of practice, it will have to approach ethical issues as a challenge.

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ISSUES IN PROVIDING PSYCHOLOGICAL SERVICES TO LAW ENFORCEMENT PERSONNEL

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A wealth of literature exists detailing the sources and consequences of stress in the law enforcement field. Police officers, more than workers in other occupations, have been shown to be affected by a wide variety of avoidable stressors. A number of interventions designed to alleviate the stress-related problems police officers face have been proposed by the authorities in the field. In this paper, I will discuss several issues regarding the delivery of psychological services to police officers. An increasing number of police departments are contemplating the addition of some kind of counseling services to aid their personnel. However, before a program can be implemented, the department must determine the extent of the need for services, decide on the most efficient and cost effective design and management practices and find out ways of encouraging police officers to use the services provided. At the present time, comparative research regarding the above issues is lacking. The following discussion is based on the published literature in the field, data collected in my capacity as an Employee Assistance Counselor for Ann Arundel County and a needs assessment survey administered to 74 Anne Arundel County police officers.

Needs Assessment

Until relatively recently, psychological problems among the police were either denied or viewed as rare individual aberrations (Fennell, 1981). However, there is a growing consensus that the physical and psychological demands of police work can affect even the strongest individual. A large number of stressors impinging on police officers have been identified but differences exist regarding their classification and importance ascribed to each. A partial listing of these stressors include physical stress due to shift work, poor eating habits and need for constant physical readiness (O'Neil & Goldstein, 1983);

stress due to working with people under conditions of high pressure and emotional intensity (Silbert, 1982); stress due to organizational factors (Phelps, 1975); stress caused by the wider societal factors such as negative perception of police by the public and the criminal justice system practices (Eisenberg, 1975). In addition to these job related stressors, officers may need to cope with internal psychological problems or family pressures.

Long term exposure to such pressures has been shown to result in increased probability of physical and emotional impairment among police officers. Richard and Fell (1975) reported that policemen were more likely than people in general to develop health problems, particularly in circulatory and digestive systems, and to suffer from premature death and suicide. Blackmore (1978) cited a study by the National Institute of Occupational Safety and Health based on surveying 2,300 officers in 29 departments. The results indicated that "37 percent of the officers have serious marital problems, 36 percent serious health problems, 23 percent serious alcohol problems, 20 percent serious problems with their children and 10 percent problems with drugs."

In their attempts to deal with a variety of stressors, some police officers develop coping styles that are maladaptive and eventually destructive. Hill (1981) described a psychological defense that is common among police officers, that of emotional detachment. Some degree of detachment is necessary and even desirable, but this process can get out of control and result in emotional blunting, psychosomatic symptoms and problems in relating to others. Hageman (1977) showed that emotional detachment increased with the length of service and was negatively correlated with marital happiness. When faced with a number of conflicting demands, some officers react by developing performance anxiety and fear of being criticised (Jacobi, 1975), while others withdraw and become cynical or uninvolved (Reese, 1982).

The available statistical and anecdotal evidence seems to indicate that stress-related problems among the police are widespread and debilitating to the individual, family and the organization. Given the complexity of the problem, it is clear that there can be no simple solutions. The majority of police psychologists recommend that psychological counseling be one part of a comprehensive

effort to alleviate police stress. Although counseling in itself cannot eliminate many sources of stress, such as organizational or societal factors, it can help officers improve their coping skills, provide a safe place for expression of feelings, give emotional support and help resolve personal or family problems. *Dash and Reiser (1978)* reported that the divorce and suicide rate among Los Angeles police officers is lower than that of the general population and attributed this finding in part to their comprehensive psychological services program.

In order to ascertain whether police officers themselves perceive need for mental health services, and anonymous need assessment questionnaire was administered to 74 Anne Arundel County police officers. The first question dealt with the estimated percentage of officers in need of psychological help. In the judgment of most respondents, a substantial percentage of officers are in need of psychological help. In the judgment of most respondents, a substantial percentage of the force were seen in need of help—the average estimate was 48.9%. The respondents were then asked to rank their priorities regarding the focus of help provided by the department. Approximately 46% selected everyday job stress as the most urgent problem. Help in dealing with traumatic incidents on the job was ranked as second most important overall and was considered most important by 22% of the respondents. Other problems, listed in terms of perceived importance, were: marital and family problems, personal problems, alcoholism, financial problems and, finally, dealing with changes such as promotion or retirement.

Although the present sample may not have been representative of all Anne Arundel County police officers, the results were congruent with the conclusions arrived at by others in the field of police psychology, namely that officers were interested in receiving help in coping with job stress and family problems.

The Design of Psychological Services

A growing number of law enforcement agencies is utilizing or planning to institute some type of psychological counseling services. Most programs described in the literature appear to be quite successful in helping police officers but vary widely in their design. Each program seemed to grow out of an idiosyncratic combination of perceived local needs and resources and it is difficult to compare the effectiveness of the various program components. In designing a new counseling program, a number of decisions will need to be made concerning the type and extent of services provided and the qualifications of the proposed service providers. The options and their advantages and disadvantages will be discussed below.

Many large police departments have an in-house psychological services unit staffed by full-time professionals. This design has a number of advantages. The upper management is likely to be committed to the program and to actively promote its use. Since the police psychologist is employed on a full time basis, he or she has the opportunity to do a thorough needs assessment, become familiar with the system and meet the majority of the officers on formal and informal bases. Consequently, officers may view the psychologist as available, knowledgeable about the system and sympathetic to the police point of view and thus may be willing to utilize the services provided.

On the negative side, the costs of an in-house program are probably out of reach for smaller police departments. In addition, even though confidentiality is always guaranteed, officers may distrust the program because of its close ties to the management. This point was discussed by *Morris (1980)* who pointed out that there is an inherent conflict between the counseling and managerial functions, such as evaluation of disabled officers, that many psychological units perform. *Ludos and Mijares (1981)* expressed similar fears regarding the potential misuse of confidential information by departmental counseling programs.

The pros and cons of having an outside consultant available to the department on a part-time basis, typically 10 to 15 hours a week, are mostly the reverse of an in-house program. The psychologist may not have enough time to get to know the department and its officers and at times it may be impossible to respond quickly to emergencies. However, the costs are much lower than those for a full-time program and the officers may be more likely to view the consultant as being impartial, rather than an ally of the management. An interesting way of combining the advantages of the in-house and consultant program was described by *Chandler (1980)*. In this program, twelve counties and 104 departments in western Michigan shared the services of one full-time police psychologist. As a result, the departments had access to a full-time psychologist experienced in police psychology at a reasonable cost and without the program being too closely identified with each departmental bureaucracy. Anne Arundel County has a similar program in which one full-time psychologist provides consultation, treatment and referral for all county employees, again resulting in easy accessibility and cost containment. In one year of operation, the police department was ahead of all other county departments, even those larger in size, in its utilization of the services provided. Moreover, the majority (87.5%) of police employees requested help voluntarily, as opposed to being required to come by their supervisors.

Many early counseling programs focused on the identification and treatment of police employees having problems with alcohol. The advantages of providing a specialized service for alcoholics include a high recovery rate (about 75%) from this chronic and debilitating illness and decrease in absenteeism, on the job accidents, and need for disciplinary action among the successfully treated officers (Dunne, 1973). On the other hand, specialization in alcohol treatment may discourage officers with problems other than alcoholism from using the services because of fear of being labelled an alcoholic.

Another issue concerns the extent of the services provided by the psychological unit. Short-term counseling (one to five sessions) is the rule in most programs and clients are referred to outside specialists if more extensive help is needed. The advantage of this approach is that a large number of clients can be served and the costs are kept down. If longer term treatment were provided, the department would either have to hire more counselors or become reconciled to a long waiting list for the service. However, when clients are transferred to another professional, there is a chance of some dropping out of treatment. The data from the Anne Arundel County Employee Assistance Program indicated that, in one year, 38.2% of clients failed to transfer to a new counselor despite extensive encouragement and follow-up. When asked about the reasons for not following through on the recommendation, some clients reported that they had derived enough benefit from the sessions provided under the EAP and felt no need to continue, but others expressed reluctance to "start all over" with someone new. Although not explicitly mentioned, the fact that outside services usually have to be paid for by the client may also be relevant.

Another question to be resolved in planning counseling services is the use of peer counselors. Some counseling units rely heavily on the services of police officers trained in counseling techniques and claim that peer counselors are perceived as being more understanding and trustworthy than mental health professionals. The use of recovering alcoholics in helping others with alcohol problems has been very successful. On the other hand, peer counselors may have difficulty in dealing with the full range of emotional problems due to lack of adequate training and a tendency to overidentify with their clients. Also, according to some police psychologists, officers may be reluctant to share sensitive personal information, particularly if it is contrary to police values, with their peers. This problem could be mitigated by using a team composed of psychologists and peer counselors and giving officers an opportunity to choose their own therapist.

In conclusion, no single type of a psychological counseling program will satisfy the needs of all police depart-

ments. Each program needs to be designed to fit the specific departmental needs, priorities and resources.

Promoting the Utilization of Counseling Services

Police officers are notoriously distrustful of mental health services. Although the rates of stress-related problems are higher for police officers, they are less likely than the average person to seek help (*Blackmore, 1979*). Seeking help is in conflict with the stereotypical image of a policeman as someone who is completely self-sufficient and in control at all times. Hopefully, an increasing number of policemen are beginning to realize that this role is burdensome, unnecessary and deleterious to their mental and physical health.

The second part of the needs assessment survey was undertaken to get some data regarding the officers' willingness to seek help and the factors that would make it easier and more acceptable for them to seek it. The results indicated that almost 19% of the sample of 74 reported that they would not seek professional help under any circumstances and 10.8% reported that they would definitely seek help if they could not solve a problem on their own. An additional 27% thought that they would probably seek help and the remainder of the sample were undecided.

In the next part of the survey, officers were asked to check all applicable factors, out of a list of 14, that would make it easier for them to seek help, and to double check their top three choices. Each check was counted as one point and ratings for each factor were summed and are listed in Table 1. Not surprisingly, issues related to confidentiality proved to be the most important for the majority of respondents, although help with paying for the counseling was also quite important. Most respondents indicated they would prefer to consult with a professional who has shown interest in police work, but who is geographically and institutionally separate from the police department. The lack of desire for peer counseling also seemed to be related to confidentiality issues as several officers stated that they would not be comfortable discussing personal issues with their peers because they did not believe the matters would remain confidential.

Although these results are preliminary, they are encouraging in that between 37 and 80% of police officers who responded to the survey indicated at least some willingness to utilize psychological services, provided they could do so without becoming known to the department. These findings are congruent with the conclusions reached by other police psychologists, except for the unexpected lack of interest in peer counseling. More research regarding the preferences of police officers regarding the delivery of psychological services is needed.

Table 1. PREFERENCES OF POLICE OFFICER SAMPLE REGARDING PSYCHOLOGICAL HELP. N=74

Factor	Total no. of points
Strict confidentiality	117
Costs partially or fully covered by the department	87
Professional has no connection with the police department	65
Ready availability and flexible hours	55
Office located away from headquarters	50
Professional shows interest in police work	48
Programs available for the entire family	36
Peers' positive attitude toward psychological help	26
Mandatory counseling following high stress situations	25
Supervisors' positive attitude toward psychological help	19
Personal acquaintance with professional	14
Services provided by a member of the clergy	13
Professional employed by the police department	11
Services provided by police officers trained as counselors	10

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A COMPARISON OF THE ROLES OF POLICE PSYCHOLOGIST AND THE PSYCHOLOGICAL CONSULTANT TO LAW ENFORCEMENT AGENCIES

Catherine L. Flanagan, Ph.D.

This paper is written from the perspective of a psychologist who has practiced as both a police psychologist and psychological consultant to law enforcement agencies. More specifically, I am a former staff psychologist with the New York City Police Department, Psychological Services Unit; and, at present, I serve in the capacity of psychological consultant to the department and to other law enforcement agencies.

There has been a fairly recent increase in the number of psychologists involved in working with the police population. This increase has preceded the development of both a strong theoretical base in the police psychology literature and of technical methods for working with police (Flanagan & Franzese, 1984). Role confusion and a need for role delineation have become major issues among practitioners in the field. Two important practitioners in this field are the police psychologist and the psychological consultant. Here, an attempt will be made to clarify some of the issues they encounter.

Although the police psychologist and the psychological consultant are involved with the same population, their roles are somewhat different. The police psychologist is a department employee who, often familiar with the police organization, has the advantage of being accepted within the department. Even when this psychologist is a civilian, he/she often is not viewed as an outsider. The police psychologist often is faced with the problem of role confusion. This is especially so because of the many populations served and the conflict that arises in trying to serve all of them. These populations include: the police organization by which he/she is employed; the police officer within the organization; the public; and, the profession of psychology. Many questions exist regarding the role of the police psychologist. This role is in the process of being developed and solidified. There are disagreements in the field over who is the client of the police psychologist who is employed by the law enforcement agency. The issue is complicated further when the police psychologist is both a licensed Ph.D. and a uniformed member of the law enforcement agency. *Reiser (1972)* maintains that the police department is this practitioner's client. Others maintain that it is the police officer.

Further complicating the job of the police psychologist is the fact that he/she must possess a large number of

skills. This psychologist might be called upon to: develop candidate selection procedures; evaluate police candidates; evaluate officers for the ability to possess and carry firearms; evaluate officers for the ability to perform full-duty functions; administer crisis intervention; administer short-term psychotherapy; in-service training; consultation; psychodiagnostic assessment; provision of expert testimony in court; research; and report writing, among other functions.

The psychological consultant, on the other hand, receives referrals from the department. This psychological consultant, on the other hand, receives referral from the department. This psychologist has greater freedom to work with officers as patients and often works with officers for longer periods of time than does the police psychologist. *Mann (1983)* contends that the consultant often is viewed as an "outsider" and as an agent of change. He further contends that the department makes referrals to the consultant when change is desired. Thus, the consultant may be placed in a difficult position—one in which he/she is loyal to the patient, but where his/her livelihood might well be dependent upon department referrals. In light of what may be a major problem, it is suggested that the consultant have a broad based referral pool so that he/she will be able to work in as professional a manner as possible.

The role of the psychological consultant is a complex one. He/she might be hired in different roles within the same department. Referrals are made to consultants for crisis intervention, psychotherapy, candidate evaluation or re-evaluation, and so forth. In the New York City Police Department, consultants also are hired for second opinions on what may be termed "official" cases. In some agencies, consultants also help with hostage negotiations and police calls. While the roles may differ across the country, many of the problematic issues encountered are the same.

The consultant's job is a difficult one. It is one in which flexibility is needed and in which very special skills are required. In addition to the skills as a clinician and therapist, this practitioner needs to understand police work, its physical dangers, and its psychological stresses. This may be difficult because the consultant does not have the advantage of working within the law enforce-

ment agency and because many consultants do not have within-department experience.

The consultant must be cognizant of the role of personality factors in police performance and must not ignore the great impact of the job on family life. In fact, a large number of officers have family problems (e.g., problems with spouse). Spouses often complain that officers have difficulty communicating with them when they leave the job and go home. A question I have often asked myself is, "Have people with difficulty expressing their emotions been drawn to police work or does police work harden them and make them less expressive?" I have reached the conclusion that it is probably a combination of the two factors with heavier weight placed on the latter. It seems that the individual might have had some predisposition to be that way and that police work strengthens an already existing tendency. This is not to say that all officers have difficulty communicating, but it does appear that quite a few do. Those who work among police suspect that the job does change the person who becomes an officer. I have heard this from clinicians throughout the country. All one has to do is observe new recruits to see that they do change.

Other problems seen among police officers are drinking and, on the rise and often difficult to detect, the use of drugs. Drinking is often resorted to in an effort to decrease the stresses of the job. Other job-related problems such as coping with rotating shifts, social isolation, job stress, police organization stress, retirement decisions, and financial problems also are encountered by the consultant. A major treatment issue for the therapist is the officer's difficulty with the shift from a needed leadership role while on duty to that of the person going for help. While on duty, the officer is often the helper to the community. It is he/she who is approached and asked for assistance. It is he/she who must not emote and who must efficiently and safely take care of all concerned. So, it is easy to understand why officers often experience difficulty becoming patients. To become a patient, one must open up and become vulnerable to the therapist. The consultant must realize that officers, as a group, are not psychologically minded and that they are not used to thinking in terms of psychology. Probably, the consultant is one of the first, if not the first, psychologists the officer has encountered. As a psychotherapist, he/she must teach the officer how to be a patient. It is only once this task has been accomplished that therapy can proceed.

As with the police psychologist, the issue of confidentiality is a crucial one for the consultant. Perhaps it can best be explored by looking at the way in which department referrals are made to the consultant in a complicated system at the New York City Police Department. An

officer is seen by a police department psychologist, who, in turn, refers to the consultant if a second opinion is desired. These requests include whether or not an officer should be returned to full duty; fitness to possess and carry firearms; survey from the department, and so forth. It is explained by the consultant at the onset of the meeting that there are limits to confidentiality and that a report will be sent to the department psychologist along with recommendations. The purpose of the evaluation also should be explained.

Referrals for treatment are made by different sources; such as, department psychologist, police union, employee relations department, through the grapevine. All of these referrals would be dealt with in utmost confidentiality. However, limits to confidentiality would exist with some of the department psychologist's referrals for psychotherapy. The latter referrals require that the consultant be exceedingly careful to delineate his/her role with the particular client. These referrals in New York City are either "official" or "unofficial" ones. The determination of the classification is made within the department on the basis of whether he/she was ordered in for treatment or evaluation by executive officers. The former are unofficial referrals; the latter are the official ones. Examples of official referrals are when an officer is sent to the department psychologists for firearm removal, for a civilian complaint, and so forth. The consultant is notified at the onset of treatment as to the nature of the referral. Confidentiality is discussed with the officer at the onset of treatment. In official referrals, the department maintains the right to obtain reports and information regarding the progress of treatment. In unofficial referrals, either no information is given to the department psychologist or very general information is given—only with patient approval and for the purpose of obtaining funds for therapy at the patient's request. Some consultants work with both types of referrals. I have found it best to accept only unofficial referrals. The consultant must be continually aware of which type of referral he/she is working with. At times, requests are made from within the department that cannot be complied with because the client's confidentiality must be protected. A prime example is when the department is paying for treatment. As can be observed, there are limits to confidentiality that must be explained to the officer.

It is accepted practice to follow the ethical guidelines set forth in the *Ethical Standards for Psychologists* published by the American Psychological Association (Mann, 1983). Reiser's point is well-taken and should be confidentiality must be communicated to potential clients (Reiser, 1972). This clearly applies to official referrals. More specific ethical standards are needed for

psychologist who work with police. There is a move afoot in the profession for the development of such guidelines. It is maintained that such guidelines should include the separation of candidate evaluation, police officer evaluation, and treatment functions within the law enforcement agency, so that one police psychologist does not serve in all three roles.

In general, then, the roles of the psychologists who work with the police population are difficult ones. This is a very specialized field and only psychologists with experience in these areas are able to properly perform the work. One should not forget that these psychologists work very closely with individuals who are licensed to carry firearms. There is very little room for error in clinical judgment. Inaction also can be a serious error.

Although they are working from different perspectives, both police psychologists and psychological consultants to law enforcement agencies must cooperate with each other and share their theoretical and practical knowledge. This cooperation will enable us to develop and strengthen

the psychological intervention methods used with police. The field of police psychology must further explore and clarify the important issues of responsibility to and confidentiality for the populations served. It is hoped that this paper has helped to do so, even if only in a small way.

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A SYSTEM FOR THE DELIVERY OF PSYCHOLOGICAL SERVICES FOR POLICE PERSONNEL

Douglas Gents, Ph.D.

Many law enforcement agencies across the country now utilize the services provided by psychologists. As this trend becomes more prevalent, it generates a need to provide psychological services within a clearly organized structure. A non-profit corporation, funded by the municipality for the sole purpose of delivering psychological services is a viable alternative to more typical delivery systems. Any system for delivering such services needs to include, at minimum; a realistic description of the services offered, statements of qualifications and roles of the service providers, a record-keeping system that allows for accountability while insuring confidentiality, and clearly stated procedures.

Delivery systems for psychological services can be organized within the structure of law enforcement agencies. Delivery systems for psychological services are typically structured in two ways. Those systems organized directly within the structure of law enforcement agencies often receive the label "In-House" programs. Agencies also have the option of contracting with local clinics, organizations, or individuals. This type of delivery system is often referred to as an "Out-of-House" program. Each of these approaches have their advantages and shortcomings. Personnel may view the "In-House" psychologist as a "tool" of the administration, while the "Out-of-House" consultant may give the impression of a lack of availability and/or commitment to working with police officers.

On the positive side, the "Out-of-House" consultant may provide a more secure feeling concerning confidentiality as a result of his or her greater separation from the department and the full-time "In-House" psychologist will likely prove more available and more knowledgeable concerning police-related problems and concerns.

A third way to structure a psychological delivery system does exist. Creating a private, non-profit corporation funded by the municipality, exclusively oriented toward providing psychological services for the law enforcement agency appears to maximize the advantages of both approaches. Such an organization separates the program from direct inclusion within the Police Department, yet allows it to operate for the benefit of the department's personnel. In this way the organization maintains its independence from the Department, yet exists solely

to serve the Department. Depending upon the needs and structure of the municipal government, this same organization can be made available to assist Fire Department personnel as well.

A strong connection to the municipal government can be maintained by selecting as members of the Board of Directors key city officials such as the Chief of Police, the Chief of the Fire Department, the City Personnel Director, City Budget Director, and at least one member from the community at large. While this board would certainly not have access to confidential files, it would take responsibility for policy decisions. Such individuals serving as the Board of Directors could insure that the services delivered by the organization matched the needs of recipients. Once the private, non-profit organization is chartered and the Board of Directors is formed, the remainder of the organization may be structured.

The first issue which requires attention consists of a realistic and clear description of the services the organization will provide and who will be eligible to receive those services. Although all services will likely fill important needs, it would seem appropriate to state them in terms of their importance and priority. For example, the organization might offer the following services in the following order of priority: Direct Services (ie: Individual or Marriage/Family counseling); Education/Training (ie: Stress Management programs); and Research and Development (ie: research regarding Post Shooting Trauma). Policy decisions concerning who will be eligible to receive services need to be clearly stated. For example, the organization may be mandated to serve police officers and fire-fighters, immediate family members of police officers and fire-fighters, and civilian employees of either police or fire departments, in that order.

Next, the organization needs to include clear descriptions of the expectations and roles of its staff members. While the most traditional or obvious response to this need would call for an Executive Director, Clinical Services Personnel, and Clerical Personnel, other possibilities may prove more efficient. An alternative structure might consist of appointing a Program Administrator to take responsibility for budget and clerical matters and a Chief Psychologist to take responsibility for all clinical

and other service activities. Needless to say, a cooperative working arrangement and equal access to the Board of Directors would prove necessary. Very clearly stated job descriptions would be required to give this type of system a fair chance of success. This system can also easily adjust to coordinating and utilizing a broad range of mental health professionals from the surrounding community. Advantages of using mental health professionals from the community include greater assurances of delivering a very high quality of service and increased involvement of the local mental health professionals in a productive, positive way with the law enforcement profession.

Accountability issues and professional responsibility require a carefully constructed record-keeping procedure. Confidentiality must be safeguarded, while responsible accounting for service delivery must be available to the Board of Directors and indirectly to the tax-payers which the Board represents. The organization should, at minimum, have the ability to state the number of hours spent delivering services by category and the number of people served within categories when appropriate. An example of such a system may be found in the appendix of this article.

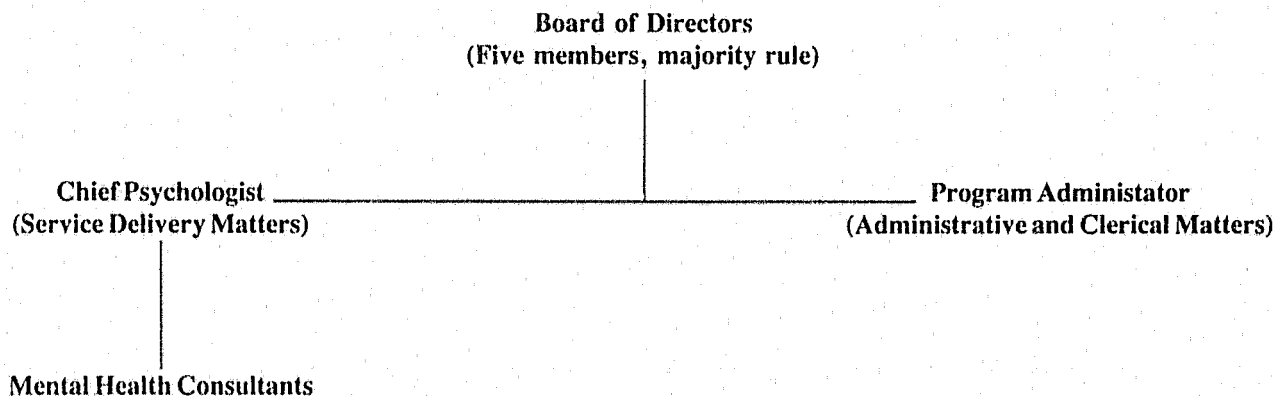
Note: In order to further clarify the statements made in this paper, examples of service descriptions, position descriptions, a record-keeping system, and operating procedures are included. Also attached are procedures for incorporating the services of mental health professionals from the surrounding community who may be utilized on a contractual basis as consultants.

Finally, procedures for the activities of the organization need to be spelled out in writing. Such details as the information clients receive on their first visit; who takes responsibility for obtaining consent-to-treat authorizations; how records are kept and who keeps them; how consultants are reimbursed for service and who authorizes their reimbursements; and how will Behavioral Cause Evaluations proceed, represent only a few of the activities which require written, consistent procedures. Such procedures, once established, increase the probability of timely, professional service as well as minimizing the possibilities of role conflicts and confusion.

The need for realistically stated descriptions of services offered, clearly defined role expectations of the organizational staff members, confidential and responsive record-keeping systems, and standardized operating procedures apply to any psychological service delivery system, whether it falls within the "In-House" or "Out-of-House" model. An organization that is formed with the goal of combining the advantages and minimizing the shortcomings of both models has an even greater need to demonstrate its professional and organizational integrity. It must be prepared to represent itself as providing high quality service to the law enforcement profession, to the psychological profession, and to the tax-paying community which provides its funding – and in the final analysis, benefits as a result of its existence.

PSYCHOLOGICAL SERVICES

Authority Flow-Chart



PSYCHOLOGICAL SERVICES

Categories of Services

Direct Services (to officers and/or their families)

Descriptions:

- A. Intake—initial meeting with psychologist
- B. Psychological Counseling
 - 1. Individual Counseling
 - 2. Martial Counseling
 - 3. Family Counseling
- C. Psychological Assessment (testing)
- D. Case Consultation as appropriate (ie; follow-up with M.D.s, case planning and management, etc.)
- E. Referrals when appropriate.

Provided by:

- A. Chief Psychologist
 - B. Contract Consultants
-

Consultative Services (to the department)

Description

- A. Pre-employment Screening
- B. Behavioral Cause Evaluation
- C. Hostage Negotiation Team
- D. Hypnosis Monitoring
- E. Suspect Profiling (contingent on additional training)

Provided by: Chief Psychologist

Education/Training Services (with officers for the Dept.)

Description:

- A. Presentations
 - 1. Stress management
 - 2. Post-shooting trauma
 - 3. Explanation of Psychological Services
 - 4. Other
- B. Workshops, training seminars
 - 1. Peer counseling for officers
 - 2. When and how to make referrals
 - 3. Communication skills

Provided by: Chief Psychologist
or Contract Consultants

Research and Development Services (for future improvements in delivery of Direct Services, Consultative Services, and in Education/Training Services)

Description:

- A. Post-Shooting Trauma research
- B. Needs Assessment for specific Education or Training programs
- C. Specialized training (ex: suspect profiling)
- D. Research on effective pre-employment screening
- E. Other

Provided by: Chief Psychologist
or Contract Consultants

CHIEF PSYCHOLOGIST
POSITION DESCRIPTION

Necessary Qualifications

Ph.D. in Counseling or Clinical Psychology
Licensed as a Psychologist in the State of Oklahoma

Desired Qualifications

Minimum of five years of experience in the provision of psychotherapy or psychological counseling
Minimum of five years experience in the use of objective psychological tests.

Responsibilities

A. Professional Responsibilities

1. Direct Services
 - a. Psychological counseling including individual, family, and marital counseling
 - b. Performance and/or review of all intake interviews
 - c. Referral to Consulting Direct Service Providers when appropriate.
 - d. Referral to outside agencies or professionals when appropriate (ie., M.D.'s, Alcohol Treatment Facilities, Employee Assistance Programs, etc.)
 - e. Case consultation as necessary
 - f. Psychological assessment (testing) as applicable to counseling cases
2. Consultation Services
 - a. Perform/provide pre-employment screening in cooperation with City Personnel, TPD, TFD
 - b. Perform/provide Behavioral Cause Evaluations
 - c. Perform/provide other consultative services as requested by the Depts. (Hostage Negotiation Team, Suspect Profiling, etc.)
 - d. Cooperative effort with City Personnel on continued development of selection methods
3. Education/Training Services
 - a. Perform/provide presentations and/or in-service training on psychologically related topics such as stress management, communication skills, referral methods, etc. when requested.
 - b. Suggest or recommend specified presentations as appropriate
 - c. Research and recommend specified training needs that recognized outside consultants or trainers could provide
4. Research and Development
 - a. Field observation
 - b. Acquisition of special training
 - c. Assess need for Educ/Training Services
 - d. Involvement in appropriate national, state and local professional organizations

B. Program Responsibilities

1. Coordinate and manage the involvement of Consultants from the surrounding professional community for the provision of additional Direct Services
 - a. Recommend specific qualified individuals from the community to the Board of Directors for inclusion on a list of approved Consulting Direct Service Providers
 - b. Make all referrals to Consulting Direct Service Providers
 - c. Receive appropriate follow-up in regard to cases referred to Consulting Direct Service Providers
 - d. Authorize billing from all Consulting Direct Service Providers
 - e. Insure appropriate record-keeping in regard to Consulting Direct Service Providers
 - f. Review the list of Approved Consulting Direct Service Providers on a regular basis and recommend any deletions or additions
2. Coordinate the involvement of Consultants brought in to offer specific Educational or Training seminars
 - a. Establish the specific need for such contracted seminars through the Depts.
 - b. Oversee the necessary arrangements
 - c. Establish evaluation of the response to such contracted seminars
3. Program Evaluation
 - a. Recommend to the Board of Directors plans for a yearly Program Evaluation performed by an outside professional
 - b. With Board approval make arrangements for the Program Evaluation
4. Program Operation
 - a. Shall be aware of the duties and responsibilities of the Program Administrator and shall work with the Program Admin. in making recommendations for the routine operations of the organization such as, hours and days of operation, scheduling, maintenance of records, creation of new recording systems as needed, budgeted and operating expenditures, employee vacation and sick leave, performance evaluation of employees, etc.
 - b. Recommend significant policy or program changes to the Board of Directors as needed as relates to direct services
 - c. Shall make timely recommendations for budget changes in the preparation of the yearly budget proposal.

PROGRAM ADMINISTRATOR

POSITION DESCRIPTION

ADMINISTRATIVE:

- Budget/Accounting:** Prepare or acquire financial reports necessary to keep Board informed of financial status of organization
Prepare new-year budget proposal and end-of-year budget projections
Monitor budget expenditures in each acct.
Submit organization Invoices/Warrent Requests for payment
Prepare Invoice/Warrent Request report for board each month
Maintain all necessary records to assist the various departments of the City of Tulsa (i.e., payroll, accounts payable, legal, etc.)
Maintain audit of Consultants hours by catagory and by dollar amount budgeted
- Consultant Support:** Arrange for initial intake interview for all clients with Chief Psychologist. Arrange for immediate telephone consultation with the Chief Psychologist if necessary.
Client appointments and client contacts
Clerical support
Preparation of monthly invoices for request of payment
- Board Support:** Audit on-going issues needing board action
Make all necessary arrangements for board meetings
Assist Chairman in preparing agenda
Notify members of meetings
Prepare and distribute necessary meeting data
Report on status of office operations (i.e., Warrent Requests made, Budget, Staff Hours, etc.)
Fulfill all requirements of the Open Meeting Act if necessary
Attend and take minutes
- Advisory Support:** Make all necessary arrangements for Council meetings
Assist in preparing agenda
Notify members of meetings
Collect and distribute necessary meeting data
- Office Support:** Responsible for ongoing development and maintenance of the clerical support system for service delivery staff (i.e., correspondence; information system; inter-staff relationships)
Maintain terms of lease agreement for physical facility
Requisition, acquisition, distribution and maintenance of all equipment and expendable items
- Secretarial:** Telephone correspondence
Reception of requests for service and appropriate referral
Assist clients by providing appropriate information to initiate service
Arrange client appointments and maintain calendars for service delivery staff
Assist staff in documenting service delivery
Maintain filing system for general office operation

BOARD DIRECTED

- All contract and budget revisions for the Organization and the City of Tulsa
Lease problems of physical facility
Capital expenditures and purchases over \$25,00
Initializing and/or amending Policies and Procedures

PSYCHOLOGICAL SERVICES

Reporting System

Direct Service

1. *Client Cards:* At the time of the initial visit a card is made out for the new client. It includes name, date of intake, home phone number, age, sex, duty assignment, cases number, and the service provider's initials. The remainder of the card consists of a seven line column labeled with names of months. The intake interview and all subsequent visits are recorded on the appropriate line using a code and status system. These cards remain *confidential*.

2. *Code and Status List:*

CODE

1. Individual Counseling
2. Marital or Family Counseling
3. Individual Counseling—Family Member

STATUS

11. Intake interview
12. Evaluation or information from another service needed before further appointments.
13. Testing

21. Will continue at client's desire—no appointment made
22. Further appointments needed—Scheduled next visit
23. No-show—Client did not appear or cancel
24. Client cancelled with 24 hour notice and rescheduled
25. Unscheduled consultation (ie; hospitalization, phone consultation, etc.)
26. Consult with M.D., case planning and management, staffing, etc.

41. Counseling terminated—no further visits necessary
42. Counseling terminated—possible follow-up initiated by client later
43. Counseling terminated by client—no explanation (No-show)
44. Counseling terminated—client referred to another agency
45. Counseling terminated—by client—Service Provider does not necessarily agree with client's decision
46. Counseling terminated—with contract for contact later

3. Examples:

Name: John Doe Date: 8-4-84 Age: 35 Case # 455
 Home Phone: 787 6767 Duty: UDE2 S.P. SF

Date—Code—Status—#seen—Hours

July	August	September	October	Nov
	4-1-11-1-1	2-1-22-1-1		
	11-1-13-1-1.5	2-1-26-0-.5		
	11-1-22-1-1	9-1-42-1-1		
	18-1-22-1-1			
January	February	March	April	May

John Doe had an initial appointment on August 4, requesting individual counseling and was seen for a period of one hour. He was rescheduled for testing on August 11, which took one and a half hours, and was then seen for an hour of individual counseling on the same day. He had further individual one hour appointments on August 18 and on September 2. On Sept. 2 his therapist spent one half hour consulting with John's physician or staffing his case, or doing case planning. On Sept. 9 he had a final session and he was told he could reinitiate counseling at a later date if needed.

4. *Monthly Report of Direct Service*: Consists of transposing the information from the appropriate month column on all the cards which have been active that month.

5. Example follows:

Monthly Report for _____
Service Provider

Mo/Yr

Direct Service Activity by Code

Code	# Cases	Intakes	Testing	Terminations	Contacts	Hours
1.						
2.						
3.						

If requested the Monthly report for each Service Provider could be expanded to provide more specific information as follows:

Monthly Report for _____
Service Provider

Mo/Yr

Direct Service Activity by Code and Status

Code	#Cs	11	12	13	21	22	23	24	25	26	41	42	43	44	45	46	Ct	Hr
1.																		
2.																		
3.																		

- Notes: #Cs—Total cases active this month
 Numbers—refer to status list
 Ct—Total contacts this month
 Hr—Total Direct Service Hours this month

Consultative Services

1. *Consultative Services Slip*: Consists of a slip which breaks Consultative Services into recording categories.
2. *Example*:

<u>CONSULTATIVE SERVICES</u>	
_____	Pre-Employment Screening
_____	Behavioral Cause Evaluation
_____	Hostage Negotiation Team
_____	Hypnosis Monitoring
_____	Other (_____)
1. Date: _____	2. Time: _____
3. Staff Member: _____	

Education/Training Services

- 1. *Education/Training Slip*: Consist of a slip which breaks Education/Training Services into recording categories.
- 2. *Example*:

<u>EDUCATION/TRAINING SERVICES</u>	
	Date: _____
_____ 1. Group Presentation	
A. Type of Group _____	
B. Number Participants _____	
C. Topic _____	
_____ 2. Training Seminar or Workshop	
A. Topic _____	
B. Number of Participants _____	
C. Meeting Number _____	
Time: _____	Staff Member: _____

Research and Development Services

- 1. *Research and Development Services Slip*: Consists of a slip which breaks Research and Development Services into recording categories.
- 2. *Example*:

<u>RESEARCH AND DEVELOPMENT</u>	
_____ Specialized Training	
_____ Needs Assessment for Education/Training	
_____ Research Project (_____)	
_____ Development Project (_____)	
_____ Other (_____)	
Date: _____	Time: _____ Staff Member: _____

MONTHLY REPORT FOR Consultative, Educational/Training, and Research and Development Services: Consists of transposing information from each of the slips (filled out by the consultant at the time of service) to the Monthly Report Sheet. (Example on following page.)

Monthly Report for Consultative, Education/Training, and Research and Development Services
for Month of _____, 198__

Consultative Services

	time	date(s)	staff memb.
Screening			
Beh. Cause Eval.			
Hostage. Negot. Team			
Hypn. Monitoring			
Other			
1.			
2.			
3.			
total			

Educational/Training

	time	date(s)	staff memb.
Group Presentations			
1.			
2.			
3.			
Training Seminars			
1.			
2.			
3.			
total			

Research and Development

Project	time	date(s)	staff memb.
1.			
2.			
3.			
4.			
total			

Summary

Consultative Services _____
 Education/Training _____
 Research and Development _____
 total _____

PSYCHOLOGICAL SERVICES

General Information for Clients

Psychological Services office provides a wide range of psychological services to all employees of the Tulsa Police and Fire Department and their families, and other City employees are afforded the service on a limited basis. The following information is provided to assist you in availing yourself of these services:

1. All services delivered by Psychological Services are provided at no charge to clients.
2. All clients or visitors of Psychological Services are **BY APPOINTMENT ONLY**. All applicants for interview and evaluation or testing are by appointment or appropriate introductory memorandum.
3. **ALL SERVICES ARE CONFIDENTIAL**. No information is provided to anyone as to who has . . . or is . . . making use of the services. Since the service is confidential, the staff does not admit the presence of clients to any inquirer (for instance—telephone caller), even members of the client's immediate family. If it is necessary that you receive a telephone call or message in this office, please inform the Office Manager.
4. Occasionally, an emergency will arise requiring the cancellation of scheduled appointments. Should this occur the Psychologist involved will make every effort to contact you. However, no messages will be left with anyone but you, personally. This procedure is to protect confidentiality to our clients.
5. In the event it is necessary for you to cancel an appointment, or reschedule your visit, please inform the Office Manager of the change 24 hours in advance if at all possible. It is not necessary to contact the Chief Psychologist. All appointments for the office are coordinated by the Office Manager. **THE TELEPHONE NUMBER IS: 749-0034.**
6. Should a crisis develop and you require **IMMEDIATE ASSISTANCE**, inform the Office Manager that *you do* have an *emergency* and every effort will be made to place you in immediate contact with the Psychologist. If there is no answer at the office, home phone numbers are listed in the TPD personnel roster for both Dr. Gentz and Ms. Langridge. For Tulsa Firefighters, home numbers are available through EOC.
7. In order to protect your confidentiality to the best of our ability, an individual who is scheduled for counseling may not wait extended periods of time in the reception area. We anticipate your arrival no earlier than 10 minutes prior to your scheduled appointment.
8. Services are contingent upon client's signature on a standard statement of understanding form provided by the Office Manager.
9. In the interest of providing both timely and professional service clients may be referred, at the discretion of the Chief Psychologist, to one of the Licensed Mental Health Professionals who consults for Psychological Services. Psychological Services shall directly reimburse the consulting professional. There shall be no charge to the client for services authorized by the Chief Psychologist; and confidentiality will be maintained.

PSYCHOLOGICAL SERVICES, INCORPORATED

5515 South Lewis
Open World Garden Office Complex
Tulsa, Oklahoma 74105
(918) 749-0034

Letter of Understanding

I _____ voluntarily make application, and give consent, for
(name of client)
treatment (psychologicval counselling/psychotherapy/psychological testing or evaluation) from Psychological Services, Inc. I understand that I will not be charged for services I receive from the staff of Psychological Services or for psychological services authorized in writing by the Psychological Services Chief Psychologist.

Client

Date

PSYCHOLOGICAL SERVICES, INCORPORATED

5515 South Lewis
Open World Garden Office Complex
Tulsa, Oklahoma 74105
(918) 749-0034

Consent for Follow-Up

I _____ give my consent to be contacted after services are terminated for follow-up and my evaluation of my satisfaction with the service I received. I also understand that this information may be used as part of a survey or audit but that my name as a client will remain confidential.

Date

PSYCHOLOGICAL SERVICES, INCORPORATED

5515 South Lewis
Open World Garden Office Complex
Tulsa, Oklahoma 74105
(918) 749-0034

Consent for the Release of Confidential Information

I, _____ authorize _____
(name of client) (name of person making disclosure)
to disclose to _____ the following information:
(name of person to which disclosure is made)

In addition, if I accept a referral to another Mental Health Professional, I also authorize _____
(name of Mental Health Prof)
to disclose to Psychological Services progress reports concerning diagnosis, treatment, and prognosis.

Executed this _____ day of _____ 19 ____ .

Client

Psychological Services
Chief Psychologist

Parent or guardian or authorized representative

PSYCHOLOGICAL SERVICES, INCORPORATED

5515 South Lewis
Open World Garden Office Complex
Tulsa, Oklahoma 74105
(918) 749-0034

Consent for Treatment of Minor Clients

I, _____ authorize _____
(name of parent or legal guardian)
to provide psychological services deemed appropriate to _____
(name of child or legal ward)

I understand that I am entitled to "Informed Consent" and that I will be informed of the type of treatment(s) to be used and probable consequences.

As a parent or legal guardian, I understand that I have the right to review my child's or ward's records. Accordingly, I understand that my inspection of these records may prove harmful to the therapeutic process and result in termination of therapy or other mental health services at discretion of Dr. _____

Executed this _____ day of _____, 19 ____.

Signature of Parent/Legal Guardian

Chief Psychologist

BEHAVIORAL CAUSE EVALUATION

The purpose of the Behavioral Cause Evaluation consists of providing the Chief of Police with the **OPTION** of acquiring information of a psychological nature to use as **ONE** factor in his decision-making process concerning disciplinary actions.

Only the Chief may order a Behavioral Cause Evaluation.

A psychologist, licensed by the State of Oklahoma, will perform the Behavioral Cause Evaluation.

The psychologist, licensed by the State of Oklahoma, will perform the Behavioral Cause Evaluation.

Examples of the appropriate usage of a Behavioral Cause Evaluation might occur in response to employees who have sustained complaints or who receive repeated complaints of a similar nature, or who exhibit behavior which suggests severe emotional disturbance.

A Behavioral Cause Evaluation will usually include both psychometric testing and psychological interviewing at the discretion and judgement of the psychologist performing the evaluation.

BEHAVIORAL CAUSE EVALUATION

Policy/Procedure

Behavioral Cause Evaluation

A. Authority and Responsibility

1. The Chief of Police or the Fire Chief may *order* a Behavioral Cause Evaluation to be initiated whenever he or she feels it is in the best interest of the employee and/or the department.
2. The employee ordered to undergo a Behavioral Cause Evaluation must provide written acknowledgement that he or she understands the Behavioral Cause Evaluation procedure and an express written consent enabling the psychologist to release his findings to the Chief of Police or the Fire Chief. The acknowledgement and the consent to release information must be provided prior to the interview with the psychologist.
3. For an example of the written acknowledgement and consent, please refer to attachment.
4. The Program Administrator of PS or the Chief Psychologist will coordinate the Behavioral Cause Evaluation.

B. Who may undergo a Behavioral Cause Evaluation

1. Employees who receive complaints which are sustained and/or who receive repeated complaints of a similar nature.
2. Employees who exhibit behavior which indicates a severe emotional disturbance.

C. *Information to be supplied:* Duplicated biographical data and departmental history data will be provided by the appropriate department and hand delivered to the Program Administrator or Chief Psychologist. No duplication of these documents will be made by PS. Documentation will then be returned to the proper department.

D. *Psychometric Testing:* All psychometric testing will be at the discretion of the psychologist. Referral to an outside assessment specialist for diagnostic testing will remain an option to the psychologist, at his/her discretion.

E. *Interview with Psychologist:* All employees entering a Behavioral Cause Evaluation will be interviewed by a Ph.D. level psychologist, licensed by the state of Oklahoma, who will have the biographical data available or gathered at his discretion. Any information obtained by the psychologist which does not in his or her judgement relate to the specific incident or problem under investigation will be considered a privileged communication and will not be entered into the departmental file or history on the employee.

F. Results of the Behavioral Cause Evaluation:

1. The psychologist shall make a report of his or her findings and will present those findings to the Chief of Police or Fire Chief for consideration in determining what, if any, disciplinary action might occur as a result of the initial complaint.
2. The Chief Psychologist at his/her discretion may schedule a follow-up meeting with the subject of the evaluation for a debriefing of the results.

PSYCHOLOGICAL SERVICES, INCORPORATED

5515 South Lewis Avenue

Tulsa, OK 74105

(918) 749-0034

Acknowledgement of Understanding Procedure of Behavioral Cause Evaluation and Consent to Release Information

I _____ have read and understand the policies of
(name of person undergoing evaluation)

Psychological Services applicable to the Behavioral Cause Evaluation. I hereby give my express written consent to

_____ to release his findings to the appropriate Chief
(Ph.D. level licensed psychologist)

_____ as outlined in the Policies of Psychological Services.
(Police or Fire Chief/Title)

Person undergoing evaluation

Witness

Date

SERVICE PROVIDER CONTRACTS

An agreement could be secured between Psychological Services and each professional appointed by the Board to serve as a Service Provider. In addition to what the Legal Counsel to the Board recommends, the following items would seem to fit well as elements in the agreement.

1. Each provider should understand that his or her bill will be submitted for reimbursement when that provider has also submitted all data required by Psychological Services for record keeping purposes (ie: data necessary for Monthly Reports).
2. A brief follow-up letter to the Chief Psychologist describing presenting complaints and expected length of counseling.
3. A statement of understanding that clients should be terminated after three successive no-shows or cancellations.
4. A case-consultation with the Chief Psychologist should the course of counseling exceed 12 sessions.
5. That the provider may bill for scheduled sessions which are cancelled or missed without twenty-four hour advance notice to the provider's office.
6. That the provider may not bill Psychological Services for services rendered to clients who do not present a referral request signed by the Chief Psychologist.

PSYCHOLOGICAL SERVICES INCORPORATED

5515 South Lewis
Open World Garden Office Complex
Tulsa, Oklahoma 74105
(918) 749-0034

Date

Name of Consultant
Address

Dear:

I am writing a letter in follow-up on your earlier indication of interest in providing consultation services that would be referred from Psychological Services. Psychological Services is a private non-profit corporation contracted to the City of Tulsa to perform psychological services for the police and fire personnel and their immediate family member. All costs are reimbursed by the city and not borne by the clients. Because of a small in-house staff there will be times when referrals to subspecialists (consultants) will be indicated, and it is therefore necessary to develop agreements with subspecialists in our area. Because of the direct funding of our program by the City of Tulsa, it is necessary that special understandings and agreements be achieved between Psychological Services and consultants. We are therefor asking you to agree to the following understanding:

- 1) You will agree to see PS clients on referral from the Chief Psychologist of PS.
- 2) The initial appointment between the PS referral and your office will be made by the PS Program Administrator. The referral client should however present a Referral Request (see example) to you or your staff upon arrival for the first appointment. This form serves the dual purpose of documenting the referral from PS and also indicating the service we are requesting. If the patient does not have a Referral Form, a phone call should be placed to the offices of PS to see if indeed the office visit has been authorized by our Chief Psychologist.
- 3) We ask to be consulted prior to proceeding with any evaluation or procedure beyond that which was initially authorized. Testing, if not done prior to the first visit in your office, should be referred back to PS for completion.
- 4) We ask that you complete a consultation report on each patient that we refer to you and return that note to us for inclusion on our patient records. This report would be due upon completion of authorized services (noted in Referral Request).
- 5) PS, a community service organization, will pay \$60.00 per full treatment hour. We understand that this is just below prevailing office rates. Reimbursement will take approximately thirty days from receipt of your statement in our office.
- 6) We ask that you submit your statement directly to us. We ask that you do not seek payment at any time from a PS client. It is important to remember that a PS client must present an appropriate signed referral form to insure payment through PS. If service is rendered to a PS client without the appropriate signed referral form, this should be considered an unauthorized visit, and you should bill the patient directly in that circumstance.
- 7) You may bill for a no-show appointment (notice not given of cancellation or reschedule less than 24 hours in advance of appointment). After three no-show appointments (the limit you may bill for per client) the case should be considered terminated.

8) You billing statement to PS *must* include the following information for each case:

- A) Client Case Number (as noted on referral form)
NO BILLING STATEMENT SHOULD CONTAIN CLIENT NAME,
- B) Date of appointments,
- C) Number of people seen per appointment (couples, family members, etc.)
- D) Length of appointment (standard 50 minute session would equal 1 hour)

No-show clients should be noted by date on clients not providing the necessary 24 hour notice of cancellation or reschedule.

The bill should conclude with the total number of hours and the rate of \$60.00 per hour.

9) You may submit statements on a monthly basis or at the end of the authorized treatment period. Your consultation report would then be included with your final statement.

10) This Letter of Agreement represents an understanding between Psychological Services and it's consultants and can be severed by providing the other party with written notice.

I sincerely hope that the above Agreement is acceptable to you. It provides us with the mechanism by which we can maintain a cost effective program; provide a high quality of care; and assure our consultants that his/her fee will be paid promptly and in full. There may be parts of the Agreement that are confusing to you, and I would certainly be glad to meet with you upon your request to discuss this personally at any time. If you should have any questions regarding the Agreement, please do not hesitate to give me a telephone call and we will discuss this further. If, however, you find the Agreement acceptable, I would appreciate your signing at the bottom of this letter and returning the original to my office for filing. The copy is for your own records for future reference. We are looking forward to working with you on numerous occasions in the future.

Sincerely,

Chief Psychologist

I hereby agree to the above understanding and will accept referrals from Psychological Services according to the terms as outlined above.

Date

Signature

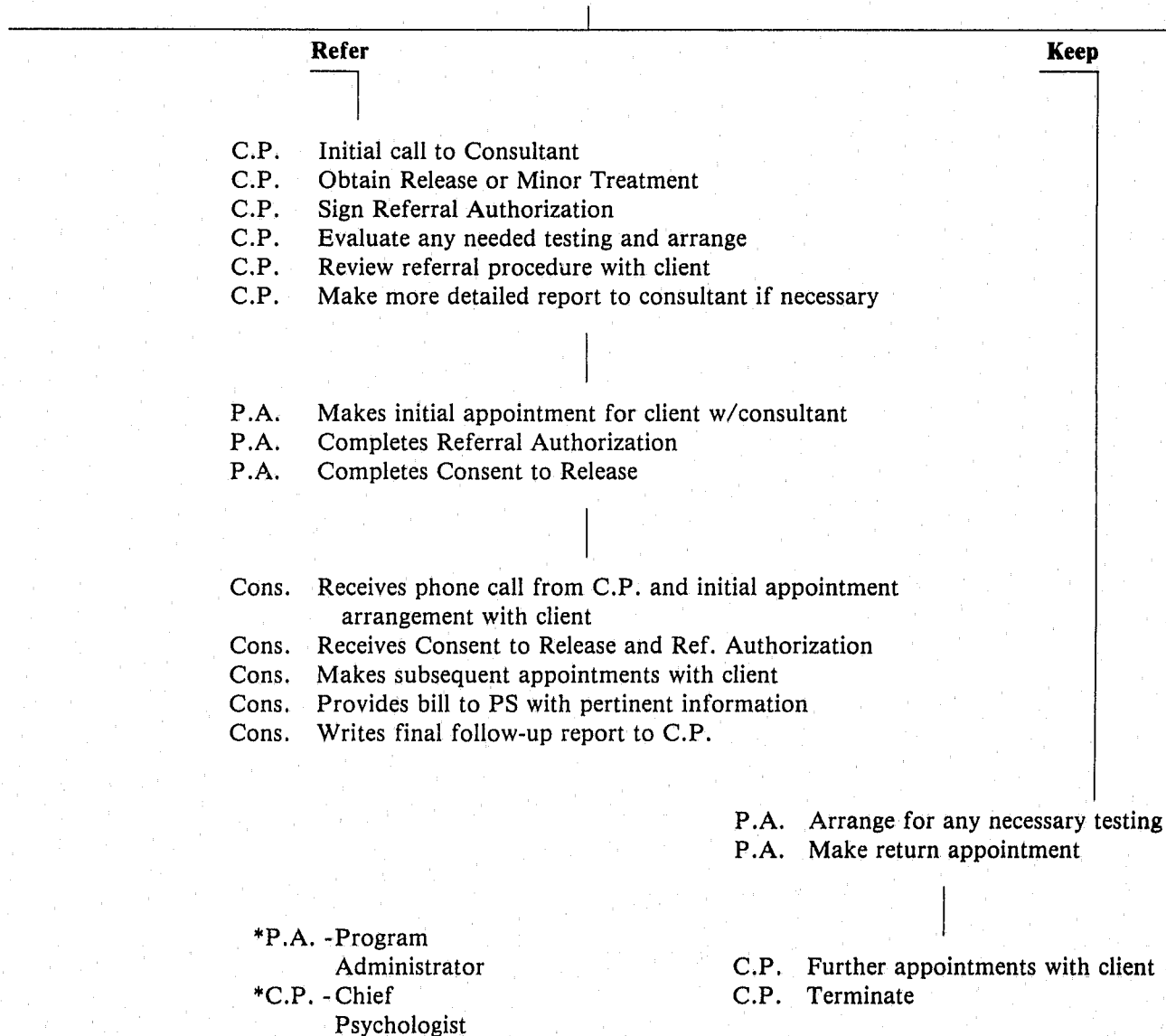
**FLOW CHART FOR CLIENT
SELF REFERRAL**

|
Client phones for an appointment

|
Initial Appointment

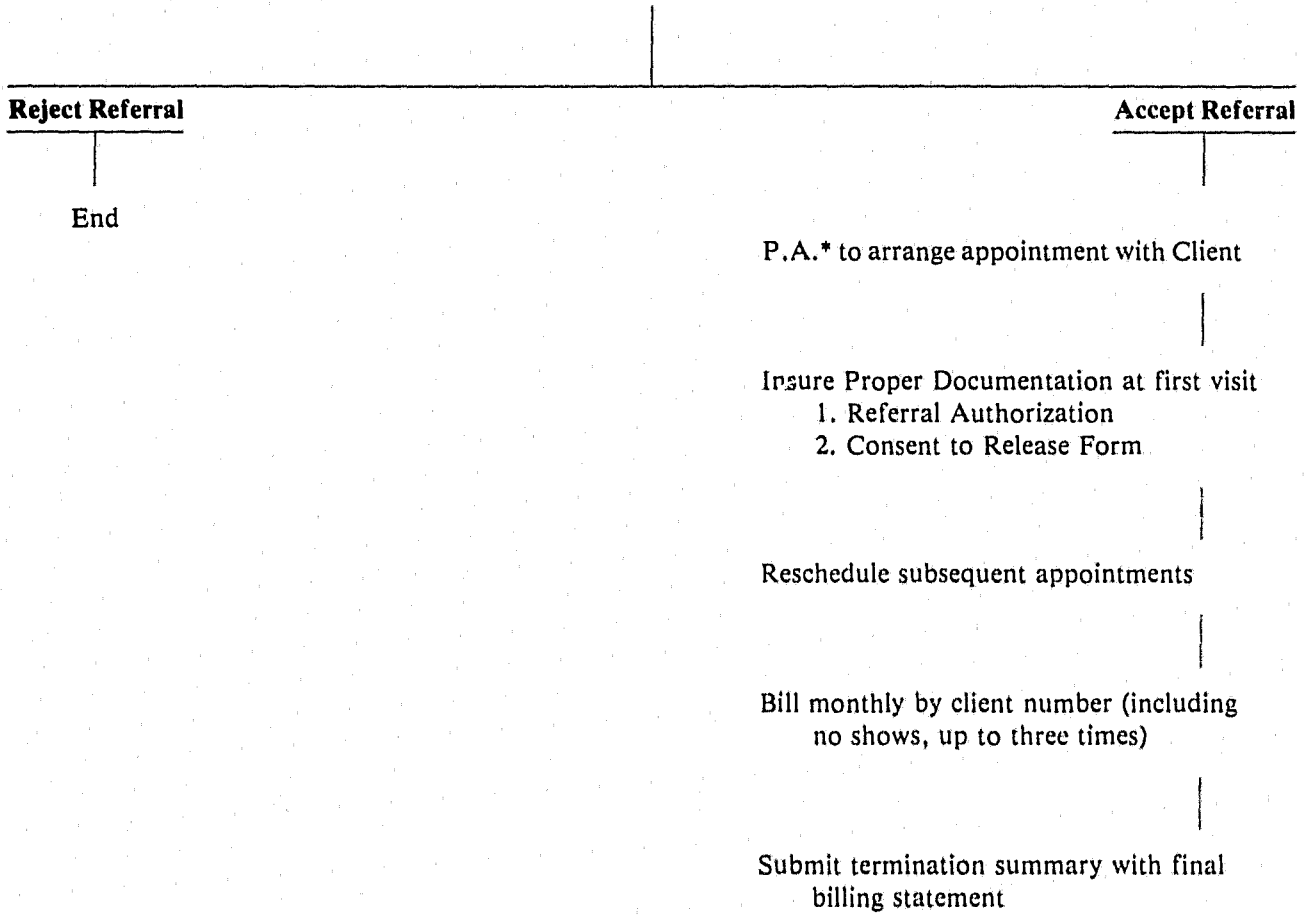
- P.A.* 1. Information for Clients
- P.A.* 2. Signs Stmt. of Understanding or Minor Treatment Form
- P.A.* 3. File and client card set up

- C.P.* 4. First visit with Chief Psychologist
- C.P.* 5. Decision to:



FLOW CHART FOR CONTRACT CONSULTANTS

Receive call from Psychological Services Chief Psychologist



*P.A. - Psych Services Program Administrator

PSYCHOLOGICAL SERVICES INCORPORATED

5515 South Lewis
Open World Garden Office Complex
Tulsa, Oklahoma 74105
(918) 749-0034

Referral Authorization

Send Bill to: Psychological Services
Attn: Ms. _____
(address shown above)

Send Report to: Psychological Services
Attn: _____, Ph.D.
(address shown above)

- Instructions:
- 1) Payment is authorized for services indicated below
 - 2) All testing should be done by PS
 - 3) Authorization for services expires 30 days from date of issuance
 - 4) All correspondence (specifically bills) must give client number (*not* names)
 - 5) A report must be given _____, Ph.D.
Chief Psychologist, following authorized treatment. A release has been signed by client, copy available upon request.

Patient: _____ Number: _____

Consultation

Name of Consultant: _____

Telephone: _____ Address: _____

Your first visit with _____ is set for _____ at _____
(date) (time)

Psychological Services authorizes _____ office visits.

_____, Ph.D.
Chief Psychologist

Date _____

GENESIS – BEGINNING OF A PSYCHOLOGICAL SERVICES UNIT

Jesse L. Green, Ph.D.

The Psychological Services Unit (PSU) of the Fort Worth, Texas Police Department (FWPD) was initially created and totally funded under a one year Criminal Justice grant beginning on October 1, 1983. This grant of approximately \$93,000 was awarded to the City based upon past, present, and anticipated future needs for a psychological services unit. The needed services as cited in the grant were directed toward psychological testing of applicants, stress management training, officer and family counseling and consulting with the tactical team in terms of selection of members, aberrant personality types and in hostage negotiations. Much of the documentation for personnel, equipment, and facilities for Psychological Services was accomplished by Sgt. Terry Constance, the Police Chaplin, who in turn was under the supervision of Deputy Chief Homer Clark. Sgt. Constance did an exemplary job in anticipating the various requirements including but not limited to salaries, fringe benefits, direct operating expenses, supplies, furniture, and office equipment including a micro-computer system.

I was interviewed for the position in the latter part of October and began employment on November 29, 1983. I was given an initial tour of the various divisions within the department and introduced to the various deputy chiefs. In each division I was given an enthusiastic welcome and was told of the long need for an in-house psychologist and associated services. Following this I went to the office site for PSU. The office itself was completely unfurnished, bare walls, no furniture, just a phone sitting in the middle of the floor. After being told not to panic, I was assured the various office furniture, supplies, etc., had already been approved for purchase and that it would only be a matter of days before delivery.

For immediate use, a desk and chairs were obtained from surplus stock, I was, for the time being, equipped for conducting business. Shortly thereafter I received a call from "City Purchasing" and spoke with an individual who was questioning initially the cost and construction of my desk being funded under the grant. After an initial discussion about the relative expense, I told him that the price, specification and selection of the desk and other office furniture had been made prior to my being hired. After a few moments it became quite apparent that the cost etc., of the office furnishings were not the bases for such questioning. Rather, I was told the wood executive

desk and credenza were as large or larger than that of other departmental chiefs, I was then asked if I could get by with a smaller, less expensive desk. This individual then related that because of the department moving into a new headquarters building there was a policy that all office furnishing would have to be uniform and "color coordinated," and "it would be more appropriate if they ordered the furniture." It became quite clear that I had again run into the old nemis of bureaucratic status symbols. It was apparent that the Police Department and City Personnel were having difficulty deciding just what my status and stature would be in the department.

Another piece of equipment, a microcomputer, was funded under this Criminal Justice grant for the automated scoring of psychological tests, research and for data processing. My prior experience with computers in this area had been with the use of the Apple family and IBM-PC computers in connection with the scoring, profiling and interpretation of various psychometric tests. Additionally, I had used the Apple in an automated administration of biofeedback training with the former Cyborg Bio Lab equipment and with my personal Apple IIE which I used in my private practice and research.

Based upon a survey of available software programs for psychological testing, accessories, flexibility for research in driving external hardware, and over all cost, I recommend consideration of three computers; the Apple IIE, IBM-PC and the Radio Shack TRS-80. The order also indicated my personal preference based upon my perception of satisfying the immediate and foreseeable needs of the Psychological Services Unit.

Shortly thereafter I again was confronted by another bureaucratic expert on computers telling me that the Apple IIE was an outdated, obsolete, piece of equipment and that Apple computers were not "state of the art," and that this company would be bankrupt. He promised to get with the other data processing experts and have the ideal computer identified which would meet my needs.

During this interim period I brought my personal computer to the office. With a computer scoring and interpretation program for the MMPI, I was in business. It is now seven months later, and I have just been informed that instead of an obsolete \$3,800 Apple IIE system, I was getting a \$10,000 IBM compatible system—which

with only "minor tuning" of various programs and programming would fill all my needs. The bureaucracy and "bean counters" have struck again!

After getting the office furniture and equipment physically arranged into a functional layout, I started a review of the various activities and functions of the PSU in order to comply with the State grant. Aside from the usual administrative quarterly reports etc., there was a listing of the various goals and milestones for the unit to accomplish over the ensuing fiscal year. Some of these goals were in-house pre-employment testing of applicants, counseling of recruit trainees, and counseling of police officers and their family members. In addition our unit was tasked with the development of a brochure designed to enable supervisors and officers to recognize early symptoms of stress and physiological effects of stress.

The PSU was also tasked in consulting with the Tactical Squad in respect to selection of team members, serving as an "on site" advisor in various hostage/barricade incidents, and in establishing training of these officers to better cope with the psychological and physical stressors experienced on the job.

Involvement of officers in self initiated counseling was, as expected somewhat slow to develop. Aside from the general reluctance of people in general, to seek professional assistance and the "stigma" of seeing a mental health professional it would seem that the officer's had several reasons for being reluctant to avail themselves of the services offered by the PSU. One of the first major factors that had to be addressed was one of credibility from both a professional, personal and administrative basis.

In order to dispel some of the myths concerning "shrinks" one of the first requirements was to differentiate to the department and many of the officers the differences between a psychiatrist and psychologist. The second process in establishing credibility was to assume a degree of visibility by attending various roll calls, and visiting the various bureau offices on an informal basis. Another approach used to let officers know that I and other psychologists were "real" people was "riding in" with officers in the various sectors and shifts. This, in my opinion was one of the most expeditious means of meeting and becoming known to the field personnel. The officers appeared to be more at ease in meeting me in their territory and in a familiar environment. By "riding in" not only was I able to get to know an officer on an individual basis but throughout the shift there would be opportunities

to meet the other officers on adjacent beats, during coffee breaks, and at meal times.

The final source of obtaining credibility on a professional and administrative basis was established through handling several cases referred by PSU by the Chief of Police and Internal Affairs. Conducting psychological evaluations of officers and making appropriate recommendations in regard to these sensitive cases have served to clarify some of the roles and functions that a psychologist can serve in police department.

The PSU is administratively placed under the Deputy Chief of Administration who is second in command of the department. Having immediate and direct access to the Chief and Deputy Chief greatly increased the effectiveness of the PSU and enabled it to become more responsive to departmental needs. The personal and professional relationship with Chief H.F. Hopkins and Deputy Chief Homer Clark may be described as being friendly, open, candid and one with mutual respect. Both of these individuals have reinforced that the purpose of psychological referrals is to "call it the way you see it." With this operational policy, there have been few occasions when PSU has declined to accept the handling of certain subject matter of incidents as they were not considered to be within the purview of the PSU or outside the professional competence of the psychologist. The limiting of activities and subject matter for PSU has, in my opinion, accomplished much in establishing an identity and the resources that are available through PSU among the various supervisory and management levels.

Now after some nine month's gestation, it would appear that the PSU in its infancy is looking forward to new challenges and opportunities in service to the department. The grant under which the PSU was created has now reached the terminal phases. The City of Fort Worth has fully budgeted the operations of the PSU for the next fiscal year, based upon the performance of the unit and its contribution to the effectiveness to the Police Department. The Chief of Police and City Manager have actively supported the PSU. It now is apparent that the Police Psychologist and staff are to be a permanent and independent unit of the Deputy Chief of Police administrative staff.

The attached outline listing the various services and activities of the PSU aptly serves to illustrate the direction and breadth of involvement that a psychologist can use his expertise and training to contribute to the various functions of a police department. Psychology is "alive and well" in the F.W.P.D.

Outline of Functions and Activities of the PSU

I. Psychological Assessment

1. Testing and evaluation of applicants.
2. Selecting officers for special assignments (Tactical, Intelligence, and Undercover groups).
3. Developing automated scoring and interpretative programs.

II. Research for Psychometric Tests

1. Building a data base of recruit performance on various psychometric instruments.
2. Trying to identify the various personality attributes of effective and productive officers.
3. Performing a study to identify the various factors that contribute to the high attrition rate of officers during their first five years of employment.

III. Training

1. Conducting Stress Management seminars for officers.

2. Participating in the various supervisory and management training programs.
3. Training and supervision of the member of the Traumatic Incident Corps in methods of assisting and working with other officers to cope with their traumatic stress experiences and helping them to minimize the negative effects of post traumatic and delayed stress reactions.

IV. Professional Services

1. Counseling individual officers in regard both personal and professional adjustment problems.
2. Counseling with officers and wives concerning marital and family difficulties.
3. Consulting with the Tactical team on training in hostage negotiations and related psychological factors in their assigned tasks.
4. Correlating certain personality profiles, traits or behavior of individuals suspected of bizarre, aberrant, or deviant offenses.

PERSONNEL AND CLINICAL PSYCHOLOGY IN CRIMINAL JUSTICE AGENCIES

John W. Kohls, Ph.D.

INTRODUCTION

Many people think of police psychology as simply an application of clinical psychology; but psychologists can assist law enforcement and other criminal justice agencies in many ways beyond the providing of clinical services. For example, psychologists who specialize in working with personnel issues can provide a very broad range of helping services. This paper will briefly describe some of the non-clinical services being provided by psychologists to criminal justice agencies in California.

Organizational Versus Personnel Psychology

Industrial psychologists provide two basic kinds of services to organizations. The first type deals with organizational issues. Questions which are addressed include: "How effective is the organization as a whole?"; "Is the organization properly structured?"; "How do employees view the organization?"; "Is morale high or low?". The goal is to assess organization functioning and make appropriate changes, thereby increasing the possibility of the organization reaching its goals.

Personnel psychologists work with *individuals* within organizations. The psychologists ask questions like: "What does this job consist of?"; "What knowledge, skills, and abilities are required to do this job?"; "What kind of person would be most likely to perform satisfactorily?"; "What constitutes satisfactory performance?". The goal is to increase organizational effectiveness by making sure that jobs are well designed, by selecting qualified people, by giving each person proper training, and by measuring whether workers are performing at an acceptable level.

Personnel Psychology

In this paper, I am going to concentrate on those services which a personnel psychologist can provide to a criminal justice agency. I believe that such services are critical to the effectiveness of the agencies with which we work. In law enforcement, for example, we are all aware of the havoc that can be created by officers who are unsuited for police work or who are improperly trained.

The application of personnel psychology involves a series of fairly standard steps:

- the analysis of a job;
- the definition and measurement of acceptable or desired job performance;
- the identification of basic knowledge, skills, abilities and other personal characteristics which a job candidate must possess prior to being hired;

Job Analysis

In recent years several major, statewide job analyses have been conducted in California Board of Corrections has analyzed the jobs of correctional officer, juvenile institutions counselor, and probation officer. The California Commission of Peace Officer Standards and Training has studied the jobs of patrol officer, deputy marshal, and district attorney investigator.

A wealth of information was generated in these studies which is serving as the basis for current selection and training procedure development. Using these data, psychologists have designed a wide range of programs which have proved to be of great benefit to criminal justice agencies.

Reading and Writing Tests

One job analysis finding is that criminal justice jobs require a fairly high level of reading and writing ability. This due to the fact that job incumbents must read legally-oriented material (usually written at difficult reading levels), and must write reports which are sufficiently clear and comprehensive to serve as legal documents.

Unfortunately, many California high school graduates are severely deficient in reading and writing abilities. Failure in training can frequently be traced to these deficiencies. Tests have recently been developed which accurately identify those patrol officer candidates who possess sufficient reading and writing abilities to master the complicated material which is presented in the initial training.

Physical Performance Tests

Recent, very detailed job analyses have shown that

the patrol job is physically demanding. Upper body strength is especially important. However, very few events occur which require cardiovascular endurance. Psychologists, working with exercise physiologists, have designed pre-employment tests, physical conditioning programs for job pre-employment tests, physical conditioning programs for job trainees, and physical maintenance programs for job incumbents.

The personnel services provided in this area have been especially useful to criminal justice agencies. Agencies have, in recent years, been forced to drop physical performance testing because of complaints of discrimination (principally against women). Personnel psychologists have been able to show that such measures are relevant to the job, and have found ways to reduce the adverse effect on minority and female employment opportunities.

Vision and Hearing

Personnel and perceptual psychologists have been investigating the difficult issue of vision and hearing standards. Jobs have been analyzed to determine the vision and hearing demands. New approaches to measuring these abilities are being explored.

Related issues are also being studied. For example, Can patrol officers wear glasses, hard contacts, or soft contacts? The data suggest that they can without incurring any difficult, life-endangering situations.

The goal of this work is to answer the long-standing question regarding the necessity of vision and hearing standards for criminal justice positions.

Personality and Emotional Stability Screening

The patrol officer "personality" has been the subject of much discussion and controversy. Typical questions include: "What kind of person does well in police work?"; "Is there one best personality type?"; "What sorts of emotional problems do police officers typically have?"; "Can you reliably predict the onset of emotional instability among police candidates?";

Considerable work has been done to address these questions. The California Commission on Peace Officer Standards and Training is currently doing empirical research to determine the predictive power of standard psychological measures such as the MMPI and CPI. The California Board of Corrections is doing a similar study for corrections jobs.

The Background Investigation

The background investigation is one of the most important selection procedures for peace officers. In fact, the

backgrounds of all potential peace officers in California *must* be investigated by law. Nevertheless, you cannot gather information indiscriminately. Many kinds of background information tend to adversely affect the employment opportunities of minorities (e.g., arrest records). Therefore, employers must make sure that the background data they gather is relevant to criminal justice work.

Several years ago, the California Commission on Peace Officer Standards and Training conducted research to develop a job-related background investigation process. The research was designed and conducted by personnel psychologists. Using their expertise regarding job-relatedness and fair employment, the psychologists designed a process for generating the kind of information which employers need to make informed and fair employment decisions.

Medical Screening

Determining medical fitness of candidates for criminal justice jobs is obviously within the purview of the physician. However, psychologists can apply their knowledge of job-relatedness strategies to virtually any potential employee selection procedure. In California, psychologists and physicians have worked together to develop a medical screening process for evaluating patrol officer candidates. Using the process, occupational physicians evaluated the job-relatedness of several hundred medical conditions which are typically found in a law enforcement applicant population. The result is a manual of recommended medical disqualifiers which are job-related, fair to all candidates (including those with physical handicaps), and necessary to ensure that patrol officers are physically capable of performing the job. The manual is being used throughout California.

Training

Personnel psychologists distinguish between the qualifications candidates should bring to the job (prior to hire), and the areas which should be addressed in training (prior to job assignment). Those job responsibilities which are best addressed in training result in training performance objectives and curricula.

In California, basic training consisting of several hundred hours of instruction has been designed for a number of criminal justice positions. The training addresses both the knowledge (e.g., law) and performance (e.g., use of weapons) components of the job.

Psychologists, based upon their knowledge of learning principles and evaluation, have also recommended strategies of presentation of training material and mea-

surement of student achievement.

Training Proficiency Testing

There are over 30 presenters of basic training for patrol officers in California. Four thousand students graduate each year. The Commission on Peace Officer Standards and Training wanted to measure student achievement in order to ultimately assess the quality of the training.

Psychologists developed an achievement test which is given to each trainee who completes the basic course. The test results are summarized in a computer-generated report of each class' performance. The data is used to identify training providers who appear to be doing a superior job and to examine and share their methods with other providers. Poor performances result in investigations as to the reasons. Corrective action is taken.

The result of the psychologists' helping services in this case is continuous evaluation data which helps maintain and improve the quality of training received by new law enforcement personnel.

PSYCHOLOGICAL SERVICES TO CRIMINAL JUSTICE AGENCIES

As the previous examples demonstrate, psychologists can make a considerable impact on the criminal justice

system by assisting agencies in hiring, training, and evaluating employees. As a result:

- those candidates who are hired are suited to the job by virtue of abilities and temperament;
- those hired are given the proper training and, as a result, possess the knowledge and skills necessary for successful performance;
- the positions are well defined and therefore objective measures can be developed to assess the quality of job performance.

Besides benefiting from the predictable improvement in job performance, agencies can avoid unnecessarily stressing employees by asking them to perform jobs for which they are unsuited or unqualified. By eliminating unnecessary stressors, organizations can create and maintain healthier organizations.

Personnel And Clinical Psychology

Professionals with both personnel and clinical psychological skills can provide an extremely broad range of helping services to criminal justice agencies. I believe that psychologists can provide maximum assistance to criminal justice agencies by integrating personnel and clinical approaches. When both approaches are used, psychological problems should be minimized; but when they occur, they can be dealt with quickly and effectively.

USE OF MULTIPLE SOURCES OF INFORMATION WHEN DOING MANDATORY PSYCHOLOGICAL EVALUATIONS OF POLICE OFFICERS

Eric Ostrov, J.D., Ph.D.

INTRODUCTION

The purpose of this paper is to explore the unique problems posed by performing mandatory psychological evaluations of police officers. In most medical settings, it is assumed that a patient is motivated to reveal the facts regarding his physical or psychological condition so as to enhance the doctor's ability to evaluate him and help alleviate whatever condition he might have. In the legal system, this expectation is reflected in the hearsay rule exception for statements made to treating physicians in the course of providing treatment to the person making those statements. In the case of mandatory psychological evaluations, the opposite motivation usually pertains. The officer often has a strong motive not to reveal or to distort the facts. This motive can take one of two forms: either the officer may be motivated to exaggerate his symptomatology in order to realize a desired sick roll or disability status, or the officer may be motivated to conceal a psychological disability so as not to jeopardize his career with the police force.

The principal contention of this paper is that effective mandatory evaluations can only be performed through the use of multiple data sources. Reliance on a single source of information is not sufficient. It will also be contended that for effective mandatory evaluations the department requesting the evaluation must spell out which standards it wishes to use to determine whether an officer should be on full active duty. To use a legal analogy, the contention will be that to perform effective mandatory psychological evaluations, the psychologist needs to know—from the department to whom he is consulting—who has the burden of proof as to whether an individual officer is fit for duty.

Mandatory evaluations are evaluations ordered by an individual police department; they are not initiated by the individual officer. These evaluations are usually ordered when questions have been raised about an experienced officer's emotional functioning relevant to his ability to perform the duties and meet the responsibilities of being a fully active police officer. Questions about the officer's emotional functioning may have been raised

by police department personnel on the basis of on-duty incidents or reports concerning the officer such as his recently being hospitalized psychiatrically, or by the individual officer himself. Mandatory psychological evaluations can concern officers still on active duty, officers on sick leave or on disability who want to return to active duty, or officers who have resigned from or have been terminated from the police force and want to be rehired. Psychological screenings of new recruits also are in a sense mandatory. These screenings, however, present somewhat different problems than do psychological evaluations of experienced officers and will not be discussed in this paper.

It is important to note that usually, if not always, the department requesting the evaluations wants a clear recommendation regarding the officer's capacity on a psychological basis to remain on (or return to) full active duty. Temporizing by emphasizing diagnostic issues and not drawing implications for capacity to be on duty, or by saying the officer may be fit for duty or may not be, will not satisfy most police department administrators. Another point is that for many departments going into limited duty status is not a viable option. In many departments, even in one as large as the Chicago Police Department, the number of limited duty positions is relatively small. Moreover, most of these positions are taken by officers suffering from incapacitating physical illnesses or injuries. In many departments there simply are no limited duty positions. As a result, recommending light duty status as a "compromise" often is not possible, and it will be assumed in this paper that on-full-active-duty/not-on-full-active-duty are the sole options when making mandatory psychological evaluation recommendations.

By way of background, for the past 2½ years, the Isaac Ray Center has had an exclusive contract to perform all the Chicago Police Department's mandatory psychological evaluations. The Isaac Ray Center also has performed mandatory psychological evaluations for suburban police departments and other law enforcement agencies. During this time period, the author has performed over 200 such evaluations. It is on the basis of this experience that this paper was written.

Problems in Doing Mandatory Psychological Evaluations

For heuristic purposes, problems in performing mandatory psychological evaluations have been divided into three categories:

The Traditional Problem

The traditional problems in doing clinical evaluations is one of inference. Even if one has all the facts of a case—that is, all relevant behavioral observations past and present—inferences in the field of psychiatry and psychology are often tenuous. It might be undisputed, for example, that an officer was delusional and was hallucinating for a period of time. The facts of the case, in the sense of relevant overt behavioral manifestations, may be very clear. The cause of those delusions and hallucinations, however, may be very uncertain and could range from an acute manic psychotic break to alcohol-induced hallucinosis. In other cases the facts and even the underlying condition may not be clear, but the prognosis for the individual may be very debatable. It is well known, for example, that mental health professionals are very limited in their ability to predict future dangerousness (Monahan, 1981; Barefoot vs. Estelle, 1983). Predicting whether a recovering alcoholic will relapse is a difficult if not impossible task. Yet the future dangerousness or the probability that an individual will relapse often is exactly the kind of information that is required in order to make a reasonable decision about whether an individual should be returned to or should remain on full active duty.

The Special Problem

This problem is the main focus of this paper. In addition to the traditional problem of making correct inferences from facts that are often presumed to be correct, in mandatory evaluations the facts—the behavioral observations that ordinarily most people can be expected to agree on—are often in heated dispute. This is particularly true when the “facts” occurred during events that may be temporally and spatially far removed from the evaluation itself. With police officers this problem is compounded by the fact that the experienced officers are themselves usually experienced investigators. It seems likely that a person who is an expert in detecting the truth can adopt the reverse role and become an expert in concealing the truth. When doing mandatory psychological evaluations, the psychologist may find himself in the unaccustomed position of having to choose between rival versions of

what allegedly occurred on a certain day or at a certain time. These rival versions may themselves be the subject of litigation. Or the officer may intimate that he is being “set-up” for political reasons and that the examiner is just being used as a pawn for this purpose. A variant of this theme is that the officer being evaluated contends that his supervisors have a problem, not he. In effect, the officer advances a sociological hypothesis, which contrasts with the psychological hypothesis focused upon him being advanced by his supervisors; to account for his being evaluated. At times, it is not even clear what the evaluatee/officer’s motivation is. The officer may be attesting to mild symptoms. In that case, it could be maintained that the officer is feigning symptoms to falsely obtain compensated sick time; or it could be maintained that he is minimizing his problems to avoid being stigmatized by having to be removed from duty.

Another subcategory of this special problem is the problem of psychological tests. Psychological tests are almost always normed on persons who are found in clinical or other nonadversarial settings and who therefore presumably have an incentive to tell the truth about themselves. Even if some persons in such normative groups do not have that incentive, their motive to distort may be different from that found among persons whose motive is a realistic apprehension that if they were to tell the truth, their work-related goal, whether to be on or off duty, might be interfered with. The problem, in short, is that the usual norms for psychological tests often may not pertain when results given by persons being subjected to mandatory psychological evaluation are being assessed. This may be particularly true when assessing relatively sophisticated police officers.

The Problem of Standards

This problem goes beyond establishing facts or inferences with respect to an individual officer. This problem concerns the interests and needs of the individual police department requesting the evaluation. Often, after doing a great deal of psychological investigating work, the psychologist feels he has reached a good understanding of the individual officer being assessed. Nevertheless, the psychologist may feel he does not know what recommendation to make because the department’s standards are not clear. In contrast, with recruits the standard often is clear. Since there are usually more recruits than positions available, the department can afford to set a high standard for acceptance and almost always does so. The burden of proof in establishing psychological fitness is, as it were, on the individual recruit. Reasonable doubts alone might well be cause for a recommendation that the

potential recruit not be accepted for training.

With a seasoned police officer, though, the department might want the burden to shift. There are two reasons: the first is that a great deal of time and expense has gone into training the individual officer and therefore the loss of that officer, unless there are strong reasons for incurring that loss, would be very costly to the department and to the public. This particularly true since in many departments an officer removed from duty continues to collect half to full-pay for protracted periods of time. An officer's being off-duty unnecessarily is unfair and demoralizing to other officers. Secondly, the potential cost to the individual officer is very great. An experienced officer often has invested his entire career efforts into being a police officer. Were he to lose his job, he might not only lose the benefits he accrued during his years with the department but also, based on the associated stigma, might not be able to pursue his career as a police officer at all. These arguments indicate that the burden for finding an officer not fit should be on his department and in cases of doubt the officer should be returned to or kept on active duty.

On the other side of the coin, the interest of the public in not having a disturbed officer on active duty is so strong, that a cogent argument can be made that the burden of showing he is emotionally fit for full active duty should be on the individual officer. In other words, given any reasonable doubt about an officer's fitness, that officer should be taken off active duty.

In short, it is by no means obvious whether the officer or his department should have the burden of proving he is fit. Yet, though in many cases which party has the burden of proof will be the decisive factor in what recommendation is made, clarification as to who has the burden is hard to obtain.

Proposed Solutions to Problems

The Traditional Problem

Not much time will be spent on this problem because it is the problem faced by all clinicians who are called upon to make clinical inferences based on first-hand or second-hand observations. Some comments will be made, however, that seem particularly pertinent to work with police officers. The general principle is that in making inferences relevant scientific research should be applied to observations as often as possible. In doing mandatory psychological evaluations for police departments, certain research results seem particularly pertinent. An example is the often recurring problem of alcohol addiction. At the Isaac Ray Center, the model diagnosis of officers is seen in alcoholism. Often no facts

are in dispute and it is fully conceded by the officer and all other parties that the officer has a severe drinking problem. What is at issue is how great a risk the individual poses for resumption of drinking, particularly while on duty. Research (*Filskov and Boll, 1981; Prigaztano, 1977*) indicates that chronic alcoholics who have sustained brain damage as a result of their drinking are more likely to resume drinking than those who have not sustained such brain damage. Since such brain damage can be reliably assessed, these research results are extremely important in making reasonably accurate prognostications regarding the risks associated with allowing such an individual to return to active duty. Another case in point concerns the officer who has had a manic psychotic break and has been stabilized on medication. In such a case, too, the facts, such as his having had a psychotic break, may not be in dispute. What is at issue is whether, now that the officer has been stabilized on medication, he is capable on a long-term basis of fulfilling the duties of being a police officer. In this case, research results (e.g., *Judd, 1979; Nair et al., 1979*) indicate that use of the medication often prescribed for persons having had a manic psychotic break, lithium carbonate, can affect cognitive functioning. These results suggest that there may be an appreciable long-term risk in returning such persons to work as demanding and potentially dangerous as police-work.

The Special Problem

To obtain the facts regarding an officer's functioning, the psychologist must to some extent himself become an investigator. My experience is that the sole use of traditional evaluative procedures such as the psychiatric interview or psychological testing alone, is almost never enough. To do adequate mandatory psychological screenings with police officers the following data sources usually must all, when available, be used: 1) Use of a structured psychiatric interview that systematically covers all pertinent areas of psychiatric functioning; 2) careful observation during the interview, preferably accompanied by verbatim notes, describing what the individual said—notes that focus not only on the content of the officer's statements, but on his demeanor during the interview, his affect, and the logic and coherence of his statements; 3) use of psychological tests; 4) all the officer's police department records and records including medical records, performance ratings, and history of complaints made against him (particularly important are administrative findings such as findings of guilty with respect to rule-breaking behavior—these findings are important because they represent a final third-party determination regarding the facts of a particular event; 5) records stem-

ming from any previous hospitalizations, whether for physical or psychiatric reasons; and 6) interviews with collateral informants such as alleged victims, relatives (including the spouse of the officer), if available the officer's co-workers and supervisors.

Use of multiple sources of information helps the evaluator to avoid the problem posed by an officer's self-interested distortion of relevant facts. The goal of multiple assessments is convergence: when data from several sources begin to converge, the evaluator gains increasing confidence that he possesses the facts necessary to make informed inferences. Some problems noted earlier under this category also can be alleviated through this methodology. Clarification as to whether a problem is primarily individual or systemic in nature can be obtained through interviews with supervisors and careful reading of police department records concerning this individual. Regarding use of psychological test norms appropriate for use with this population should be developed specifically. The literature already contains, for example, characteristic MMPI scores for various groups of officers (e.g., *Gottesman, 1976; Saxe and Reiser, 1976*). More specific norms for comparative purposes should be developed for police officers undergoing mandatory psychological evaluations.

The Problem of Standards

This problem can only be solved by the department requesting the evaluation. At some point, the department must take a stand and state "all other things being equal, we prefer that the officer (remain on/be taken off) active duty." The department must decide which risks they want to take. It is not within the expertise of a mental health professional to do so in an informed way.

Illustrative Cases

For reasons of brevity, only cases illustrative of solutions to the second problem—the problem of fact validation—will be presented.

Use of Behavior During the Interview

This illustration concerns an officer who was on the disability pension roll and then leave-of-absence for six years after having served with the police department for four years. He was being evaluated because he wished to return to active duty. The record was not entirely clear as to why this officer had been put on the disability pension roll in the first place. The record showed that when put on the disability pension roll, this officer was

described as "suspicious and paranoid." It was also said that his thought processes displayed "looseness of association and tangential thinking." The record provided no specific illustration of his alleged paranoia or thought disorder, however.

In the interview, this officer was well-groomed and calm; generally, he related well to the examiner. He denied having any psychiatric symptomatology. He explained previous statements about him as emanating from resentment due to his union activities while he was on active duty.

It was not necessary to judge the validity of this officer's contentions, though. This officer indicated in many ways during the interview that he had serious psychiatric problems. Thus, about the statements that were made about him, this officer showed some paranoia when he said, "the object of the game was to break my finances." He also intimated that the persons who made the statement had been "gotten to." An even more clear indication of paranoid and illogical thinking on the part of this officer was his saying that a psychologist whom he had once seen must have been fired allegedly because the psychologist said this officer did not need medication and that the psychologist would go to court for the officer if necessary. The evidence put forward by this office for this conclusion was that when he went back to see this psychologist about seven months later the psychologist was no longer employed. The officer concluded that since the psychologist was no longer employed he must have been fired. He did not seek to verify this conclusion or his inferences about the reasons the psychologist was supposedly fired. This officer also showed narcissistic traits and the lack of good judgement when, for instance, he stated that he had put an invention he patented up for sale through a local newspaper for 2½ million dollars.

It should be noted that in contrast to observations during the interview, former supervisors were ambiguous in their assessments of this officer, and MMPI results showed, when interpreted against the usual norms, only that he functioned in the mildly neurotic range. Generally, former supervisors' reports or current supervisors' reports can suffer from supervisors' reluctance to make consistently negative statements about supervisees, particularly when they know those supervisees might read their statements in a report and be able to infer who made them. Psychological testing, particularly the MMPI, can suffer from officers' awareness that the choices they make while responding to items will be scrutinized—particularly because the officers have as much time as they want to reflect before choosing a particular answer. In this case, observations during the interview based on verbatim notes about what transpired during the interview were better

sources of information than interviews with former supervisors and psychological testing.

Use of Prior Records

This case concerned an officer who had been contending with his superiors for at least three years. Stacked back-to-back, the memos between this officer and his supervisors over a three-year period stood about half a foot high.

The officer maintained during the interview that he was reasonable at each step during this period. It was the department, he said, and in particular his supervisors, who were picking on him. To illustrate, this officer protested not being given an earned day on a specific date. The reason given to him for not being allowed to take his day on a specific date, he said, was man-power shortage problems. The officer protested that the commander who turned him down himself took an earned day when the man-power situation was similar to that prevailing on the day for which this officer was turned down. Later, this officer said, he felt that his performance evaluations were being decreased in retaliation for his protesting not being given the specific earned day he had requested. Based on this perception, the officer began filing grievances with respect to the manner in which his evaluations were given. Thus, he protested on one occasion not being given a five-day notice as required by the rules prior to receiving his evaluation. At one point, this officer even filed charges against supervisors for allegedly breaking rules for giving evaluations. In a separate incident, one supervisor had claimed that this officer cursed at and threatened him. During the interview, this officer denied the charge and said that, on the contrary, it was the supervisor who threatened the officer.

While there were specific clues during the interview that this officer was paranoid, police department records were most informative in leading to a correct diagnosis. For one thing, careful reading of departmental records showed that the officer had disputes with many supervisors, not just one. He had disputes with supervisors who initially were favorable to him. Several supervisors, the records showed, including the Chief of Police, had gone out of their way to accommodate, this man's grievances when problems with him first began. It was of special interest that this officer, years before, had protested not being allowed to transfer to a different district within his department. Several years later, when asked to make the same transfer, he protested being "forced" to make that transfer and did so in the strongest terms, alleging harassment.

Somewhat surprisingly, after the officer read the examiner's report, based on the record and the interview—that this officer was paranoid and resentful of

authority and needed treatment—he did not protest and consented to pursue treatment through psycho-therapy.

Use of Collaterals

This case concerned a tall, distinguished-looking, well-built police officer who had been on the force for 24 years. For approximately 15 years, he had accumulated many excessive force complaints and most recently had been the subject of a great deal of media publicity based on allegations that he had used excessive force with respect to various citizens. The records showed that very few of the allegations made against him had been sustained. None of the contemporary allegations made against him had been sustained. Another charge that had been leveled against him recently was that he had attacked a youngster in a high school where he worked off-duty as a security guard.

In the interview, this officer related well to the examiner and denied all the charges made against him. He said that he had received many excessive force complaints only because he is a very active officer who will not back down when confronted by an unruly citizen. This officer's MMPI results included a research scale score, on Overcontrolled Hostility, that indicated that he had intensely hostile feelings that he tried hard to control. No other psychological dysfunction was shown by his MMPI test results, however.

For this evaluation, five informants were interviewed. This officer's immediate supervisor stated that he had known this officer for 4½ years and that this officer was "a perfect gentlemen". The supervisor denied that this officer had ever been abusive. "It's just that he won't back down for anything", this supervisor said. "He doesn't start it". A high school teacher at the school where this officer allegedly attacked a youth said that the youth picked up a chair, though he could not say whether the youth picked up a chair first or the officer began to hit him first. That the youth picked up a chair was a confirmation of a statement the officer had made during the interview. Another teacher at the same high school said he had known this officer 20 years and that the officer was not unduly aggressive during that entire time period. The principal of the high school stated that were it not for the adverse publicity accompanying the incident between the officer and the student, he would have retained the officer as a security guard in the high school. Prior to that incident, this principal said, the officer had presented no problems while working as a security guard. The father of the student the officer allegedly used excessive force against stated when interviewed that witnesses claimed the officer "jumped on" his son for no reason. This informant, though, conceded that his son was emotionally disturbed and was not a

student at the school where the incident had taken place, and had engaged in provocative behavior before the incident in question. The mother of a person alleged to be a victim of the officer's actions while on duty stated that she thought the officer's judgment was very poor. She also said she knew another person alleged to be a victim of the officer's actions and that alleged victim was a very cooperative and non-aggressive individual.

Despite the different pictures of this officer painted by various informants, certain common elements seemed to emerge through the interview, psychological testing, and police department records. Each time the officer was accused of using excessive force, the officer was confronting and individual in his capacity as an enforcer of laws or rules. In each case, the officer delivered a limited number of blows that led to visible injuries but in no case led to injuries severe enough to warrant hospitalization or to lead to permanent injury. The most favorable informant described the officer as not willing to back down in a confrontation and as merely acting in self-defense. The officer described himself as using only enough force to effect an arrest and contrasted using his fists to drawing and using a gun. An adverse witness described the officer as having poor judgement. MMPI results suggested that the officer had a great deal of latent hostility that he tried hard to control. One informer told the examiner that the officer was a former boxer with "very quick hands".

It seemed likely in the light of all this evidence that in each instance of alleged excessive use of force, the officer had felt justified in his responses. The problem seemed to be his quickness to perceive an arrest situation as getting out of control and as requiring physical intervention. When the officer began to fight, it seemed likely that some of his hostile feelings broke through and he hit someone harder than he needed to. Being an ex-boxer in excellent physical condition, it also seemed likely that when this officer hit, he did more damage than most people would do under the same circumstances showing the same responses.

This case illustrates not only the use of informants, but also the need for standards. Clearly, the most certain way to prevent this officer from using excessive force would have been to take him off active duty. But then his long years of experience and apparently effective police work would have been lost; he would have been at home drawing pay, not performing his duties. Clear standards, however, were not available. Instead, it was adjudged that labeling this officer psychiatrically ill was not appropriate. Rather than remove him from active duty, it was recommended that he be counseled directly

about being so quick to use physical force when he perceived that an arrest was being resisted. It also was recommended that he be encouraged to try to use calls for backup assistance whenever possible. It was also suggested that if he were found to use excessive force that appropriate administrative sanctions be applied to him as soon as possible to make it as clear as possible that in that case his behavior was not acceptable. These recommendations were made about a year ago. No further complaints about this officer's conduct have been received.

Use of Psychological Testing

Psychological tests in our practice are never used by themselves to make decisions about an officer's ability to be on full active duty. MMPI results are often useful because they contain indications as to whether an individual taking the test has been trying to an extreme to either "fake good" or "fake bad". This information can be gathered from MMPI results by comparing the F scale, the "fake bad" scale, with the K scale, the "fake good" scale; it also can be gathered by comparing the individual scores on the so-called obvious versus subtle items. A person "faking good", for instance, might have a much higher K than F score and would have scores that are much higher on the subtle items than on the obvious items. Use of a scale score such as Overcontrolled Hostility have already been noted. Rorschach Test results also can provide useful information.

In the case at hand, an officer was accused of assaulting his wife, who was separated from him, when he discovered her having dinner with her boyfriend at her residence. In the interview, the officer denied that he had assaulted his wife and said that he intended to no longer have anything to do with her. He also said that he did not believe in divorce and would not commit adultery and therefore intended to never have sex again. During the interview, this officer brought up the subject of his wife spontaneously many times in a hurt and angry way. He made clear that he thought she was having sex with various men, even while he was abstaining from sex. As worrisomely, the officer said during the interview that he was concerned that his children, who lived with his wife, would be exposed to the sexual activities he thought she was having. He would not explain, however, what he intended to do about those apprehensions.

On the Rorschach, this officer showed sexual preoccupations. At the same time, he manifested discomfort with his own sexual ideations. At times, his responses at the Rorschach were explosive and violent in content. As a

result, it was recommended that his officer's weapon be removed from him. Several months later, this officer admittedly again tried to assault his wife when he found her talking with another man at her residence.

CONCLUSIONS

In this paper, an attempt was made to point out some of the difficulties in doing mandatory psychological evaluations with police officers. As is often the case in forensic psychology or psychiatry, complicating the task of making correct inferences from observations is the fact that the individuals being evaluated are usually motivated to one degree or another to conceal or distort the truth. Making evaluations even more difficult is the law enforcement experience of the persons being assessed. The problem is similar to investigating an investigator. Perhaps no one is more skilled in covering up the truth than someone who is trained to uncover it.

Suggested in this paper is that there is no simple or magical way to validly assess another human being who is motivated to and is skilled at presenting a certain view of himself. Occasionally, one source of information about a person is sufficient. If an officer is trying to return to work just before his benefits run out and shows clear signs of thought disorder during the interview, it would seem clear that officer is not fit to be on duty. But under ordinary circumstances, no one source of information is sufficient. Unless an officer is grossly psychotic, psychological test responses can be manipulated and appropriate behavior can be shown for the length of time a psychiatric interview takes. Conversely, there is evidence that psychiatrists and psychologists relying on only one source of information can be fooled fairly easily by persons trying to look psychiatrically ill (e.g., *Rosenhan, 1973; Anthony, 1971*).

In this paper, it is contended that before an assessor can feel comfortable in reaching a conclusion regarding the psychiatric status of an officer converging information must be obtained stemming from many different sources of information. Psychological testing results are much more convincing when they agree with observations during a psychiatric interview. Evidence contained in an officer's prior records is much more cogent when reinforced by attestations from contemporary informants who know the officer well.

When results conflict or, after all sources of information are used, results are still ambiguous, the problem described earlier as one of standards comes into play. Persons who are able to become police officers and remain police officers for years and even decades usually are not flagrantly psychiatrically ill unless they have become very ill suddenly and recently. Most often, such

persons, if they are psychiatrically ill, have been ill for many years with symptoms somewhat less intense and serious than those they are presenting now. It is often ambiguous whether such an officer has crossed what is usually a vague threshold as to whether that officer can be on active duty. Ideally, the individual department would set up presumptions that could guide the examiner. The department could decide, for instance, that unless shown clearly to be severely psychiatrically ill, an experienced officer will be presumed to be able to remain on active duty. Conversely, a department could presume that an officer who shows any appreciable signs of mental illness or psychiatric disturbance is not suitable for full active duty. It is this examiner's experience, however, that police departments are reluctant to specify such presumptions. The reason is probably that the stakes seem too high. If it is presumed that an officer is fit for duty, even if that officer is showing appreciable, if ambiguous, signs of mental illness, then the concern is that officer might hurt someone, or, through an act of omission, allow someone to get hurt. In retrospect, it will then be asked how someone who showed even ambiguous signs of being mentally ill was allowed to be on full active duty. If, on the other hand, an officer is presumed not to be fit even though signs of disturbance are ambiguous, the officer, perhaps justifiably, might complain that he was unfairly stigmatized and deprived of his livelihood, though no unambiguous evidence was presented. Moreover, other persons might maintain that the officer was being given the opportunity not to work and, at the same time, to collect disability benefits even though there were no unambiguous signs that he is mentally ill. In this no-win situation, the easy solution may be to let the psychologist decide. But psychologists may or may not be the best persons to set what really is departmental policy.

To summarize, mandatory evaluations of police officers can be thought of as a three-step process. The first step, which is uniquely difficult in this situation, is to establish accurate behavioral observations whether first hand or second hand in nature. Because many of the salient facts may not be directly observable, or if directly observable may be distorted by the officer himself, either in a favorable or unfavorable direction, multiple sources of information must be used. The second stage is the traditional clinical one, one of inference based on the behavioral observations. As is true in all good clinical practice, these inferences must be as much as possible based on scientific research results. Research results in some areas, for example, in the area of substance abuse and its sequel are particularly pertinent. The third stage of this process is the recommendation as to whether or not the officer should be or should not be on active duty.

Very helpful at this stage would be a set of presumptions given by an individual police department regarding what level of evidence will be necessary before an officer is adjusted to be unfit or fit for active duty. When a department does not supply such presumptions, it in effect simply leaves it up to the individual mental health professional to create his own presumptions. A mental health professional is qualified to establish facts and make clinical inferences from those facts. His qualifications to make policy decisions are questionable. As a result, police departments' and not the individual examiner's making the appropriate presumptions, is strongly encouraged.

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THE USE OF MENTAL HEALTH PROFESSIONALS IN THE IMPLEMENTATION OF ACTION TRAINING MODELS

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Action-oriented methods of training such as role playing, psychodrama and simulations have been used in the field of law enforcement for over 35 years (Swink, Siegel and Spodak, 1984; Buchanan, 1981). However, the use of action methods has become much more prevalent during the last 5 years. Most of this training is designed and implemented "in house" by the police officers without the assistance of mental health professionals, psycholinguistic experts or other extra agency resources. Much of this training is conducted in a highly professional manner and seems to be effective.

Often, however, a well intentioned trainer will attempt a role play in class that turns into a joke or an agency will stage a counter-terrorist simulation that never reaches the training goals because the officers taking the terrorist roles are much more interested in having a "shoot em up" than in training the response system. The trainer or the agency then drops the method and loses a valuable training tool.

The mental health professional who is additionally trained in the use of action methods can prove to be a valuable resource in the development and implementation of this powerful training tool. This paper will describe three models of action training currently used by the authors and will suggest how mental health professionals might utilize these models.

Why Use Action Models?

"The classroom is not like the street". "That's a great theory Doc, but it won't work out there". These are typical responses a psychologist teaching crisis intervention theory might hear at the police academy. The wise trainer knows that the street is not like the classroom and that the officer might not be able to put the theory in to practical application. Why? Because in the street he is under the influence of a different physiological state. If he is intervening in a dangerous situation his sympathetic nervous system is supplying chemicals needed for fight or flight and the "class room" theory may be difficult information for the brain to retrieve. In addition, he may not have the confidence in his ability to put into practice a new complex theory of human interaction and therefore

relies on old comfortable patterns.

Action training models either bring the street to the classroom or take the classroom to the streets. Action training provides a relatively stressful arena where officers can learn to adapt to the stress and try out new behaviors in a safe environment. Having accomplished this, confidence in the new skill is increased and the learned behavior is more likely to be used when needed.

Stop Action Coached Role Play

This method usually follows didactic material on a subject such as interviewing and interrogation. The trainees are then placed in situations where they can try out the principles and techniques taught in the traditional classroom. The scene, for example, an apartment or an interview room is set either in front of the class, or in a separate room and fed back via video to the class. Background information is given to the interviewing officer, who then steps into the scene to begin the interview.

The mental health professional provides a number of important functions in the Stop Action Coached Role Play. Police or professional actors often have a difficult time knowing how to play the role of a mentally disturbed or personality disordered individual due to lack of experience with the mental health delivery system. As an expert in psychodynamics and human behavior the mental health professional can help assure the accuracy of roles by preparing and briefing the role player prior to the intervention by the trainee.

The trainer watches the interaction, taking notes on interactional style, role relationships, psycholinguistic patterns, nonverbal communication and other important aspects of communication. The role player responds spontaneously as would the real subject in the actual situation. The trainer is in the unique position to reinforce appropriate and creative approaches with verbal feedback helping the trainee develop greater role variety and therefore more tools to facilitate the interview process.

At important moments during the interview, the trainer freezes the action. During this pause the trainer asks the interviewer for his perceptions about what he is doing well or poorly. The trainer can then give the interviewer

feedback and give suggestions about what else he might try. The rest of the class can be asked what the student is doing well and what other approaches might be employed. It is important that the trainer guide the classes feedback so as not to overwhelm the student who already feels on the spot in front of his peers. If the student has to defend himself from an onslaught of negative feedback he will resist learning and others will not want to put themselves in that situation in the next role play.

After a brief period of feedback, the role play begins again and the student can try out any of the suggested strategies and observe the consequences. The interview can run until it ends naturally or the trainer can stop it after a certain period of time. It should not reach the point where it becomes boring the rest of the class.

When the role play is finished the person taking the role of the subject comes out of role and gives the trainee feedback about the interview process. The student then returns to the class and a discussion follows. Questions about human behavior that may arise as a result of the role play can be answered by a trainer educated in the field of mental health. Video tape can be utilized so that the student can review his behavior later. This coached role play model can be used to teach virtually any type of interactive skills, for example, hostage negotiation, crisis intervention, or peer counseling.

Simulation

This approach has been used by most major law enforcement agencies during the last 5 years to test a particular system under extremely realistic conditions. Individual members of the system are usually highly trained. In addition to training and testing systems, simulations have also been used extensively to train individuals in survival skills.

Simulations are generally conducted in environments that closely approximate the real situation, therefore the classroom is literally taken to the streets. They are very carefully planned because of the expense of involving a lot of staff power and equipment. Safety features must also be carefully included.

A crisis situation is staged in the environment where the actual event might occur, for example, a bus is taken hostage and the police respond with their emergency response team. The major difference between the simulation and the actual event is that bullets are replaced with blanks in the simulation.

Strengths and weaknesses of the system are pinpointed immediately and a systematic analysis of the event yields important changes to be made to insure smoother functioning for future real crises.

The role of the mental health professional in full scale training simulations is multi-dimensional. In addition to the tasks described in the coached role play model, the police psychologist may assume a variety of other roles. In the planning phase of a simulation considerations for the mental and emotional stress placed on participants must be taken into account. The expertise of a psychologist in this area can be invaluable. During the action phase of a simulation the mental health professional can serve as a controller or observer, further assuring the emotional safety of participants and collecting data on a wide range of behaviors in response to the demands of the situation. At the conclusion of the action phase the psychologist provides the crucial role function of helping the participants de-role and provide for their emotional re-integration needs. At the processing of the training event the psychologist can provide important input regarding the psychological aspects of the training incident and can enhance understanding of the dynamics among all participants.

Action Case Studies

Action Case Studies are used to teach officers about individuals suffering from personality disorders, psychoses, severe stress, and other psychological problems which the officer may encounter. Didactic material is presented about a specific psychological disorder and the background of an actual case is discussed. A role player who has studied the case and psychological background assumes the role of the subject in front of the class. The person assuming this role must be clinically astute because any real information missing from the role must be completed by the role player based on his knowledge of psychodynamics. The goal is not to show the actual subject but to teach the psychodynamics in a way that is educational, interesting and accurate.

Once the role player is in role, members of the class ask him questions, assess dangerousness, offer a lay person's diagnosis or share observations with one another.

The psychologist's role in action case studies is that of the expert. As the most knowledgeable member of the system in the area of psychodynamics, the police psychologist can prepare the role players, facilitate discussion and answer questions about the behavioral and emotional characteristics of the case.

The Need for Specialized Training

Not all mental health professionals are trained in the use of action methods. Personal training in these approaches is desirable for the police psychologist or

mental health professional who wants to encourage this valuable form of training. Training in psychodrama, gestalt and other action psychology approaches are available from a number of qualified sources.

Specialized training in action methods will provide training coordinators and role players with a number of unique skills which enhance training efforts and assist programs in achieving specific goals and objectives.

Advantages of utilizing action training professionals include:

Understanding nonverbal communication

Individuals trained in action approaches have learned to focus on nonverbal aspects of behavior and can integrate this learning into training events. Participants in a training event can learn to understand the body language of suspects, victims, and other principals in a criminal event (Fine, 1959).

Providing action demands

Trained role players can manipulate the scenario of a training event to place response demands on the trainee participants. This skill is particularly useful when the goals of training focus on testing or developing specific responses to a situation.

Reinforcing positive behavior from the role

Rather than striving for dramatic or surprise twists in simulations or role plays, trained professionals focus on the goals and objectives of the training event. They attempt to respond appropriately to the interventions of the police in a way that reinforces positive approaches while extinguishing non-facilitative responses.

In addition to the specialized skills listed above, trained role players provide a quality of anonymity to a training event. When agencies utilize their own personnel as role players there is often a quality of role contamination that sometimes results in joking and a less than serious attitude toward the role play. The anonymity of professional role players minimizes this aspect resulting in more realistic training. While professional actors are trained to emerge themselves totally in a role, professional role players are able to apply perhaps 90% of their attention to role assumption while reserving 10% as an observing ego. This observing ego allows the role player to maintain some objective sense of the role play and permits the role player to assume the role with an eye on the goals and objectives of the training event.

CONCLUSION

Research on the effectiveness of action training approaches is sparse, however, evidence of the potential

success of this approach can be seen in an examination of the Family Disturbance Intervention Program conducted by the Metropolitan Police Department of Washington, D.C. in conjunction with Saint Elizabeths Hospital. Buchanan and Hankins (1983) describe the program as relying heavily on role playing, psychodrama, and simulation. One of the co-coordinators is a certified psychodramatist. This program significantly reduced injuries to police officers intervening in domestic disturbances (insufficient in each cell to complete chi square for 1979, 1980, and 1982. In 1981: $x=(1) 12.19, p<.005$. In 1982 689 of 1444 officers were trained. Injuries to trained were 2 and to untrained were 13) and the reduction in injuries (1980: $x=(1) 17.86, p<.005$. 1981; $x=(1) 74.63, p<.005$; 1982: $x=(1) 37.43, p<.005$) also carried over to all police calls.

Three models of action training have been presented, however, there are many other models that have been used and many more still to be created. Psychologists, social workers, psychiatrists, and other mental health professionals have the potential to be effective in helping to produce "living laboratories" where interaction and technologies can be tried out in a safe environment and alternatives and new approaches can be implemented.

Law enforcement personnel seem very receptive to exciting learning strategies when presented in a professional, competent manner. It is suggested that action training models can be incorporated with traditional approaches to enhance the overall quality of law enforcement training.

The work described in the paper "The Role of the Mental Health Professional in the Utilization of Action Training Models" was done as part of our employment with the Federal Government and is therefore in the public domain.

The views expressed in this article are the opinions of the authors and not necessarily those of Saint Elizabeths Hospital.

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SECTION FIVE
CRITICAL INCIDENT REACTIONS

PRE-CRITICAL INCIDENT INVOLVEMENT BY PSYCHOLOGIST

Carroll L. Baruth, Ph.D.

The time was 0300 hours when the call was received from the duty captain requesting that the psychologist come to the Law Enforcement Center (L.E.C.) to meet with an officer. Upon arrival at the L.E.C., the first stop was at the captain's office where the psychologist was quickly briefed that there had been a shooting, and one officer was at that time being operated on for multiple bullet wounds to the head and chest; and the officer who had been brought to headquarters was the one who had shot and killed the robbery suspect.

This scene in itself is all too common as yearly approximately 100 law enforcement officers are killed in the line of duty. Six hundred criminals are killed yearly by the police. In addition to the dead robbery suspect and the wounded police officer, the officer who survived the shooting physically without a scratch is also a victim. He is and will continue to be affected by a high level of stress or suffer from what is now beginning to be termed "post-killing" or "post-shooting" trauma.

What is unusual in this example is that a previously developed plan is being carried out in which a psychologist familiar to the police department and its personnel because of prior involvement is called upon to supply immediate counseling support to an officer. In this case, rapport had already been established with the officer involved in the shooting because he knew the psychologist from prior in-service programs presented by the psychologist, and the psychologist had only a few months before spent an evening as a ride along with the officer.

Emerging Role of Police Psychologist

In 1968, Dr. Martin Reiser was hired by the Los Angeles Police Department as the first full-time police psychologist in the United States. Many larger law enforcement agencies have since hired psychologists on a full-time basis and others on a consulting or as need basis. There appears yet to be no clearly defined role for a police psychologist although the most typical areas of involvement have been in police applicant screening and assessment, training officers in human behavior, consultation, research and counseling officers and their families. Psychologists have generally become involved in any area where they have demonstrated that they might be

of assistance to law enforcement agencies.

Although police psychology is now being recognized as a profession, there have developed few advanced training programs in the field. Most psychologists are attracted to the field of police work because of its involvement with human behavior. A knowledge of human behavior, however, does not necessarily qualify a psychologist to work in the field. Whatever a psychologist's previous qualifications and experience, some police orientation and training is needed before he can effectively work for law enforcement agencies.

Police departments need to select their psychologists carefully. This is clearly pointed out by *Geiger (1984)* when he indicates that department administrators must carefully screen their psychologists—whether they are to be used for one-hour presentations or a full-time position. He realistically explains that police officers are hard to sell, and one bad experience with a psychologist can very easily doom the future of that person or anyone else in that position.

Police administrators need to look for psychologists with specialized training in police psychology, but since there are currently few advanced training programs, few, if any, such psychologists are available. Another valid and the most common method of selecting a psychologist is through selecting someone who has a considerable amount of experience with law enforcement either as an observer or a participant.

The psychologist unfamiliar with policing can be brought up to speed by "riding along" with the various members of the department, including both line and staff officers. The ride along should take place on all shifts and should continue until the chief and psychologist feel the necessary familiarity is achieved (*Geiger, 1984*).

This writer prefers, however, the participant approach to learning about law enforcement. Many departments have reserve or auxiliary components and all could make room for another member if requested to do so by the chief. The advantage of this approach is the wide scope of law enforcement training one receives in addition to having the opportunity to actually ride along and function as a law enforcement officer. Training programs for reserve officers generally have the same content as regular officers but do not go into as much depth in most areas because of time limitations on the part of the volunteer police officer.

An increasing number of police officers have taken the schooling necessary to become licensed as a psychologist. The officer having accomplished this most familiar to this writer is Harvey Schlossberg, Ph.D. and his book, *Psychologist With A Gun* (1974). Psychologists without prior law enforcement experience would find it helpful to know what it feels like to carry a gun, approach a suspicious vehicle, search a dark building, handle a domestic dispute or face any of the other multitude of stress producing duties which a police officer deals with daily.

In addition to increasing the psychologist's knowledge of police work, it is even more important that he be able to feel with the officer. Empathy means that the psychologist should be able to understand what the officer is feeling, to be able to see what the world looks like from the other person's eyes. In other words, to be able to "walk a mile in his shoes and know what it feels like" (Calhoun, Selby & King, 1976, p. 228).

How does a psychologist not already a law enforcement officer get involved in police work? Psychologists frequently approach their local police departments to offer their assistance and expertise. According to Reiser (1982, p. XIX), this approach is too often rejected because the attitude of the psychologist is that of "teacher-expert" who will quickly show the "ignorant" police how to function adequately in a variety of interpersonal situations. If the psychologist is to be accepted, the attitude should be that of an interested "student", who desires to learn about police operations and problems from the police experts, and at a later appropriate time, a contribution from the psychologist might be possible.

Police departments need psychologists who, in the absence of specialized training, have prepared themselves for the role of police psychologist. The psychologist will need the support of the chief, administrative line officers, and be known to all officers through in-service presentation participation, ride alongs and whatever other ways he can get to know the officers and allow them to get to know him. To effectively work with law enforcement officers, empathy and rapport will need to have been established prior to a crisis.

Self-Image of Police Officer

The word most commonly used to describe the image of the police officer is "macho". Macho has differing connotations to different people but brave, strong, indifferent or even invincible give the general idea of how the officer might perceive himself. Physically, the greatest problem this "macho" self-image can create for the police officer is what has been termed the "Superman

complex". "Put a cop on the job for a number of years, give him some success, and then put a bulletproof vest on him, and he sometimes begins to think he cannot be hurt" (Bolz, 1979, p. 307).

The "macho" image the officer can have of himself frequently carries over to his emotional side as well. Whatever happens to the officer, he believes he can handle internally without it affecting his work performance, personal or family life. The officer experiencing emotional pressures will frequently continue to present the "macho" image he has of himself to everyone around him. However, when what is happening to the officer on and off the job cannot be dealt with up to the expectations of the officer, psychological stress takes place. According to Bartol (1983, p. 67), psychological stress occurs "when a stimulus initiates a response which does not lead to greater perceived or actual control over the stimulus". A police officer on the job sees himself in control, but when he begins to perceive himself as no longer being in control to the degree he anticipates, then stress becomes more pronounced and the officer can even become physically and emotionally incapacitate.

Police work is believed to rank among the top of all occupations in the amount and variety of stress it promotes (Selve, 1978; Kroes, 1976). Indeed, Selve writing in the first issue of the magazine *Police Stress* placed the police at the very top of the occupational stress league (Bull, Bustin, Evans & Gahagan, 1983, p. 112).

Stress is a topic that is of much interest to law enforcement agencies today because of the increasing recognition of the consequences of job-related stress on the performance of police officers. Although the macho image and denial of stress continue to exist, police officers are increasingly acknowledging that they experience stress. As a consequence of this recognition, stress recognition and management in-service programs have become common for officers and their families.

The "Rosenthal effect" has had a great deal to do with the police officer's denial of stress. This effect is described as how a person's expectation of how another will behave sometimes influences the other's actual behavior (Lanyon & Goodstein, 1982, p. 256). The macho image police have of themselves, police solidarity and their high degree of alienation from the general public all make officers vulnerable to behaving as they see fellow officers expecting them to.

The highest level police job-related stressor is what is currently being termed post-traumatic stress or post-shooting trauma. The illustration given at the beginning of this paper is an example of what can cause a very high degree of stress in a police officer. The taking of another's life or having a partner seriously injured or

killed must necessarily produce a very high level of stress whether it is externalized or kept internalized.

Post-Traumatic Stress

Although a great deal of stress almost always results from a traumatic incident such as a shooting, the police officer's reaction to the shooting cannot be predicted in advance. Stress itself is cumulative and if the officer has been experiencing a great deal of it from other sources prior to the incident, it should be anticipated that the additional stress will be difficult for him to cope with. Police officer's reactions to shooting tend to vary with their prior reputation and status; the circumstances under which the shooting took place; peer responses to the shooting; administration's responses; and the responses of the media and community (*F.B.I., 1984, p. 2*).

There is an "apparent lack of emphasis on the reaction and well-being of officers involved in shootings" (Neilson). Although statistics are not concise, it has been reported that 80% of officers involved in shootings leave their departments. The Dallas and Kansas City Departments have stated that 50% of their officers leave. This is difficult for one to understand because if an officer does the job he is trained to do, he later does not receive the necessary support needed to continue in that position. Again, the "macho" image may be present in other officers by saying that it was just part of the job and "you should be able to deal with it yourself".

Officer reaction to post-shooting counseling may be negative, and is a reflection of a prevailing "hyper-masculine police mindset" (*F.B.I., 1984, p. 2*). An effective way it would seem for overcoming this is for departments to mandate that officers participate in professional post-shooting counseling as soon as possible. The client's confidentiality and American Psychological Association (A.P.A.) ethical code would be upheld, although the department would want to be notified that meetings between psychologist and officer client are taking place. Although supervisory and peer help will take place naturally, immediate professional counseling by a psychologist to prepare the officer for the immediate effects, such as the shock and reaction stages as well as the later post-traumatic effects, would be most beneficial in beginning to prepare the officer for his return to duty.

Certain reactions can be expected to follow including a period of shock and disbelief; a period of automatic action; a period characterized by a sense of accomplishment and exhaustion; and a period of assessment and integration during which the total impact is felt. These reactions need to be recognized as normal responses to an abnormal situation. It is important for one to be able to share these feelings with others and to accept these

feelings both within one's self and from others. The officer needs to know that help is always readily available (*Gist & Stolz, 1982*). All stressors have one thing in common—they demand readjustment and the correct perception of what caused the stress. A psychologist would be the best professional to assist the officer through this difficult period in his career and life.

How does a department prepare itself to deal with post-traumatic stress? The department needs to look now at preparing a plan to implement in times of high levels of stress for an officer whether they are a one-man department or a large metropolitan police force.

Preparation for Critical Incidents

Reaction and not action seem to be the *modus operandi* of most organizations in this day and age with law enforcement agencies being no different. Thankfully, shootings are not a daily or monthly occurrence of most police departments. The majority of law enforcement agencies may indeed go for years without a shooting involving an officer, but just because something occurs infrequently, this does not relieve departments of the responsibility to offer immediate appropriately prepared professional assistance to the officer involved. According to *Somodevilla (1984)* "In order to be prepared you must assume that you will, at some future date, become involved in a shooting incident".

When it is administratively decided to prepare a plan for implementation in the event of high officer stress, the next step will need to be determining what approach will best secure and orientate a psychologist for this role. The importance of selecting the psychologist cannot be overemphasized, as officers often are hesitant to consult a professional not directly connected with or knowledgeable about police organizations because of a fear of being misunderstood, prejudged or stereotyped. And unfortunately, according to *Reiser (1982, p. 52)* this does happen on occasion.

The use of in-house (versus outside) consultants in police departments has been taking place more and more frequently over the past ten years and has the advantage of the consultant being an insider in the organization with practically unlimited access to all departmental levels. In addition, after the initial phases of suspicion and testing out take place, there is a growing organizational and individual acceptance which allows greater familiarity with the normally hidden or defended aspects of the department (*Reiser, 1982, p. 50*).

The psychologist is not usually accepted by the department immediately. It usually takes at least six months for a new consultant to be perceived as acceptable by members of a police department, but once this occurs, he will usually not have any shortage of clients. There

will, however, likely remain a small group of younger officers who tend to equate counseling with being weak and unmanly. Veteran older officers sometimes find new approaches difficult. However, over time the psychologist who is accepted and trusted will not find either of these groups to be a problem (*Mann, 1973*).

Police officers and their families experience temporary crises that disrupt their work performance and/or family unity. When this does occur, a psychologist can provide meaningful assistance. Unfortunately, officers often fail to seek professional assistance because of various stigmas which have sometimes been attached to counseling. A departmental psychologist, because of his familiarity with policing and the officer's familiarity with the psychologist, is more readily sought out when assistance is needed (*Geiger, 1984*).

When critical incidents such as a shooting involve a police officer, immediate counseling by a psychologist having empathy toward and previously established rapport with the officer is highly recommended. Recommendations for departments to carry out in critical incident planning are included following the summary.

SUMMARY

When a critical incident such as a shooting occurs in the life of a police officer, an occupation already characterized by a high level of stress, then immediate intervention by a psychologist already familiar to the officer and knowledgeable of police work is recommended. The importance of empathy and rapport having been established prior to the incident cannot be over emphasized. Since law enforcement agencies have for their greatest resource and strength the personnel who work for them, being prepared and available at the time of greatest stress to an officer should be given primary emphasis in the yet emerging, but already expanding, role of the police psychologist.

RECOMMENDATIONS

When law enforcement agencies develop or revise already existing procedures and policy for incidents creating a high level of stress for its officers, the following points are offered for their consideration:

1. Administratively develop and approve a plan to be implemented in event of shootings, accidents or other incidents producing high levels of officer stress.

2. Select psychologist who, in addition to professional qualifications, has expressed an interest in and willingness to learn about and become involved in police work.

Using the illustration at the beginning of this paper, or an actual incident you are familiar with, consider the advantages and disadvantages of handling the situation, showing the utmost sensitivity to the officer involved in the shooting, by using the following or similar approach:

1. Immediately assign responsibility for investigation at the scene of the shooting to another officer and have officer involved in shooting returned to his headquarters.
2. Make psychologist available immediately as being able to talk to a skilled listener will lower stress level and allow catharsis to begin.
3. Contact families of officers involved before press gets to them to assure them that officer is safe—support officer himself in doing the telephoning if he wishes to do the calling.
4. Have all other interviews conducted before taking the general statement of the officer involved in the shooting.
5. Do not allow officer's name or address to be issued to the press.
6. Have re-issued all equipment, such as revolver, which were taken for evidence unless refused by officer.
7. Assign unmarked car to vicinity of officer's home to insure safety and privacy to degree desired.
8. After administrative matters have been completed, allow psychologist or close officer friend to accompany officer home.
9. Encourage officer to receive long term psychological counseling as desired and arrange for him to talk with peers having a similar experience.
10. Do not allow what has happened to be ignored. Some officers have been hidden, transferred, fired or placed on disability retirement, but in your department put forth all the resources of the department to help officer return to his job as soon as he is ready. He needs the same job he had to be waiting for him.
11. Remember, it is only through the grace of God that it is "he and not you" who finds himself in this situation. See to it that he is treated as you would want to be treated if you were in his "shoes".

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A DEPARTMENT PSYCHOLOGIST RESPONDS TO TRAUMATIC INCIDENTS

Richard A. Blak, Ph.D.

This paper will present a model for understanding the mediation of traumatic events by peace officers as well as suggestions for mental health professionals who intervene in that process. It will draw on both research and clinical experience in an effort to provide an effective treatment model for peace officers who suffer the ravages of a violent world.

The aftermath of a traumatic event for a peace officer can be literally devastating and disruptive in all facets of the officer's life. Here is what one officer experienced:

"Went to bed at about 11:00 p.m. Friday night. Woke up from a nightmare at 2:00 a.m. I was in a patrol car alone at night. As usual, I turn on the red lights or siren, I'm just stopped behind a car. I walk towards the car wearing my uniform and gunbelt. Smith is in the car and he's got a bloody bandage around his head. He aims his nickel .45 at me and I go for my gun. I'm too slow and he shoots me in the face. I find myself floating in darkness and unable to breathe. I'm trying to move and force myself to wake up but it takes a long time. When I wake up I go to the living room and attempt to deal with my usual head and stomach ache. I'm able to return to bed at 3:15 a.m."

The above is an account of a recurring terror dream that a peace officer had every other night for more than nine months. The officer is still in treatment after a non-fatal shooting while on duty. He has been retired from law enforcement on a stress related disability and is now rebuilding his life.

This is but one example of what may happen to a peace officer in the line of duty when he becomes the victim of a "traumatic incident". Trauma here refers to an emotional shock that creates substantial and lasting damage to the psychological well being of an individual. What we end up dealing with then is determining the nature of an event by examining the consequence of that event. If we look at the event itself e.g., shooting, automobile accident, assault, "losing a patient", we only get part of the picture.

THE STRESS MODEL

In my experience the model for understanding traumatic incidents is a special case of the stress model. More specifically it is the stress model which focuses on interactional processes or mediational processes as described by Lazarus (1983). If we focus only on the Stimulus model i.e., the occurrence of life events regarded as stressful (Holmes & Masuda, 1974) or the Response model i.e., physiological mobilization (Selye, 1976), or cognitive disruption, or behavioral dysfunction, we may be able to label the process, assign values, and even measure the impact of traumatic incidents. We do not however, get any ideas about how to "treat" the individuals involved until we look at the "O" in the S-O-R paradigm.

Looking at the "O" or organism typically results in a focus on cognitive processes which according to Lazarus include evaluation and judgment. The peace officer at some level engages in an *appraisal* of two separate but highly interdependent elements: (A) judging whether he is "in jeopardy" i.e., whether external (environmental) demands and/or internal (psychic) conflicts threaten his basic integrity and (B) judging whether his resources and available options are equal to the task.

In addition to these general considerations, peace officers must mediate another set of unique issues and those have to do with the consequences of the execution of his mediations. If he is in a life threatening situation he not only deals with surviving and maintaining basic integrity, but he has to be concerned with the department's reaction, the community's reaction, and the media's reaction. The possibility of these consequences weighs heavily in officer's appraisal, particularly in officer involved shootings where it is very common for this question to be heard: "Am I going to be fired?"

Appraisal as a cognitive process is quite sensitive to past learning, belief's about one's environment, and a sense of one's mastery over that environment. Peace officers are frequently involved in appraising the degree of "threat" in their work tasks. Virtually every interaction in the field presents a potential threat and/or challenge.

The degree to which the officer judges his resources and options to be equal to the task determines whether he experiences "challenge" or "threat". In those situations in which he experiences "threat" we have a necessary but not sufficient condition for a "traumatic incident".

In some cases the nature of the stressful event is so intense and dramatic we assume it is also traumatic. Shootings, natural disasters, and violent assaults are like that. However, we also observe incidents which are less obvious but cumulative in nature although not necessarily any less devastating to the officer.

It appears from recent physiological studies (*Rose, 1980*) that both cortisol and catecholamine levels are elevated when one experiences "challenge". The implications of these findings for peace officers point to the fact that officers who are constantly "wired", "pumped", or "threatened" may be setting themselves up to become vulnerable to specific disorders which include Post Traumatic Stress Disorder, CHD, G-I dysfunction, and lower back dysfunction.

In this sense a "traumatic incident" may in fact be the "straw that breaks the camel's back" more than a stressful event of such magnitude that it results in a significant impairment of basic functioning. The critical issue here for practitioners is the need to take a hard look at a personal, medical, social, and developmental histories of officers involved in traumatic incidents not only to determine individual resources and premorbid personalities, but stress loads and past coping effectiveness. In other words, how did this officer "manage" his thoughts, feelings, and behavior in past conflicts and struggles.

POST TRAUMATIC STRESS DISORDER (PTSD)

Our awareness of PTSD comes largely out of the experiences of many VietNam veterans and their families. It was not until World War I that specific clinical syndromes were related to combat experience. We moved from "shell shock" to "battle fatigue" to "war neurosis" to the current PTSD. It has not just been a change in labels. We have also moved from an orientation of holding predisposing factors i.e., individual vulnerabilities largely responsible (WWII) for such maladies to understanding that given intense enough stress conditions virtually anyone may suffer significant reactions. According to the Diagnostic Statistical Manual III, PTSD is classified as an anxiety disorder. It may occur months or even years after the precipitating event and the disorder may last indefinitely.

Clinical Picture of PTSD

recurrent dreams	trauma
flashbacks	re-experienced
emotional numbing	not present
insomnia	before event
impaired concentration	
depression	not necessarily
substance abuse	present in all cases
hostility	
paranoia	

The DSM III conceptualizes the precipitant as "outside the range of usual human experiences" e.g., man-made and natural disasters, concentration camp internment, military combat, and flood and fires. The parallels between "combat" experience and police work seem obvious to me.

Hypervigilance – a special symptom

One of the most frequently observed symptoms I have encountered in "traumatized" officers is hypervigilance. *Janice (1983)* indicated that "the grossest errors in decision making are to be expected whenever hypervigilance is the dominant stress reaction". In the case of peace officers where vigilance is strongly reinforced under "normal" conditions it often becomes *hypervigilance* after traumatic events.

What we observe is an inordinate degree of alertness to virtually all signs of potential threat which leads to an impairment of attention. In the officer's scanning and searching of the environment in an effort to identify potential harm he often "misses" reliable information or data which is necessary to effectively solve or alleviate his conflict. He is more likely to deal with obsessions than with essential cognitive tasks.

There is some evidence that the autonomic nervous system may be involved in environmental scanning and searching which suggests that hypervigilance rather than being adaptive further exacerbates the stress reaction.

This state of hypervigilance alternates with extreme defensive avoidance tendencies, denial of loss, and emotional deadening on the one hand and excessive physiological arousal in response to minor hassles, terror dreams, and flashbacks on the other.

Hypervigilance seems to persist in those *near-miss* experiences. Survivors who are in close proximity to actual danger and experience a near-miss e.g., being shot at by a suspect; being pinned in a wrecked automobile; seeing or handling maimed bodies; recovering drowning victims etc., appear to maintain hypervigilance for long periods of time. Survivors who had remote-miss experiences on the other hand typically show a marked tendency toward increased tolerance of stress.

Guilt and Humiliation

Many peace officers have clear and high expectations of themselves as they encounter dangerous and threatening situations. Often they strive for mastery and for courage if not for heroism in their behavior. In an intense event they may fail to perform as anticipated. Such events may result in massive guilt and regret. If part of the officer's reaction is overwhelming fear as evidenced by trembling, diarrhea, vomiting etc., it may result in feelings of powerlessness and a sense of humiliation.

TREATMENT INTERVENTIONS

Individual Treatment

If a traumatic incident results in PTSD for an officer he may seek out professional help for any number of reasons or his job performance may reflect cognitive or emotional deficits. In any case, if your department has a mental health professional on staff or available to you and known to the officers you have a better than fair chance of getting that officer back to effective functioning.

In addition to verbal supportive and interpretative psychotherapy I have found biofeedback via EMG and cognitive behavioral strategies to be very helpful. Biofeedback in this treatment is an intervention into the physiological component of the PTSD. The goal is to get the officer more in control of the somatic aspects of his stress response. It provides a way for the traumatized officer to allow the body's natural restorative processes to work. Biofeedback may in some cases aid the injured officer with chronic or persistent pain in the management of that pain.

Cognitive behavioral interventions provide new learning experiences in regards to both the ongoing appraisal processes and coping mechanisms of the traumatized officers. Behavioral rehearsals, symptom practice, thought stopping, and time control of intruding thoughts are common techniques in facilitating the officer's recovery of control over his cognitive as well

as emotional functioning. Discussion of these techniques may be found in Meichenbaum and Jarenko's upcoming book *Stress Prevention and Management* (N.Y. Plenum).

Peripheral Victims

Because PTSD officers tend to develop special problems in regards to impaired intimacy, social introversion, family difficulties, and manifest hostility I believe that it is important to involve marital partners and family members in treatment whenever possible. A recent study by Roberts *et al* (1982) which looked at interpersonal problems of VietNam veterans diagnosed as having PTSD provides empirical support for these clinical observations. It also seems efficacious to involve "significant others" in treatment to address "secondary traumas" *i.e.*, those people indirectly involved in the traumatic incident who later show symptomatic behaviors.

Results from the Roberts *et al* study also suggest that interpersonal problems of PTSD officers are not attributable to preindustrial injury differences or to demographic variables. The implications of these findings put the importance of professional intervention after a traumatic event in clearer focus. The often heard cry for absolute predictors of police performance and the fantasies for supermen or superwomen peace officers may ease if we assume that we can do a better job in ongoing human development as well as selection.

Group Crisis Debriefing

It has been my experience that as soon after the traumatic event as possible it is advisable to provide some kind of psychological education and intervention. Intervention at this level serves many purposes. First it provides the organization with a healing focus. In our department we had a deputy killed by a drunk driver on November 5, 1982. A little more than a month later on December 7, 1982, we had four deputies shot from ambush. Fortunately none were fatal, but two remained off work with serious leg wounds for nine months. In both situations the department went through classic stress reactions with intense feelings of anger and anxiety. Crisis debriefing provided the vehicle for working through our anxieties and fears and beginning to feel whole again. The group process made it "okay" to comfort each other and to share feelings. All personnel involved in those incidents: deputies, supervisors, command level personnel, and dispatchers were directed to attend the debriefing. All other personnel not directly involved who wished to attend were invited.

Second, participants learned from the debriefing. Hearing the perceptions and perspectives of others allowed each participant to appreciate and integrate the

traumamore effectively. At times others may be able to verbalize or communicate something we are feeling but not quite able to say. The group also made it acceptable for emotions like sadness and crying to be expressed and released.

By comparing our feelings with those of others we can determine that we are not "crazy" and that others feel as we do is a third aspect and values of this process. Reassurance from our peers and colleagues particularly in law enforcement carries much more weight than a stamp of approval from an authority figure.

In a group where we know and trust each other we can accept what others may perceive as callousness particularly the way we joke about sad and tragic events. Those dangerous events seem less threatening and less overpowering when we use humor appropriately as a release and so we have a fourth element to group crisis debriefing.

Although there was no attempt to empirically measure the impact of this intervention, feedback from the participants indicated that all four of the above objectives were satisfied for our department.

Depending on the size and magnitude of the traumatic event you may want to enlist the aid of colleagues from your community or from other agencies. In the case of our December incident we had the good fortune of having concerned professionals from other agencies available to us. After a general presentation of the stress model smaller discussion groups (approximately 12 to a group) were formed in order to facilitate open discussion. This

approach makes intuitive sense and has been used in debriefing peace officers after air disasters.

A department initiated debriefing after traumatic sets the stage for further professional interaction if needed. It also communicates very clearly the message that we do indeed take care of our own.

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DEADLY FORCE: PSYCHOSOCIAL FACTORS AND OBJECTIVE EVALUATION – A PRELIMINARY EFFORT

Theodore H. Blau, Ph.D.

Community expectations and Administrative pressures reflecting such expectations as well as developing legal tort constraints have resulted in significantly increased police awareness, concern, and hesitancy in deadly force action. In most jurisdictions, the police or enforcement officer who uses deadly force can expect unfavorable press coverage and stringent departmental investigation. This is frequently followed by community disdain and grand jury investigation. These occurrences can lead to indictment or conviction. Even when exonerated in every respect, the officer or agent then usually faces a civil suit entered by the victims survivors or estate. The issues are very complex. In reality, police rarely shoot in armed confrontations and when they do, they frequently miss. Police and anti-police factions are polarized by isolated incidents (*Scharf & Binder, 1983*). Some recent research supports the concept that definitive intervention and arrest does decrease recidivism among violent offenders (*Sherman & Berk, 1984*).

HISTORICAL ANTECEDENTS

There has always been a clear resistance to police department formalization in democratic societies. Communities in countries primarily governed by common law developed local law enforcement via sheriff's and posses. Fears of "interference with perfect freedom of action and exemption from interference" were rampant in 18th and 19th century England. Improvement in detection or reduction in crime was not considered sufficient for the risk of loss of freedom. Fears of tyranny abounded. Shortly after Robert Peel succeeded in forming the Metropolitan Police to replace the Bow Street Patrols in London in 1829, one of the new "constables" was killed during an anti-police riot. The perpetrator was found "not guilty" after a defense of "justifiable homicide". The British Parliaments willingness to oppose public opinion in establishing a paid, organized public police force was stimulated by increased levels of urban crime.

Early police officers were held personally liable for acts done in their public capacities. Nineteenth century policing was usually done by citizens who were pressed into service, at no pay, by the community elders. It was extremely risky for any officer, constable, or watchman

to use anything beyond "minimum force" while doing their duty.

Police forces or "constabulary" in countries primarily governed by evolutions of Roman law were modeled after the military and tended to operate in Europe and Asia with absolute power and modest restraint. With development of British and American police establishments, less military structure and more citizen control and concern became the style. (*Mosse, 1975*).

CURRENT ISSUES

Public concern about enforcement agencies use of deadly force has been continuous in democratic societies. Current day concerns might be summarized as follows:

Conditions and Standards of Fireman Discharge

Strong opponents of deadly force condone its use only in a clear defense-of-life situation. Proponents point out that the police officer's job is perilous enough without being further restrained and restricted. Proponents also suggest that criminal elements will become more aggressive and dangerous if police are restricted in the use of deadly force (*Scharf & Binder, 1983*). Opponents suggest that departmental restrictions will decrease police-instigated homicides while proponents of flexible deadly force standards insist that rigid restrictions increase the danger for police by making officers hesitant and unsure (*Reiser & Geiger, 1984*).

Fleeing Felon Issue

In most jurisdictions, the common rule law is claimed for the use of deadly force on fleeing felons who have not acted in a dangerous manner. Many police and enforcement officials support this view, believing that an officer can "shoot to wound". A hard look at the data indicates that this is a myth.

A good deal of concern has been voiced by community spokespersons regarding the use of deadly force with fleeing felons and as a result, about 25 states codify a fleeing felon rule with four requirements before a deadly force can be used: (*Boutwell, 1982*).

a. The officer or agent must have probable cause that a felony has been committed and that the fleeing target is the perpetrator.

b. The fleeing target must have received notice of intent to arrest from an identified officer.

c. The target must be clearly fleeing or forcibly resisting arrest.

d. The force used must be clearly necessary to effect an arrest.

Racial Focus

Anti-police citizens groups claim with some frequency that deadly force is used more often with blacks and other non-white racial groups than with white felons. Some data suggest that 80% of the targets of police shooting were black. Other researchers question this data or compare these rates with the base rates of non-whites in felony offenses. The socioeconomic and cultural etiologies of criminal activity further complicate this issue (Milton, Halleck, Lardner & Abrecht, 1982).

Constitutional Issues

Anti-deadly force usage groups question whether much of the deadly force events in the past haven't abrogated the victim's constitutional guarantees. These include:

a. 8th amendment: Cruel and unusual punishment.

b. 5th amendment: Due process denied (officer acts as judge and jury).

c. 14th amendment: Denies equal protection (non-whites shot more frequently).

Some social scientists have suggested that excessive force represents discriminate prejudice by a small number of police officers (Fyfe, 1982).

Training

There are those who suggest that deadly force would be more effectively and discriminately if officers were more carefully selected, trained and re-trained at regular intervals. Styles and methods of training in the use of weapons vary tremendously (Fyfe, 1982). Some departments or agencies have very extensive training, supervision and qualification standards, with re-qualification as often as semi-annually. Such departments often have a stringent gun-size and ammunition limitation policy. Role-playing and restraint and patience training are part of on-going training in such departments. Other agencies and departments may have very minimal weapons training and no re-qualification or ongoing training policy (Dade County, 1983; Sherman & Langworthy, 1979; Scharf & Binder, 1983).

Civil vs. Criminal Sanctions

Aside from the inherent dangers faced by agents and police officers on the job, civil and criminal charges can be placed against enforcement officers as against any citizen. A police officer who kills someone may be charged with a felony, taken before a grand jury, indicted, found guilty and sent to prison.

Even when an officer is exculpated after a department investigation and a grand jury hearing or trial, he or she may still face civil action as a defendant in a wrongful death tort. State civil courts may define officer's privileges differently than criminal courts. Officer's privilege is more restrictively defined in most state courts and requires that the officer believes that the victim or target committed a felony and prove that arrest could clearly not have been effected without the use of a firearm (Fyfe, 1982).

Personal Stress

There are those who believe that an officer or agent under stress is more likely to use deadly force inadvisedly or indiscriminately. Others suggest that stress results in indecisiveness and is more likely to result in an officer not acting aggressively (Reiser & Geiger, 1984).

DATA AND BASE RATES

Current Figures

Some current data (Fyfe, 1980; Geller, 1982; Milton et. al, 1982) that should put the deadly force issue in perspective includes:

a. There are about 450,000 police officers and 21,000 departments in the U.S.

b. 49% require officers to carry a weapon off-duty and 51% are required to be armed at all times. Ten percent of officers who are killed each year are off-duty at the time (25% in New York City) while between 12% and 17% of citizens who are killed each year are the targets of off-duty police.

c. Twenty-nine percent of all shootings by police officers proved fatal to the target. Nearly all victims were male.

d. The relation of deadly force incidents to lawlessness is demonstrated by the following:

- (1) Disturbance calls - 32%
- (2) Robbery in progress - 21%
- (3) Burglary in progress - 20%
- (4) Traffic Offense - 8%
- (5) Personal dispute & accident - 4%
- (6) Stake-outs & Drugs - 4%

(7) Other - 11%

- e. Thirty-five percent of the victims were ages 19-24.
- f. Of the victims killed, 57% were armed (54% had guns).
- g. The denser the population, the higher the rates.
- h. In the years 1970-1975 between 100 and 134 officers and agents are killed each year, while enforcement officials kill between 300 and 412 civilians. This means that each year, police kill approximately 1 civilian in 685,000, while civilians kill 1 officer in 3800.
- i. The higher the owned-gun density/population, the higher the death rate of police and civilians.
- j. Deadly force by police varies directly with the communities general crime rate, the violence rate of the neighborhood and the decentralization of police administrations (more precincts).
- k. Deadly force decedents vary inversely with administrative intensity (% of personnel in support units, supervisors/Line officer ration, % of officers in units other than basic patrol and the strength of the internal investigation section).
- l. The stronger the disciplinary formalism in the department the lower the kill rate.

RELIABILITY AND VALIDITY OF BASERATE DATA

In measuring homicide by police officers there are three important statistical and research design questions to be considered:

1. Can an accurate, total, annual measure of the number of people killed by police be made?
2. Can one jurisdiction be compared with another?
3. Are the compilation sources accurate?

Death certificates are filed with the National Center for Health Statistics (NCHS), but frequently the source of the cause is not indicated. This results in NCHS figures grossly underestimating deadly force victims. Police internal affairs records are fairly accurate but such records do not exist in small police departments. Thus, internal affairs deadly reports are underestimates of the national totals. Police-generated data may be as much as 50% under NCHS data.

Newspaper stories may provide the most accurate count of police homicides in those cities where the newspaper has a policy of reporting such data.

Thus, various data banks are in disagreement and at the present time, vital statistics may be the most accurate source of data. (*Sherman & Langworthy, 1979*).

RECOMMENDED STANDARDS

Police departments throughout the country have evidenced concern regarding standards to govern the use of deadly force and have proposed such standards at a national organizational level (*Chapman, 1967*). These include:

1. Firearms are to be discharged when all other means fail.
2. The primary purpose of deadly force is as a necessary defense of self or others from death or serious injury when being attacked.
3. To effect arrest or prevent escape or to recapture escapees when other means fail when the felon suspect:
 - a. Is sought for conduct which includes the use or threatened use of deadly force.
 - b. Demonstrates that there is substantial risk he will cause death or serious bodily harm to others if apprehension is delayed.
4. To kill a dangerous animal.
5. Firearms are not to be discharged:
 - a. To give a warning.
 - b. At fleeing vehicles except under items 1 and 3 above.

FBI Policy is quite stringent (*Fyfe, 1982*). Following the American Law Institute Model Penal Code, it is recommended that deadly force be used only:

1. Where the crime for which an arrest is being made involved the use or threat of deadly force.
2. When there is substantial risk that the person to be arrested will cause death or serious bodily injury if apprehension is delayed.
3. Agents should not fire:
 - a. At moving vehicles
 - b. From moving vehicles
 - c. At Juveniles
 - d. Warning shots

The issue of standards for the use of deadly force has been reviewed in the grand jury setting (*Dade County, 1983*). Recommended departmental standards and policy include:

1. Departments must make all efforts possible to retain police officers at senior levels since most deadly force incidents involve younger officers.
2. Departments should avoid sophisticated "shoot-don't shoot" training situations since this may incite more shooting incidents.
3. All officers should have initial and continuing training in talking excited people out of violence.

Restraint and patience training is to be recommended.

4. Departments should improve firearm training and include role-playing as part of the academy curriculum.

5. Improved physical training and physical standards.

6. Develop clear, inclusive firearm discharge board procedures and apply these scrupulously.

7. Restrict the fleeing option for officers to serious felonies involving death, great bodily harm, or armed felonies.

EVALUATION OF DEADLY FORCE

Beyond departmental evaluations and formal legal procedures little has been done to evaluate, let alone predict deadly force incidents. More recently, psychological evaluation of officers involved in deadly force incidents has occurred. The purpose is usually a negative one, that is, to determine if the officer has any psychological deficiencies or personality traits which would suggest

impulsive action, poor judgement or prejudicial motivation (*Blau, 1984*).

The final decision to "shoot-not shoot" in a confrontation may be a false dilemma. Incorrect choices by officers at this point can result in tragic errors. Under reaction may be as dangerous as over reaction.

Of considerable significance are the critical situational and psychological antecedents of decision-making. The point at which an officer makes the final decision to shoot or not to shoot lies at the end of an interdependent sequence of people/event/place variables. This should provide the circumstances which would lead to a predictive risk typology (*Scharf & Binder, 1983*).

To this end it is suggested that we may be ready to construct and standardize a scale of items that would explicate the degree to which various factors compounded to result in a deadly force incident. FIGURE 1 presents a preliminary "Deadly Force Evaluation Scale".

DEADLY FORCE EVALUATION SCALE

RATER'S NAME _____ # _____ DATE OF EVALUATION _____

The purpose of this scale is to evaluate objectively the conditions under which a law enforcement officer or agent used deadly force. Please complete this scale on the basis of objective information. Whenever you lack sufficient information upon which to base a clear rating, indicate this by checking the "can't rate" box.

NAME OF OFFICER OR AGENT BEING EVALUATED _____ DEPT. _____

DATE OF INCIDENT _____ CITY _____

WEAPON USED _____ RESULT OF INCIDENT _____

Directions

You have been provided with all materials and information necessary to complete this form. If you have questions or need additional information, ask the supervisor for assistance.

To complete this rating scale, begin by reading each fact pattern carefully. Following each fact pattern will be a series of categories relating to particular subjects or facets of the fact pattern. For each category, concentrate on the information contained in the fact pattern which relates to the subject matter of that category. Then examine the scale of responses following the category. Focus first upon the extreme responses represented by blocks 1 and 5 at the ends of each rating line. Then review the responses in-between the extremes. After carefully considering the available options, make your choice by marking an "X" in the box which best reflects the facts as you see them. Where the information provided is insufficient to answer the question, mark the "can't rate" box.

EXAMPLE: At 3:00 a.m., officers X and Y responded to an "Officer in Need of Assistance" code. On arriving at a corner liquor store, officer X observed that the liquor store's front door was smashed and the burglar alarm was sounding. The neighborhood was deserted. As officer X left his vehicle, he saw a figure run from the store, followed shortly thereafter by a police officer. The officer in pursuit shouted at the fleeing figure to "halt." The fleeing figure turned, fired a large caliber handgun at the officer, who dropped to the pavement. The suspect then started to turn away to flee. Officer X drew his revolver, took a proper stance and fired at the fleeing suspect. Officer X's shot hit the suspect in the back and killed him.

In the scales below, choose the ratings which best describe the situation.

a. FELONY IN PROGRESS

1	2	3	4	5	_
_	_	_	_	_	_
No illegal activity in progress	Misdemeanor	Minor felony	Serious felony	Very serious felony	Can't rate

b. VICTIM'S THREAT TO OFFICER(S)

1	2	3	4	5	_
_	_	_	_	_	_
No threat or action	Probable or possible threat or action	Threat or action	Clear, strong threat or action	Clear, deadly threat or action	Can't rate

c. DANGER OF OFFICER INJURING BYSTANDERS

5	4	3	2	1	_
_	_	_	_	_	_
None	Not likely	Possible	Very possible	Very high	Can't rate

An "X" in box 5 for each of examples "A," "B," and "C" would be the appropriate ranking.

Figure 1. Deadly Force Evaluation Scale (continued)

Read, evaluate and mark one box in each of the following scales, in response to the officer and the fact pattern you have been asked to evaluate.

INCIDENT EVALUATION

A. OFFICER'S VARIABLES

1. OFFICER'S AGE

5 _	4 _	3 _	2 _	1 _	_
18-20 yrs.	21-23 yrs.	24-26 yrs.	27-29 yrs.	30+ yrs.	Can't rate

2. OFFICER'S EXPERIENCE

5 _	4 _	3 _	2 _	1 _	_
Probation to 1 year	1-5	5-10	10-15	15+	Can't rate

3. OFFICER'S EVALUATIONS

5 _	4 _	3 _	2 _	1 _	_
Consis- tently low to medium	Variable medium to low	Consis- tently medium	Variable medium to high	Consis- tently superior	Can't rate

4. OFFICER'S WEAPON

1 _	2 _	3 _	4 _	5 _	_
Standard .38 caliber	.38 with special ammo	.357 or 9mm	Shotgun	Automatic weapon or swat weapon	Can't rate

5. OFFICER'S EXPERIENCE IN THE NEIGHBORHOOD

1 _	2 _	3 _	4 _	5 _	_
Born and raised in the neigh- borhood.	Several years experience in the neighbor- hood. Knows many residents.	At least 1 year on assignment in neigh- borhood. Knows the streets and some resi- dents.	Knows area slightly. Knows a few resi- dents.	On first assignment less than 6 months.	Can't rate

Figure 1. Deadly Force Evaluation Scale (continued)

6. OFFICER'S STRESS LEVEL FOR 30 DAYS PRIOR TO INCIDENT (HOLMES SCALE)

1	2	3	4	5	
_	_	_	_	_	_
Below 100	101-99	200-299	300-399	Over 400	Can't rate

B. DEPARTMENT/ADMINISTRATION VARIABLES

1. FIREARMS TRAINING -- SKILL

5	4	3	2	1	
_	_	_	_	_	_
Limited training -- no requalification.	Limited training. Limited requalification.	Moderate training. Limited requalification.	Thorough training. Annual requalification.	Very thorough and extensive training. Regular qualification semi-annually.	Can't rate

2. FIREARMS TRAINING -- RESTRAINTS AND PATIENCE

5	4	3	2	1	
_	_	_	_	_	_
None	Very little	Moderate	Thorough including either patience or restraint training.	Extensive including patience training and role playing.	Can't rate

3. DEPARTMENT DEADLY FORCE STANDARDS AND POLICY

5	4	3	2	1	
_	_	_	_	_	_
General policy. No specifications.	General policy -- some specifications.	Moderately specific policy.	Explicit rules.	Very clear, explicit rules in measureable behavioral terms.	Can't rate

Figure 1. Deadly Force Evaluation Scale (continued)

4. FLEEING FELON POLICY

5 _	4 _	3 _	2 _	1 _	_
No restric- tions.	Restrictions orally re- viewed.	Moderate restric- tions.	Stringent written restric- tions.	Very strin- gent re- strictions. Formal re- view and training.	Can't rate

5. FIREARM DISCHARGE REVIEW PROCEDURES

5 _	4 _	3 _	2 _	1 _	_
No formal procedures	Somewhat informal review procedures	Moderate, flexible policy	Thorough review	Stringent, formal thorough review	Can't rate

6. PHYSICAL CONDITIONING REQUIREMENTS

5 _	4 _	3 _	2 _	1 _	_
None	Vague or loose	Strong initial. No contin- uing pol- icy.	High stand- ards wtih annual review.	Very high standards with semi- annual review.	Can't rate

C. COMMUNITY AND NEIGHBORHOOD FACTORS

1. NEIGHBORHOOD CRIME RATE AND VIOLENCE

1 _	2 _	3 _	4 _	5 _	_
Very low	Low	Moderate	High	Very high	Can't rate

2. COMMUNITY CRIME RATE AND VIOLENCE

1 _	2 _	3 _	4 _	5 _	_
Very low	Low	Moderate	High	Very high	Can't rate

Figure 1. Deadly Force Evaluation Scale (continued)

3. NEIGHBORHOOD DENSITY

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	Suburbs -- single family	City -- single family	Crowded multi- family urban	Very dense overcrowded multi-family	Can't rate

D. CIRCUMSTANCES OF THE DEADLY FORCE INCIDENT

1. VICTIM'S THREAT TO OFFICER(S)

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No threat or action	Probable or possible threat or action	Threat or action	Clear, strong threat or action	Clear, extreme threat or action	Can't rate

2. VICTIM'S THREAT TO BYSTANDERS

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Possible threat or action	Probable threat or action	Clear threat or action	Clear, extreme threat or action	Can't rate

3. DANGER OF OFFICER INJURING BYSTANDERS

5	4	3	2	1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Not Likely	Possible	Very possible	Very high	Can't rate

4. VOLATILITY OF SETTING

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Little	Moderate threat- ening atti- tude of others present	Presence of friends, neighbors or cohorts of victim, acting uncoopera- tively	A locus of violence. Angry, milling crowd or group threatening officer.	Can't rate

Figure 1. Deadly Force Evaluation Scale (continued)

5. VICTIM'S LOCATION RELATIVE TO OFFICER'S DEFENSE ZONE

5 _	4 _	3 _	2 _	1 _	_
Less than 48"	2 ft-12 ft	12 ft-30 ft	30 ft-75 ft	Greater than 75 ft	Can't rate

6. FELONY IN PROGRESS

1 _	2 _	3 _	4 _	5 _	_
No illegal activity in progress	Misdemeanor	Minor felony	Serious felony	Very serious felony	Can't rate

E. VICTIM VARIABLES

1. VICTIM'S INVOLVEMENT IN FELONY

1 _	2 _	3 _	4 _	5 _	_
Clearly not involved	Involved in minor felony or misde- meanor	Possibly involved in major felony	Probably involved in major felony	Clearly involved in major felony	Can't rate

2. VICTIM A KNOWN AND DANGEROUS PERSON

1 _	2 _	3 _	4 _	5 _	_
Not known	Associat- ing closely with known felon	Known to be a felon	Known to be a dangerous felon	Known to be an extremely dangerous felon	Can't rate

3. VICTIM'S POSSESSION OF WEAPON

1 _	2 _	3 _	4 _	5 _	_
Clearly none	Object (stone, board, stick)	Knife, chain martial arts objects	A gun of indeter- minant size	Clearly a large caliber gun or shotgun	Can't rate

Figure 1. Deadly Force Evaluation Scale (continued)

4. VICTIM'S RESPONSE TO OFFICER'S ORDERS

1 _	2 _	3 _	4 _	5 _	_
Obeys all orders	Obeys slowly or reluctantly	Obeys at first then disobeys	Ignores officer's command	Ignores clear and unequivocal commands repeatedly	Can't rate

5. VICTIM'S EMOTIONAL ASSERTIVENESS TOWARD OFFICER(S)

1 _	2 _	3 _	4 _	5 _	_
Passive	Somewhat resistant	Angry or resistant	Very angry and hostile, very resistant	Extremely hostile and confrontative. Extreme resistance.	Can't rate

6. VICTIM'S EFFORTS TO ESCAPE

1 _	2 _	3 _	4 _	5 _	_
None	Seems to look for opportunity	Makes mild effort -- tentative.	Strong effort	Repeated or vigorous efforts	Can't rate

All of the items on the Deadly Force Evaluation Scale (DFES) are derived from factors thought to be associated with increased probability that deadly force will be used in a confrontation between a police officer and a suspected or pursued felon.

Figure 2 presents a summary profile to be used in charting the scores on the DFES.

Figure 1. Deadly Force Evaluation Scale (continued)

NAME OF OFFICER BEING EVALUATED _____

EVALUATED BY _____ DATE _____

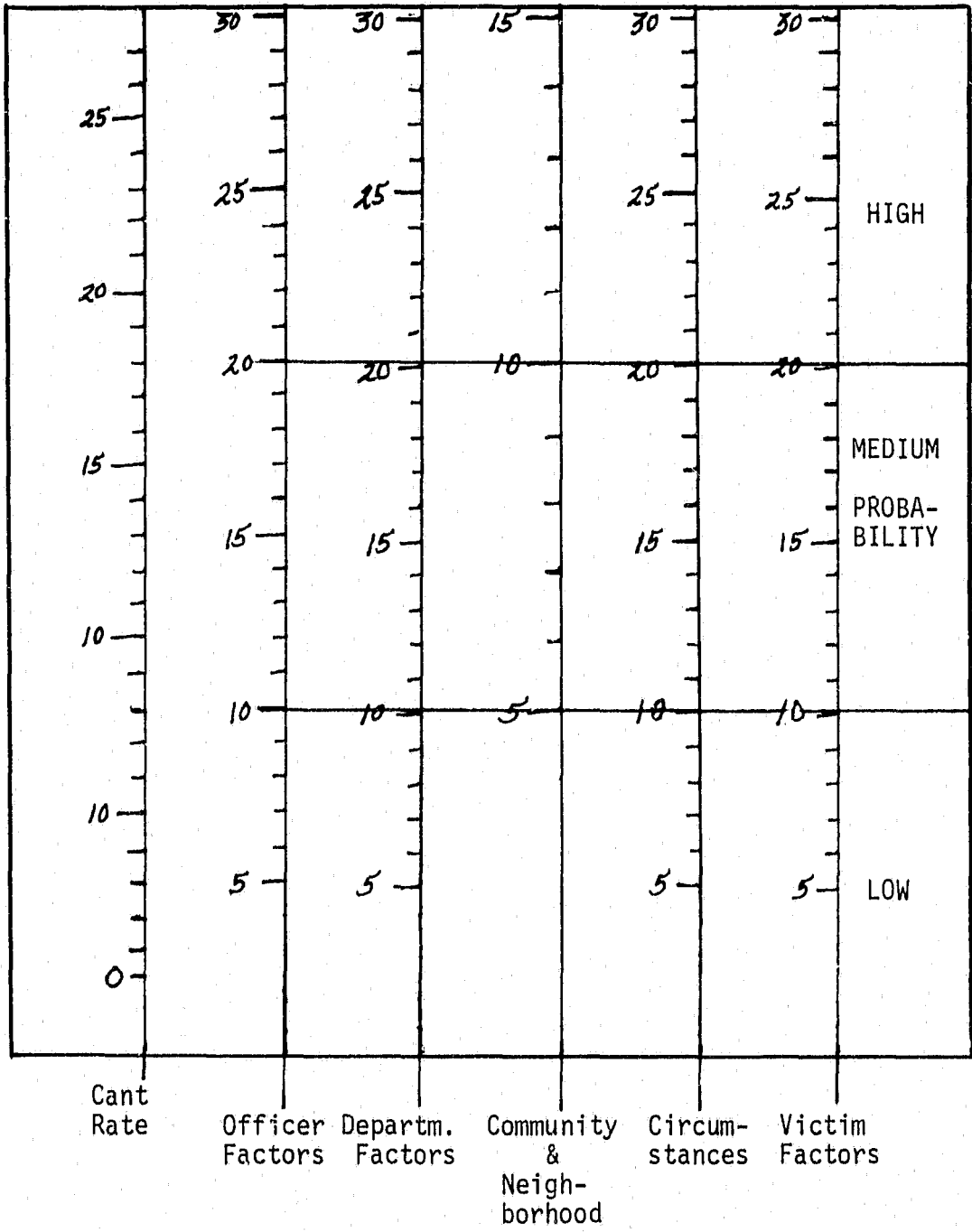


Figure 2. Probability Profile for a Deadly Force Confrontation

G. EXAMPLES OF THE DEADLY FORCE EVALUATION SCALE APPLIED

As an empirically derived scale, the DFES has yet to be standardized (to be discussed in Section H). Examples of the use of the DFES with several incidents where an officer used deadly force may be instructive.

1. EXAMPLE I. A 36-year old white, anglo male parked his automobile at a popular fast food restaurant in the Hispanic section of a large western city. He entered the restaurant, walked to a table, laid out an automatic rifle, a heavy calibered pistol and a shot gun. He opened fire immediately at the customers and staff. By the time patrol units arrived, he had killed 21 of the customers in the restaurant and wounded 18 other bystanders. An hour after the gunman entered the restaurant, he was killed by a police sharpshooter.

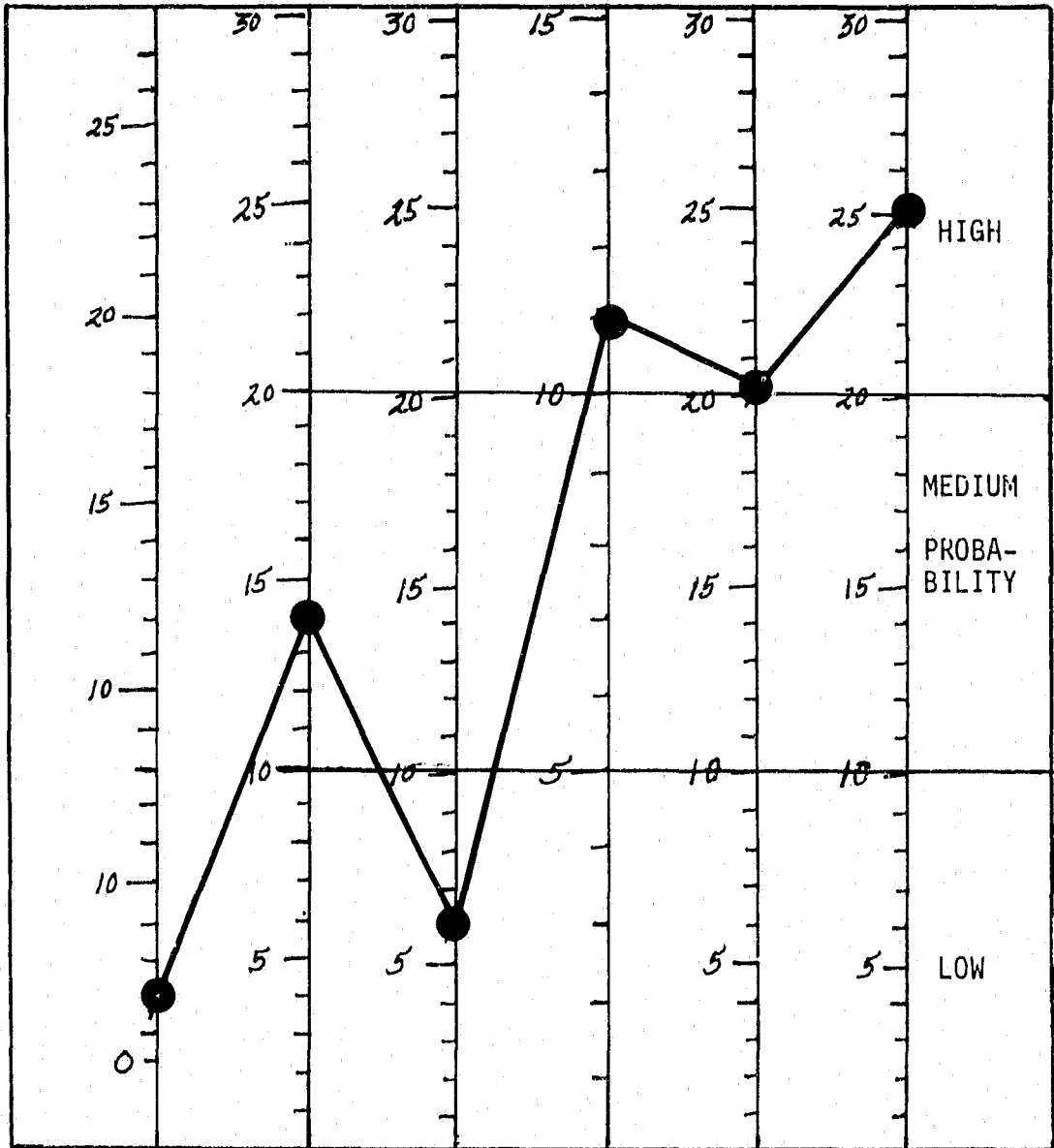
The DFES was filled out for this incident and the profile sheet is presented in Figure 3.

NAME OF OFFICER BEING EVALUATED _____

D.S.

EVALUATED BY TB _____

DATE 8/11/84 _____



Cant
Rate

Officer Factors
Department Factors

Community
&
Neighborhood

Circum-
stances

Victim
Factors

Figure 3. Deadly Force Evaluation Scale—Example 1

Examination of Figure 3 indicates that the Victim Factors were very high while Community and Circumstances were also in the high probability range. In this instance, it is clear that circumstances, environment and felon all contributed significantly in creating a deadly force confrontation which was patently unavoidable. The "can't rate" factor was very low, suggesting that the profile is valid. The officer in Example I was cleared by his review board.

2. EXAMPLE II. On February 5, 1983, Sgt. White supervised a team of undercover State Police agents in a "buy-bust" arrest of several suspected drug dealers. During the course of the operation and immediately prior to the arrests, Sgt. White was monitoring the body-wire on one of his agents. When he became concerned for the safety of his undercover men who were inside the house preparing to make the initial arrests. He led a team of officers through a locked, wrought-iron gate and through a door in order to assist the undercover agents inside the house. Upon entering the front door of the house, Sgt. White found one of the suspects disobeying a police officer's orders to stay against the wall. The police officer had pushed this suspect against the wall and instructed him to remain there. Sgt. White noticed that this subject was not obeying the officer's commands, again. As Sgt. White moved toward this suspect to ensure the safety of himself and his men, the suspect suddenly turned and moved quickly toward Sgt. White while simultaneously putting his hands under his jacket. Sgt. White, who had already assumed a position of readiness prior to entering the house, was taken aback and assumed a proper defense posture. Before the move by the suspect, Sgt. White had his weapon at a 45 degree angle from his body, which was usual for such circumstances. As the suspect quickly advanced, Sgt. White was both surprised and threatened. Sgt. White attempted to move backward, in the limited space available, while at the same time, his partially raised weapon began to arc downward into a usable, protective position, as would be natural under such circumstances. At that point, Sgt. White discharged his weapon. The shot killed the suspect. Sgt. White reports a somewhat fragmented perception of events from the time his weapon discharged until he made the telephone call requesting the proper personnel to deal with the death that had occurred during this police action.

The DFES for this deadly force incident is presented in Figure 4.

Figure 3. Deadly Force Evaluation Scale--Example I (cont.)

NAME OF OFFICER BEING EVALUATED C.S.
 EVALUATED BY T.B. DATE 7/15/84

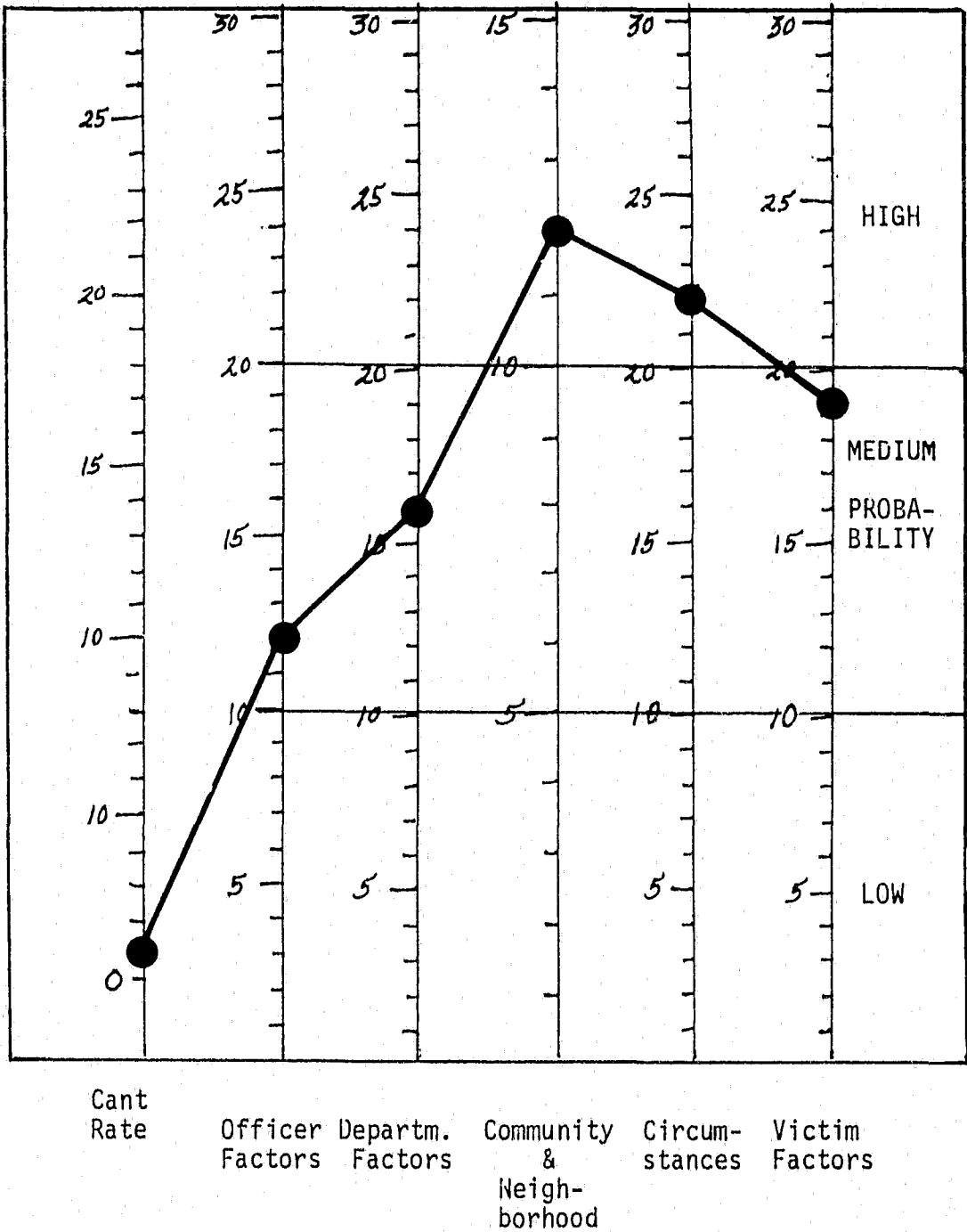


Figure 4. Deadly Force Evaluation Scale---Example II

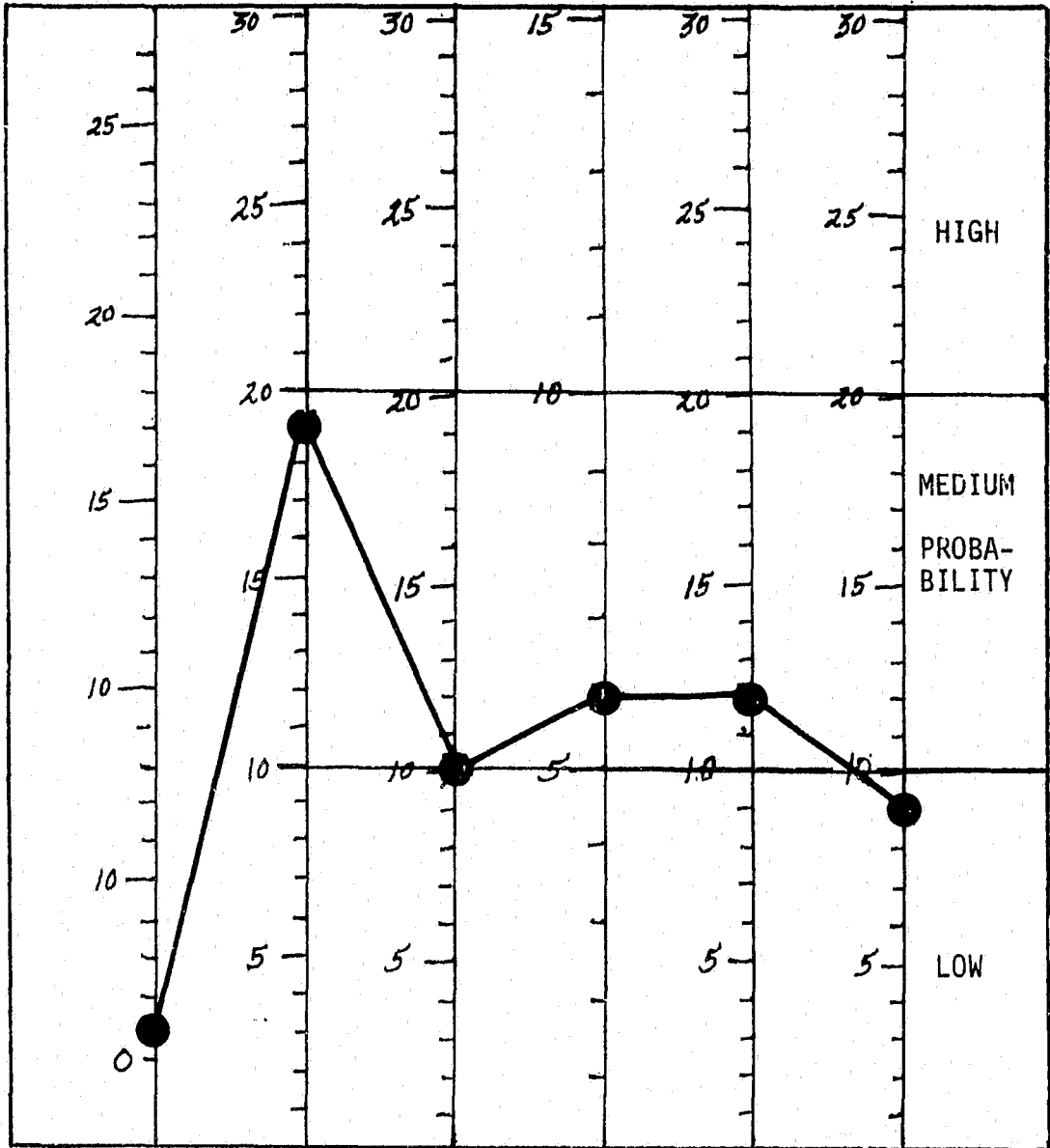
In Example II, Community Factors and Circumstances would appear to be the most significant instigators of the deadly force incident, followed by the Victim Factors. Some question as to Department Factors might be suggested. Again, the "can't rate" score suggests that the profile is a valid description. The officer in Example II was cleared by his review board, by a grand jury, and was found not negligent by a jury in a civil action.

3. EXAMPLE III. An off-duty police officer, after working all day on a home project, drank several beers and drove to a recreation area to meet his wife and children. Upon learning that his son was to play in a baseball game in an hour, the off-duty officer decided to return home. Having returned to his vehicle, the off-duty officer found his exit blocked by a car stopped immediately behind him. Three teen-aged boys were whistling and carrying on in the car. The off-duty officer, in civilian working clothes, walked to the driver's window of the blocking vehicle and asked the young driver to clear the roadway. The driver didn't respond but one of the other boys cursed and made derogatory remarks. The off-duty officer returned to his vehicle, removed his service revolver from a briefcase and returned to the car of young men with the gun held at port. As he approached the car, he tripped, the gun discharged and the driver was killed.

Figure 5 presents the DFES profile sheet for this incident.

NAME OF OFFICER BEING EVALUATED D.F.

EVALUATED BY TB DATE 3/15/84



Cant
Rate

Officer Factors
Departm. Factors

Community
&
Neigh-
borhood

Circum-
stances

Victim
Factors

Figure 5. Deadly Force Evaluation Scale—Example III

All of the items on the Deadly Force Evaluation Scale (DFES) are derived from factors thought to be associated with increased probability that deadly force will be used in a confrontation between a police officer and a suspected or pursued felon.

Figure 2 presents a summary profile to be used in charting the scores on the DFES.

The DFES profile for Example III clearly indicates that the officer was the most significant factor instigating the deadly force incident. The officer was indicted and eventually convicted of second-degree murder, and sentenced to seven years.

RESEARCH REQUIRED

The Deadly Force Evaluation Scale is a very preliminary effort to objectivize and quantify situational antecedents which are believed to be related to incidents where police officers or enforcement agents use deadly force. In order to standardize such a scale, a number of research and evaluation procedures would be necessary, including:

1. Inter-judge reliability study of the scales.
2. Q-sort of items by those experienced in theoretical and practical aspects of deadly force.
3. Item analysis of each scale.
4. Internal consistency studies against a wide range of deadly force criteria incidents.
5. A factor analysis in order to determine the degree that specific factors account for variance.
6. Replication studies.

Should standardization be accomplished and a reliable and valid instrument produced, such a scale might prove useful clinically to determine objectively the likeliest antecedents of deadly force incidents. Such a scale might prove useful in identifying areas of selection, training or administration necessary to ensure that the deadly force option occurs only in the most appropriate circumstances.

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POST CRITICAL INCIDENT COUNSELING: An Example of Emotional First-Aid in a Police Officer's Crisis

W. Rodney Fowler, Ed.D.

What is it, specifically, that police officers do? What tasks must they perform that cause such an intense intimacy in the interpersonal relationships between the police and the citizenry? How do they become involved in critical incidents that foment crisis states requiring emotional first-aid from peers and/or counseling with those who work in police psychological services?

Menninger (1965) pointed out that police officers are expected to suppress the aggression, destructiveness, cruelty, and ruthlessness we all share, while demonstrating intelligence, understanding, kindness, patience and self control. He observed, "...society demands of the policeman the talents of a superman to carry out his responsibilities adequately."

A point of fact offered by *Menninger (1966)* is that the role of the law enforcement officer in many ways is among the most difficult in our society.

Most citizens see police in public daily, yet, few have any but nebulous notions of just what tasks they are charged with carrying out.

Baehr, Furcorn and Froemel (1968) analyzed the complex demands of the law enforcement officer's job and attitudes and reported their findings as a list of essential behavioral requirements. On the basis of extensive field observation, they concluded that a policeman must:

1. endure long periods of monotony in routine patrol yet react quickly (almost instantaneously) and effectively to problem situations observed on the street or to orders issued by the radio dispatcher (in much the same way that a combat pilot must react to interception or a target opportunity).

2. gain knowledge of his patrol area, not only of its physical characteristics but also of its normal routine of events and the usual behavior patterns of its residents.

3. exhibit initiative, problem-solving capacity, effective judgment, and imagination in coping with the numerous complex situations he is called upon to face, e.g., a family disturbance, a potential suicide, a robbery in progress, an accident, or a disaster. Police officers themselves clearly recognize this requirement and refer to it as "showing street sense."

4. make prompt and effective decisions, sometimes in life and death situations, and be able to size up a situation quickly and take appropriate action.

5. demonstrate mature judgment, as in deciding whether an arrest is warranted by the circumstances or a warning is sufficient, or in facing a situation where the use of force may be needed.

6. demonstrate critical awareness in discerning signs of out-of-the-ordinary conditions or circumstances which indicate trouble or a crime in progress.

7. exhibit a number of complex psychomotor skills, such as driving a vehicle in normal and emergency situations, firing a weapon accurately under extremely varied conditions, maintaining agility, endurance, and strength, and showing facility in self-defense and apprehension, as in taking a person into custody with a minimum of force.

8. adequately perform the communications and record-keeping functions of the job, including oral reports, preparation of formal case reports, and completion of departmental and court forms.

9. have the facility to act effectively in extremely divergent interpersonal situations. A police officer constantly confronts persons who are acting in violation of the law, ranging from curfew violations to felons. He is constantly confronted by people who are in trouble or who are victims of crimes. Besides his dealings with criminals, he has contact with paracriminals, informers, and people on the border of criminal behavior. (He must also be alley-wise.) At the same time, he must relate to people on his beat, businessmen, residents, school officials, visitors, etc. His interpersonal relations must range up and down a continuum defined by friendliness and persuasion on one end and by firmness and force at the other.

10. endure verbal and physical abuse from citizens and offenders (as when placing a person under arrest or facing day-in and day-out race prejudice) while using only necessary force in the performance of his function.

11. exhibit a professional, self-assured presence and a self-confident manner in his conduct when dealing with offenders, the public, and the court.

12. be capable of restoring equilibrium to social groups, e.g., restoring order in a family fight, in a disagreement between neighbors, or in a clash between rival youth groups.

13. be skillful in questioning suspected offenders, victims, and witnesses of crimes.

14. take charge in situations, e.g., a crime or an accident scene, yet not unduly alienate participants or bystanders.

15. be flexible enough to work under loose supervision in most of his day-to-day patrol activities (either alone or as part of a two-man team) and also under the direct supervision of superiors in situations where large numbers of officers are required.

16. tolerate stress in a multitude of forms, such as meeting the violent behavior of a mob, arousing people in a burning building, coping with the pressures of a high-speed chase or a weapon being fired at him, or dealing with a woman bearing a child.

17. exhibit personal courage in the face of dangerous situations which may result in serious injury or death.

18. maintain objectivity while dealing with a host of "special interest" groups, ranging from relatives of offenders to members of the press.

19. maintain a balanced perspective in the face of constant exposure to the worst side of human nature.

20. exhibit a high level of personal integrity and ethical conduct, e.g., refrain from accepting bribes or "favors," provide impartial law enforcement, etc.

These police performance tasks are basic to the job of law enforcement whether the bailiwick is a sleepy southern village, high tech urban area, or blighted ghetto byways.

It has been estimated that the peacekeeping and service responsibilities of the police officer occupy from 80 to 90 percent of his total duty time (*Levy, 1967; Cruse and Rubin, 1973*).

Reiser (1973) ranked law enforcement officers as super specialists at people helping when he wrote, "The professional police officer is actually a combination of specialists rolled into one. He functions in part as a psychologist, lawyer, mediator, teacher, criminologist, and public relations expert."

With this consistent and intense involvement in the intricacies and intimacies of the people they serve it is only natural that there will be occasions when stressful life experiences interact with acquired vulnerabilities and overload the police officer's ability to adapt. A crisis state can result from a critical incident as described in the following pages.

Critical Incident = Crisis

[This section of the paper has been adapted from an article by the author that will appear in the Fall, 1984 issue of *Emotional First-Aid: Journal of Crisis Intervention*.]

He sat, slowly rocking, on a bridge parapet, bare feet and legs dangling above the depths of the rushing water of the Susquehanna River. Perspiration poured into tears coursing down through matted chest hair to lubricate hands he was wringing in hopelessness and helplessness.

Slight sounds from an open air rock concert nearby seemed to waft over the water and weave around the bridge, nudging memories of a lost love that he desperately did not want to deal with, but could not keep from his mind. She was all he could focus on. He hated himself for not hating her. He was struggling on a continuum of agitated ambivalence, wanting both to live, and to die. He was building his energy to push off the parapet and end his pain. He knew that she would be sorry then, and that somehow, magically, they would be reunited.

The SWAT officer approached slowly, on foot. He had divested himself of authority symbols – the hat, the uniform shirt with a badge, and the gun belt. He was trailed at a safe distance by armed officers who would protect him if the potential suicide victim decided to displace his anger on his helper. He consciously "psyched down" trying to ignore the adrenalin roaring through his body, wanting to give a calm stimulus to get a calm response. He had been here before; he was experienced at, and trained for, crisis intervention.

In the hour, that followed, the officer made no technical errors. He listened, understood, and empathized. He assessed the "jumper" correctly as having high lethality. He made no attempts toward a physical intervention, as the distance between them was too great—a mistake in that direction would have pushed the pained young man from his precipitous perch.

The jumper began reciting the 23rd Psalm, and the officer edged closer. The jumper stood, turned his back to the water, looked directly into the eyes of his helper and said, "Goodbye."

As the jumper pushed backward, the officer dove toward him, their hands brushing with the delicacy of a butterfly's kiss. The officer remained belly-bent across the bridge rail watching the jumper splash far below, observed the rescue boat personnel throw the ring buoy to the surfaced jumper, gasped as he saw him throw it back, purposefully blow the air from his lungs, and submerge.

As the first squad car rolled up to the officer amid the screams and shouts of the bystanders to this trauma, he turned and pounded karate-calloused fists into the car door, externalizing the frustration and anger welled up inside him. He felt an arm drape across his shoulders and another move supportively about his waist. He tensed, then relaxed into the comforting and competent hands of his peers. He knew that even under the most ideal circumstances all suicides could not be prevented, but that knowledge did not ease his pain. The dead man's psychological skeleton had already entered his emotional closet, and he knew it would take some effort to exorcise him.

The Intervention

SWAT officer Jon Nye slumped against the squad car muttering profane inanities. He did not hear his team partners tell him that intelligence information gathered on the jumper indicated he had left a psychiatric hospital against medical advice, was high on drugs, and had attempted suicide three times previously. Nye was exhausted, guilty, and angry — he was "listened out," and in that moment needed someone to hear what he had to say.

Sgt. Bob Hull, a SWAT team hostage negotiator and peer counselor, flashed hand signals to the team leader indicating that he wanted to get Nye into his car and leave the scene. Responding to an affirmative nod, he approached Jon and stuck a lit cigarette between his lips. Nye stopped muttering and focused on Hull with a querulous stare. Bob opened the driver's door and nudged Jon behind the wheel.

"Roll down to Adam Sector, Jon, take Riverside Drive, I'll handle the radio."

Nye automatically activated the emergency lights and crept the car away from the turmoil on the center of the bridge; as soon as they were clear, he gunned the interceptor engine and swept down onto Riverside Drive, heading toward the city. He was displacing some of what he was feeling to the car. When the engine whined at redline, Bob spoke.

"Slow down partner, before someone gives us a speeding ticket."

Jon snorted at the attempted irony, but backed off the accelerator to a routine cruising speed.

"Damn it, Bob! If I had just gone for him a second sooner!"

"Right Jon—and if you had wings, you could have flown down and caught him."

"Cripes sake Hull—you're not a very nice guy!"

"Well Jon, as Doc is so fond of telling us, the nice guy is not necessarily the therapeutic guy! But I'll make

a deal with you—if you'll calm down, I'll be nice."

"Yeah, yeah, O.K. I shoulda had him though, I just waited too long to try a physical intervention. You felt the same way when that jumper got away from you on the Water Street bridge last April."

"I remember Jon, and I'm glad you thought about that incident. I wouldn't talk to anybody about how I felt about that for six months, and the 'suffering in silence b.s.' cost me a lot. So if I tell you I know how *you* feel now, you'll understand I'm not just using a technique I picked up in crisis training, won't you?"

"They both really wanted to die Bob; we both did all we could, short of working a miracle. I guess I'm just not ever going to get used to people dying, even if they say they want to."

"Adam 5," the radio interrupted.

"Riverside and Main," Bob responded with their location.

"Adam 5, return to station for debriefing."

"Clear," to the dispatcher, and to Jon, "Let's get some coffee to take with us while we're talking this out."

The Analysis

This pastiche depicts only one of numerous crisis situations in the day-to-day life of police personnel. Suicide, more than an act of self-destruction, is an attempt to resolve a crisis. When the attempt is fatally successful, the intervener frequently enters a crisis state. Despite training and experience, for most peace officers it never becomes routine to watch while a person chooses death over life.

This vignette is a composite of numerous suicide situations handled by police officers trained in crisis intervention by this writer. Over the years the interventions have been successful in approximately 95 percent of the cases. Following successful resolution, the officers involved are elated and celebrate the renewal of life. In those few instances when the attempter was successful, the officers shared guilt, sadness and anger, and became their own harshest critics. Debriefing and critique sessions gave birth to new resolve to be more effective, and shed light on specific techniques learned by trial-and-error, since they simply do not exist in the professional literature except in generalities.

Sgt. Hull's intervention in Officer Nye's crisis is best analyzed by applying the intervention formula presented by Greenstone and Leviton (1982).

IMMEDIACY: In approaching a crisis, the immediacy of the intervention is vital. The intervener must act now! (Greenstone & Levitohn, 1982)

Sgt. Hull arrived on the scene a few minutes before the victim jumped. From experience, he felt mature

empathy for Officer Nye. He knew that unless he did not immediately remove Nye from the scene that he would be beleaguered by myriad media representatives, fellow officers, family and friends of the victim, and witnesses to the event, all of whom might manifest different perceptions that would range from praise to condemnation. Since Nye was temporarily in a disorganized state and emotionally vulnerable, the actions of well-meaning but misguided bystanders could serve to cause him additional anxiety and further disorganization.

CONTROL: Because the victim of a crisis is often not in control of his life at that moment, the intervener must assume control of the total situation (Greenstone & Leviton, 1982).

When Sgt. Hull approached Officer Nye and forced the cigarette into his mouth, he distracted him from his confused ruminations over his role in the suicide. He physically moved his colleague into the familiar and routine procedure of operating the patrol car in order to quickly restore some normalcy to his life. He directed him to drive to familiar "turf," knowing that what is familiar feels safe and comfortable. By giving him verbal directions and offering to "handle the radio," Hull both provided a structure and verbalized his offer of help. He was lending his strength for his friend to lean on for just a few minutes until he could reorganize and regain his own. While the intervener was temporarily taking control, he was at the same time providing an opportunity for the sufferer to share in the control until he could restore his homeostasis.

ASSESSMENT: An on-the-spot evaluation must be done. It must be quick—accurate, and must cover as many areas as possible to give total assessment of the individual (Greenstone & Leviton, 1982).

Experienced interveners like Sgt. Hull understand that assessment is ongoing. The ease of this assessment was facilitated by the fact that he and Officer Hull shared commonalities of experience as SWAT team members, and trained peer counselors. He was aware that Jon normally functions from an internal locus of control—more simply stated, he takes responsibility for his thinking, feeling, and behavior.

At an appropriate moment, Bob applied a behavioral interference technique described by Redl and Wineman (1952) as "Tension Decontamination Through the Use of Humor." Ironic humor is frequently the choice of individuals who work in high-stress, people-helping professions. That, followed by the use of Grossman's hyperbolic technique (Brammer and Shostrom, 1968), quickly penetrated the "noise and music" of Jon's game of "What if . . . ?" This allowed Nye to ventilate, by way of displacement, some of the anger bounding around inside, that he feels toward himself and the victim. The inter-

veners fend it off and uses it to make a quick behavioral contract with the sufferer to further reduce his tension—"if you'll calm down, I'll be nice."

This also serves as a demonstration of the directness required in an effective intervention. While there are times when it is appropriate for the intervener to be warm, accepting and non-directive, when time is of the essence in resolving a crisis, the aim is to be brief and to-the-point of reducing tension.

DISPOSITION

Crisis Intervention actively tries to help the victim to mobilize his own resources as well as those of family and friends. (Greenstone and Leviton, 1982).

A therapeutic alliance is created when the sufferer is guided by the intervener to the accurate awareness that the intervener understands what he is feeling and is confident that he can, and will, work through the situation. The matter is treated as temporary, and hope is held out that it will be resolved in the near future. The "debriefing session" will involve other members of the SWAT team who have been trained in Crisis Intervention and as peer counselors, and who will be supportive and understanding of their comrade.

Referral and follow-up, the two final steps in the Greenstone and Leviton intervention scheme, will not be required in this case. This is a special circumstance though, and the reader is cautioned that those two procedures are vital in most interventions, as in any therapeutic offering.

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Footnotes

¹*Webster's New World Dictionary* defines emotional trauma as an "emotional experience or shock, which has a lasting effect." (College Edition, 1981).

²Marcia Wagner, *Airline Disaster-A Stress Debrief Program for the Police*, Police Stress (Boston, Massachusetts: International Law Enforcement Stress Association, 1981).

³*Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (American Psychiatric Association, 1980).

⁴Marcia Wagner, *Trauma Counseling and Law Enforcement*, Perspective on Industrial Social Work Practice, Ray Thomilson, Editor (Ottawa, Ontario: Canada.)

POST-TRAUMATIC STRESS RESPONSES TO VICTIMS OF VIOLENT CRIME: INFORMATION FOR LAW ENFORCEMENT OFFICIALS

Calvin J. Frederick, Ph.D.

In recent years much emphasis has been placed upon the legal and mental health treatment rights of criminal offenders (McGarry, 1973; Stone, 1975; Toch, 1977 and Brooks, 1978). Equal emphasis has not been given to the victim of violent crime, either legally or in a mental health treatment sense. It has been recognized that such stressful situations as hostage-taking, prisoner of war camps, and natural and man-made disasters can bring about deleterious emotional and mental health effects. Except for rape, victims of violent crime have generally received less attention. This has been due only in part to the inefficient structure inherent in the criminal justice/legal process. With the introduction of the diagnostic entity of Post-Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual of the American Psychiatric Association, Third Edition, 1980, more recognition is likely to be given to victims of violent personal acts. These of course include the traditional acts of violent crime such as forcible rape, robbery and aggravated assault. In particular, authorities have not been sensitive to physical battering and special forms of sexual abuse such as child molestation.

It will be helpful to remember a working definition of the psychosocial consequences of violence adopted by the World Health Organization at a conference sponsored to address this issue, in the Hague in 1983: "Violence is the interhuman infliction of significant and avoidable pain and suffering". At the author's suggestion, the members of that conference also recognized the recommendation that Post-Traumatic Stress Disorder be utilized as a diagnosis for applicable cases for victims of violent acts. It should be noted that by definition, stressors which produce PTSD are generally outside of the range of common experiences like simple bereavement, chronic illness, marital conflict, or business losses. The incidents which give rise to the diagnosis of a stress disorder can be experienced individually, as in the case of battering, or may be experienced in groups as was the case when the Hanafi Muslims took over the B'nai B'rith Building in Washington, D.C. and held a number of persons captive in that building. The frequency with which persons experience Post-Traumatic Stress Disorder will vary with the stressor and with the vulnerability of the individual. Associated physical injury may be present but it is not

necessary for a diagnosis of Post-Traumatic Stress Disorder. Man-made or human induced stressors ordinarily produce more severe disorders which require more intensive treatment than those which are deemed acts of nature. This is not invariably the case, however. An intensification of the problem manifests itself in a negative manner when the impact is sudden due to the fact that the ego does not have time to prepare for such an assault on the psyche. This has been shown by *Tichener and Kapp, 1976; Lifton and Olsen, 1976; Lindemann, 1944 and Horowitz, 1982.*

INCIDENCE OF PTSD AND OTHER PSYCHIATRIC DISTURBANCES

Violent crime evokes a variety of symptoms and behavioral responses characteristic of psychological disturbances. Both similarities and differences occur with regard to the violent crimes involved. In the author's view the victim of *any* violent crime should receive psychological intervention as quickly as possible. While every victim of violent crime does not develop major psychological or emotional disturbances following from the event, it is virtually impossible for any normal healthy human being to be the victim of a serious crime and not find some palliative intervention useful in restoring psychological equilibrium. The fact is that many disturbances can lie fallow following a traumatic event for weeks, months and years before their effects become manifest. In order to avoid more serious long-term disturbances, it is of value to provide the psychological assistance noted. If, indeed, the victim has not been seriously affected then that, in and of itself, is important to know. However, a psychological checkup should be a routine procedure following an act of victimization. When disturbances are present they may impair mental and emotional functioning for appreciable periods of time by making deleterious inroads into the psychological and behavioral patterns of the victim. Since Post-Traumatic Stress Disorder is one of the most common of these disturbances it will be of value for law enforcement officers to become aware of this disturbance. By having some knowledge of its symptoms the long-term deleterious effects may be

averted through astute and sensitive management by such personnel who frequently encounter the victims soon after the violent act. Table 1 illustrates the relative frequencies of psychiatric disturbances found among victims of violent crime. As the reader may note Post-Traumatic Stress Disorder is the most prominent disturbance found among all the criminal acts listed. It is found among law enforcement personnel witnessing homicide and other traumatic events as well. For that reason this article will focus upon

its symptoms and treatment. It is the single most characteristic psychiatric disorder found in each of the psychiatric disturbances noted, including sexual assaults upon children. The impact and presence of PTSD from child molestation is not widely known. The reason for this is that children tend to avoid talking about the disturbance, even to the parents and the parents prefer to deny the existence or negative impact of such a taboo phenomenon.

Table 1. COMMON PSYCHIATRIC DISTURBANCES FOUND IN ADULT VICTIMS OF VIOLENT CRIME

Aggravated Assaults			Robbery		
<i>Rank</i>	<i>DSM III Disorder</i>		<i>Rank</i>	<i>DSM III Disorder</i>	
1	308.30	Post traumatic stress disorder, acute	1	300.29	Simple phobia
2	308.81	Post traumatic stress disorder, chronic	2	308.30	Post traumatic stress disorder, acute
3	309.24	Adjustment disorder with anxious mood	3	308.81	Post traumatic stress, chronic
4	300.29	Simple phobia	4	309.24	Adjustment disorder with anxious mood
5	298.30	Acute paranoid disorder	5	309.00	Adjustment disorder with depressed mood
6	309.00	Adjustment disorder with depressed mood	6	300.21	Agoraphobia with panic attacks
7	300.81	Somatization disorder	7	300.22	Agoraphobia without panic
8	300.22	Agoraphobia without panic	8	298.30	Acute paranoid disorder
9	300.21	Agoraphobia with panic attacks	9	300.81	Somatization disorder
10	296.20	Major depression single episode	10	296.20	Major depression single episode

Rape			Child Molestation		
<i>Rank</i>	<i>DSM III Disorder</i>		<i>Rank</i>	<i>DSM III Disorder</i>	
1	308.30	Post traumatic stress disorder, acute	1	308.30	Post traumatic stress disorder, acute
2	308.81	Post traumatic stress chronic	2	308.81	Post traumatic stress, chronic
3	300.02	Generalized anxiety disorder	3	300.29	Simple phobia
4	300.29	Simple phobia	4	313.82	Identity disorder
5	309.00	Adjustment disorder with depressed mood	5	313.81	Oppositional disorder
6	309.24	Adjustment disorder with anxious mood	6	300.02	Generalized anxiety disorder
7	300.21	Agoraphobia with panic attacks	7	309.24	Adjustment disorder with anxious mood
8	300.22	Agoraphobia without panic	8	300.81	Somatization disorder
9	300.81	Somatization disorder	9	300.22	Agoraphobia without panic
10	298.30	Acute paranoid disorder	10	309.00	Adjustment disorder with depressed mood

SIGNS AND SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER

The second wound or adding insult to injury so to speak, or inflicting a "second wound" as Martin Symonds calls it, is also particularly important in cases of PTSD. In the author's experience this happens almost invariably in one way or another with victims of crime. It is an unnecessary added injury which can cause even more extensive damage and worsen the problem.

The basic information used as criteria for the establishment of the diagnosis of PTSD are as follows:

1. The presence of a stressor which is easily recognized and capable of evoking distressful symptoms in virtually anybody.

2. A re-experiencing of the psychically injurious event as shown by one or more of these criteria:

a. uncomfortable and disquieting thoughts about experiences of the event which seem to invade one's mind despite efforts to keep them out

b. disturbed sleep with dreams about the event that continue to recur and

c. some visual experience or sight which causes the victim to feel as if the disturbing event might happen again.

3. A psychic numbing of "emotional anesthesia" or a reduction in being involved outside oneself which appears sometime after the disturbing event. This is manifested by one or more of these behaviors:

- a. the reduction of interest in activities that were previously important, such as bowling, golf, going to the movies or playing cards
- b. feeling estranged from other persons in contrast to previous behavior before the traumatic event
- c. an inability to express emotions and feelings as the victim did before.

4. The appearance of specific symptoms which were not present prior to the disturbing event, examples would be two or more of the following:

- a. feeling jumpy, edgy and easily startled or hyperalert
- b. fitful sleeping
- c. feeling badly or guilty about some aspect of behavior during or after the event with regard to self or others e.g. doing little to prevent it or failing to help another victim
- d. difficulty with concentration or memory
- e. eschewing an activity which might cause the victim to remember the event
- f. showing a distressful symptom or expressing an ill feeling when something occurs which reminds the victim of the traumatic event or symbolizes it.

This disorder may manifest itself in acute form by displaying symptoms within six months after the traumatic event or by disappearing within six months of its occurrence. A chronic or delayed form manifests itself by a maintenance of symptoms for more than six months following the event or by a surfacing of symptoms later than six months after its onset.

A reaction index scale which measures Post-Traumatic Stress Disorder symptoms, developed by the author (1985), reflects both the presence and severity of this disturbance. It is important to note that the disorder manifests itself in children as well as among adults. The symptoms and behavioral responses are essentially the same except for the appearance of conduct disturbances and risk taking behavior in children exemplifying unresolved tension and anxiety. The so-called psychic numbing response is also more likely to manifest itself differently in children by withdrawal and less overt, verbal behavior than that shown by adults. While these symptoms may not appear immediately following the disturbance and therefore cannot be observable to a law enforcement officer they will appear later and can be observed when contact is made with family members after a traumatic disturbance, e.g. child molestation (*Frederick, 1984*). It is not the intention of the author to

attempt to mold law enforcement officials into skilled psychodiagnosticians but it is important for persons who appear as gatekeepers during first stage contact or interveners to be sensitive to and aware of the extent and nature of this disorder so as to minimize negative sequelae. It is far more wide spread than has previously been believed.

INITIAL INTERVENTION RESPONSES OF USE TO LAW ENFORCEMENT PERSONNEL

It is of vital importance to provide the victim with a feeling of support and a lessening of any external threat following the trauma of a violent crime.

Display Composure

The personal and behavioral demeanor of an official or authority figure can mean a great deal in a time of crisis. The victim frequently takes his or her cues from the behavior of an authority figure. Disclosing negative and upsetting information to the victim can cause undue anxiety or even panic.

Try To Put The Victim At Ease By Making Overt Comments Without Being Falsely Reassuring

Comments such as "I'm here with you and I want to help you" are useful remarks. This can be reassuring without giving false promises. Support is extremely important at that time for the victim.

Give Honest And Accurate Information

Being truthful without being brutally frank can be of immense value. If the victim seems to be physically injured and the victim asks about his or her condition a helpful response might be "we're going to get you checked out" or "have a checkup and then we'll arrange to do whatever is needed for you." Thus, the intervener is not being false but is helping to build trust and hope in the victim. Additional anxiety can worsen many conditions.

Remove The Victim Temporarily From A Stressful Situation

In some instances people and irritating comments can add needlessly to an already difficult situation and compound the problem. As soon as possible under skilled professional guidance the victim must address the distressing stimuli in a planned and programmed fashion but

this task should not be undertaken on-site, in-vivo by a law enforcement official.

Begin Questioning Only After Establishing Psychological and Physical Equilibrium

Questioning which seems to lack sensitivity and support can compound the trauma and add insult to an already difficult situation. This lack of sensitivity, support and understanding by an official has been reported by some victims to be worse than the initial trauma itself.

Proceed With A Clear And Unambiguous Plan

In the first moments it might be necessary to make a comment like, "we're going to arrange for you to see a doctor" or "go to a clinic or a hospital." Any comment of that kind which is appropriate is helpful and anxiety reducing. It is anxiety provoking for the victim in distress to feel that very little is being done to help. As a part of the plan of action at a point where the victim can respond cooperatively the interviewer should explain the purpose of the questioning with the remark that every attempt will be made to make it as inoffensive as possible.

Contact and Meet With Available Relatives and Friends

The information provided by significant other persons in the life of the individual can be of tremendous importance. Information from such sources is valuable not only from the point of view of supplying the information from a legal point of view but it can be helpful in understanding what may be operating psychologically in the victim. For instance, if remarks are made about the fact that the individual may have been under stress or experienced other traumatic incidents this would be likely to make the victim more vulnerable to the current stressful situation.

Make Use of The Victims Personal Resources

It is helpful to emphasize the strengths which the victim has early in during the contact. To do so one must select what is appropriate in a given situation, offering comments like "this must be very difficult for you but in spite of it you seem to be making out pretty well." The victim needs to build upon his or her own resources and realize and be reminded of the fact that they are a person of value and selfworth.

Encourage Physical Activity If Appropriate

Engaging in simple motor tasks or motor behavior is of value in reducing anxiety, panic and motivating persons to move away from feelings of helplessness. Of course, this assumes that there has been no physical injury which would make bodily movement dangerous. Simply suggesting that the individual get up and get a drink of water or accomplish some other useful act can be invaluable. The victim should be encouraged to take appropriate action with regard to the incident, such as contacting a particular agency or office with respect to the injury and following through with it. Self-confidence can be restored in this way. If further contact is made and a particular avenue appears to be blocked and unrewarding then another alternate activity should be suggested.

Supply Suitable Advice and Direction

Individuals in crisis require definitive guidance. Every victim should be encouraged to seek psychological assistance from a skilled professional. This should be done in such a manner that the person is reassured that it is normal and appropriate to have a psychological checkup and pursue that avenue. It should be cast in a positive light with remarks made to the effect that "it would be helpful to make sure that you're alright emotionally" and that "these things always take their toll on anyone" and "its best to get it taken care of as soon as possible to avoid more serious problems later on." It is usually helpful to also indicate that delay in following through and consulting someone can worsen the problem and the individual owes it to himself or herself and their family to pursue immediate counseling.

Adapt To The Needs Of The Victim

Verbal facility, social background, age, sex and the like. A young child, for example, may lack verbal skills and will be particularly fearful around strangers. In such a case, the interviewer should determine whether or not the youngster is more or less comfortable with parent or other family member present. It may be necessary to employ the use of drawings or a game in order to elicit the cooperation of the youngster and provide an atmosphere of comfort. The youngster would be permitted to draw whatever he or she wishes with a plain sheet of paper, crayons and pencil and engage in some play activity such as checkers or doll play. Without such precautions, not only will the youngster tend to cover up

and to seal over needed information but will be more likely to avoid subsequent treatment from a skilled professional.

INTERVENER/INTERVIEWER BURNOUT

Post-Traumatic Stress Disorder is an extremely democratic phenomenon in that it spreads itself without selection among professionals and nonprofessionals, females and males and persons of all races and socioeconomic classes. It must be remembered that premorbid psychopathology is not a prerequisite for the development of Post-Traumatic Stress Disorder. Police, who worked long hours removing dead bodies from the charred wreckage of a Pacific Southwest Airlines crash a few years ago in the area of San Diego California developed marked symptoms of "burnout" or Post-Traumatic Stress Disorder. Similarly, the author has observed that crisis workers in a variety of catastrophic events both of a natural and human-induced type experienced problems of the same type.

Many symptoms appear along with those already delineated earlier in this treatise including those which are psychophysiological nature. These often appear first in the form of denial and anger. They may be expressed both verbally and physiologically. The individual may protest that he or she is alright or that the problem is solved and there is not need to talk about it. This is shown in both bodily demeanor and by verbal expression. The rawness and inflammation of the psychic wound, therefore, manifests itself quite clearly. Appropriate psychological balm and salve should be administered temporarily in order to help a person to become adapted to the trauma and provide useful information later. "Conversion" like symptoms such as absence of feeling tone in the extremities or particular parts of the body may manifest themselves. This is especially likely to appear when rape, child molestation or physical battering occurs. Distortions of body image may be verbalized or expressed in gestures or drawings. Comments may be made that the victim feels strange or that their bodies do not feel normal. Unexplained tingling sensations can appear. The victim may report that they feel excess water in certain parts of their bodies even when no edematous characteristics are apparent. Diminution of feeling or depressive-like symptoms are very frequent and a misdiagnosis of depression or a borderline psychosis is often made. Misraken diagnoses occur in both adults and children.

Anger is almost always a part of PTSD but it may be held in abeyance and not overtly expressed for an appreciable period of time. Fear and anxiety may mask the expression of anger. Fear of retribution or rearrousal of panic like experiences. Lethargy, loss of energy, complaints that the victim may report that they feel as though

they need medication or vitamins. This is not surprising since experiencing such phenomena are extremely draining quite apart from any loss of sleep which occurs periodically. It is absolutely necessary for any victim who experiences Post-Traumatic Stress Disorder to receive skilled treatment for the problem. It must be well timed and skillfully administered. It should occur as soon as possible after the trauma in keeping with the victim's capacity to tolerate it. Support and encouragement to seek treatment are imperative and can assist the victim in obtaining it as soon as its feasible. A caveat is clearly in order at this point. No person who is unskilled or untrained in this sphere should undertake treatment or amelioration symptoms. Skill support and appropriate timing are necessary so as to avoid further complications and disturbances.

In skilled hands, at a suitable time, it is absolutely necessary to institute incident specific treatment. This means a detailed segment by segment or picture by picture reworking of the traumatic event. Moreover, subtrauma or corollary incidences frequently are unique to a given victim and take on as much importance if not more than the apparent primary trauma. These must be skillfully ferreted out and reintroduced during a period of relaxation. Treatment may be effected through hypnosis and deep relaxation. It may be brought about through slow motion procedures while re-enacting mental video tapes of the incident. Where possible in vivo re-experiencing or re-enactment of the trauma is invaluable when skillfully handled. By this we mean returning to the actual scene of the trauma and being redirected or guided again through the distressing scenes. In vitro experiences are also of immeasurable curative value when deftly handled. In this way, the victim returns with the therapist through the foreboding channels of acute distress together. At some point the victim must be able to re-experience the specific incidents which were distressing, no matter how small or inconsequential they may seem to the outside observer. Avoidance of the distressing event simply heightens the fear of the trauma and reinforces the avoidance. A variety of avoidance mechanisms are developed and called upon to reduce the tension and anxiety associated with the traumatic event. This merely worsens the disorder and prolongs its resolution, often for years. The author is aware of hundreds of cases traumatized by a variety of stressors who developed Post-Traumatic Stress Disorders; which plagued victims for years and caused the victims to become ineffectual and lead torment laden lives, all because appropriate incident specific treatment was not provided. The importance of skillful diagnosis and treatment cannot be overemphasized.

Even some professionals reveal naivete about the treatment of this newly listed disorder. They may tell victims, in effect, to quit complaining and enjoin them to get on

with their lives, so to speak. They can't without appropriate help! *Skillful incident specific treatment is a sine qua non for effective problem resolution.*

Acquainting law enforcement agents with essential bits of information such as that contained in this treatise can make the difference between averting a serious

psychological disorder or experiencing one which may be so disabling that it can undermine the individuals effectiveness and happiness for years. At worst it can lead to overt acts of suicide. Thus, such psychological first aid provided by sensitive agents can be truly life saving.

REACTION INDEX

Please answer each question by placing a check mark under the word which describes your feelings.
Please be sure to answer all questions.

	<i>None of the Time</i>	<i>A Little of the Time</i>	<i>Some of the Time</i>	<i>Much of the Time</i>	<i>Most of the Time</i>
1. I believe that my exposure to (event)* was an extreme stressor that could cause emotional problems in most people.	_____	_____	_____	_____	_____
2. Fears of personal experiences with (event) continue in my mind.	_____	_____	_____	_____	_____
3. I re-experience disturbing scenes about the (event) either physically or emotionally.	_____	_____	_____	_____	_____
4. Uncomfortable thoughts about my experiences in (event) seem to invade my mind in spite of efforts to keep them out.	_____	_____	_____	_____	_____
5. Dreams about my (event) experiences keep coming back.	_____	_____	_____	_____	_____
6. I see or think of something that makes me feel as if my (event) experiences are about to happen again.	_____	_____	_____	_____	_____
7. I keep an interest in activities that were important before (event) experience, such as sports (e.g. bowling, golf, going to football games, etc.) or playing cards with a group, reading, going to the movies.	_____	_____	_____	_____	_____
8. Fears about the (event) have left me numb or emotionally unfeeling.	_____	_____	_____	_____	_____
9. I am now more detached and less involved with other people than I was before the (event).	_____	_____	_____	_____	_____
10. I express emotions and feelings as freely as I did before the (event).	_____	_____	_____	_____	_____
*Wherever (event) appears the applicable traumatic event term is used e.g. "combat", "flood", "battering", "injury", "airline crash", etc.					
11. I seem jumpy, edgy and more easily startled than before the (event).	_____	_____	_____	_____	_____
12. I sleep well.	_____	_____	_____	_____	_____
13. I feel bad or guilty that I didn't do more to try to prevent what happened or went through less than others.	_____	_____	_____	_____	_____
14. I remember things as well as I did before it happened.	_____	_____	_____	_____	_____
15. My concentration is as good as it was before.	_____	_____	_____	_____	_____
16. I tend to avoid activities which might make me remember my experiences in the (event).	_____	_____	_____	_____	_____
17. When something resembles (event), or reminds me of (event) feelings of distress increase.	_____	_____	_____	_____	_____
18. I am relaxed and without tension when I think of the (event).	_____	_____	_____	_____	_____
19. I am relaxed and without tension when I think of the (event).	_____	_____	_____	_____	_____
20. It is as easy for me to make decisions as it was before the (event).	_____	_____	_____	_____	_____
PLEASE ANSWER YES OR NO TO THE FOLLOWING:					
21. Symptoms of distress began within 6 months of the time I was exposed to (event).				Yes _____	No _____
22. If yes, did the last of these symptoms disappear within 6 months following (event) exposure?				Yes _____	No _____

23. Were any symptoms of distress present for more than 6 months following (event) exposure? Yes _____ No _____
24. Have you noticed any distressing symptoms which were delayed and appeared at least 6 months after your exposure to (event)? Yes _____ No _____
25. Have you talked with a crisis worker or received any professional assistance resulting from the (event)? Yes _____ No _____
26. If yes, circle the letters noted for all areas which apply:
 a. Medicine
 b. Psychological
 c. Pastoral (Religion)
 d. Social Welfare
 e. Financial (Loans, Housing, Property Loss)
27. Has a close friend or family member been affected in a negative way by your exposure to (event)? Yes _____ No _____
28. If yes, circle the letters noted for all areas which apply:
 a. Medicine
 b. Psychological
 c. Pastoral (Religion)
 d. Social Welfare
 e. Financial (Loans, Housing, Property Loss)

	<i>Percent of Time</i>	<i>Daily/Weekly Approximations</i>
None	Zero	Zero
Little	Less than 15%	Once in 10 to 14 days
Some	15-30%	Once in 5-10 days
Much	30-40%	Once in 2-5 days
Most	More than 50%	More than 3 days per week

REACTION INDEX SCALE DEVELOPED
 BY Dr. Calvin J. Frederick

SCORING AND INTERPRETATION OF REACTION INDEX (PTSD SCALE)

<i>Scoring</i>	<i>Percent of Time</i>	<i>Daily/Weekly Approximations</i>
0 None of the time	Zero	Zero
1 Little of the time	Less than 15%	Once in 10-14 days
2 Some of the time	15-30%	Once in 5-10 days
3 Much of the time	30-50%	Once in 2-5 days
4 Most of the time	More than 50%	More than 3 days per week or 15 days per month

Items 7, 10, 12, 14, 15, 19, 20 are scored in reverse order, i.e. 4, 3, 2, 1, 0; all others are scored as listed 0, 1, 2, 3, 4.

Degree of Post Traumatic Stress Disorder (PTSD) from Reaction Index

<i>Raw Score</i>	<i>Degree of Disorder</i>
Less than 12	Doubtful
12-24	Mild
25-39	Moderate
40-59	Severe
More than 60	Very Severe

Scoring should not be listed so that the subject can read the numbers nor any terms relating to the Degree of Disorder. This helps to preclude any halo effect or implied interpretation by the subject.

Instructions should include providing the subject with information relating to percent of time within the last month, preferably within a month after the traumatic event.

Only items 1 through 20 are scored and contribute to the degree of stress listed above. Other items are informational and assist in determining type disturbance e.g. acute, chronic or delayed.

Correlation is .95 with established cases of PTSD from a variety of stressors.

REACTION INDEX SCALE AND SCORING DEVELOPED
 BY Dr. Calvin J. Frederick

SUICIDE PREVENTION

Factor	Low	Medium	High
Agitated Mood			
little or none-1 to 3			
agitated alone-5 to 7	1	3	5
agitation plus depression-8 to 10			7
			8
			10
Self-blame			
little or none-1 to 2			
suspected but unclear-3 to 4	1	2	3
clear-4 to 5			4
			5
Personal Resources			
adequacy of available friends, family, employer, clergy-			
Stable 1 to 5, unstable 7 to 10	1	3	5
			7
			8
			10
Rejection by Another Person of Significance			
little or none-1 to 2			
suspected-3 to 5	1	3	5
clearly apparant-7 to 10			7
			8
			10
Medical Status			
medical health generally good-1 to 3	1	2	3
serious medical problem-4 to 5			4
			5
Personal Interaction			
ability to interact and communicate in the absence of			
clinical depressive symptoms-1 to 3	1	2	3
in the presence of depression-4 to 5			4
			5

Circle appropriate numbers

Total Score (sums of all scores in each column)= _____

Probability of suicide: <50= low to moderate; >50= moderately high to very high

Low	Moderately Low	Moderately High	High	Very High
<40	40-50	50-60	60-70	>70

This scale has been revised and adapted from a previous publication by the author C. J. Fredrick in *Health in Action* (ed) W. R. Johnson, Holt, Rinehart, and Winston, New York, 1977.

Currently published in *Clinical Practice of Psychology. A Guide for Mental Health Professionals*. C. Eugene Walker (ed). Pergamon Press, New York, 1981.

LIST OF SUICIDE CLUES AND BEHAVIOR RATING SCALE

<i>Factor</i>	<i>Contributory Level</i>				
	<i>Low</i>	<i>Medium</i>			<i>High</i>
Sexual orientation					
female heterosexuals—generally low 1 to 2	1	2	3	4	5
male heterosexuals—medium to high 3 to 4					
homosexuals—high 5					
Marital Status					
married persons—low 1 to 2	1	2	3	4	5
single persons—medium 3 to 4					
divorced persons—medium to high 4 to 5					
widowed persons—high 5					
Suicidal Plan					
Lethality of method:					
ingestion of benign medication—low 1 to 3	1	3	5	7	8
use of lethal objects, toxic substances, and firearms or explosives—medium to high 5 to 10					10
Availability of method:					
benign pills—low to medium 1 to 3	1	2	3	4	5
lethal pills or firearms—medium-high 4 to 5					
Specificity:					
no evidence of plan—low 1 to 3	1	3	5	7	8
unclear plan—medium 5 to 7					
carefully laid plan—high 8 to 10					10
Indirect Self-destructive Acts					
accident proneness—low to medium 1 to 4	1	2	3	4	5
lack of health care in presence of known disorder—medium to high 3 to 5					
reckless driving, substance abuse—high 5					
Stress					
little or none—1 to 3	1	3	5	7	10
recent death of significant other person, upsetting divorce, loss of job, time in jail, humiliation or loss of face—(personal reaction determines level) Usually 3 to 10					
Patterns in Daily Behavior					
disturbances in sleep, eating, sex habits, poor mood, fatigability; expressions of haplessness, helplessness and hopelessness; isolation and withdrawal. Usually 3 to 10	1	3	5	7	10

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NEURO-LINGUISTIC PROGRAMMING: AN OPTIONAL INTERVENTION TO POST TRAUMATIC INCIDENT COUNSELING

William E. Garrison

In selecting a therapeutic approach within the police culture, the term "pragmatic" becomes as important as "eclectic". Finding a short term counseling intervention which supplies the structure to stay on task while allowing a maximum of self-direction is a premium. New words, terms, or theories of some psychotherapeutic systems may appear distant from the stark reality of police life. They may prove to be culturally incongruent. Accepting the officer as he is and working with his behavior or performance may meet with less cultural resistance. Without full cooperation, resistance can be created and therapeutic results thwarted (Erickson, 1965).

Cultural Considerations

When considering a therapeutic intervention the mental health practitioner must consider the inter-organizational practices (Eisenberg, 1975), and the police occupational subculture (Radelet and Reed, 1973). The officer's "working personality", pressuring efficiency in areas of danger, and asserted authority (Skolnik, 1966), which are part of the police social system (Niederhoffer, 1967), are different from other parts of the civilian population.

Yeager (1982), indicated that modifying behavioral science approaches to the organizational setting of business requires a new clinical frame of reference in order to reorient the practitioner to the client's expectations. Clinical methods need to be adapted to the context and expectation of the target population. From personal experience, performance and productivity concepts of organization appear more in tune with the police culture and occupational dimension of the police community which Goldsmith and Goldsmith (1974), identified in *The Police Community*.

Neuro-linguistic programming (NLP) is a pragmatic approach developed through a systematic study of therapeutic "wizards" such as Milton H. Erickson, Fritz Perls, and Virginia Satir (Bandler and Grinder, 1979). NLP is focused on the individual's subjective experience. The goal of NLP as described by Dills (1983), is an integration of the macroscopic information about human behavior and experience available to each of us through our sensory experience with the unobservable micro-

scopic information of the neuro-physiology of behavior and experience into a useful cybernetic model.

Communication Barriers

As with most psychotherapies the model of NLP, in dealing with the traumatic incident, observes the systematic and recurring behavior patterns of the client. When describing a traumatic incident the officer cannot represent his experience without some form of deletion, distortion, distortion or over-generalization (Bandler and Grinder, 1975). This could put the practitioners in the position of filling in the blank spots with fantasy. The officer could say "That bothers me", without saying what or whom he has deleted from his sentence.

Distortions in the officer's experience can occur when he represents an ongoing process as if it were unchangeable (Bandler and Grinder, 1975). "Just no solution", is a statement of someone who is stuck. To attach them to a moving ongoing process the counselor might and "What prevents you from solving ...". The officer may also leave out references to who or what he is talking about and how these references relate to his experience, such as, "They don't care about me". "How do you know"?, may be an appropriate way to allow the client to see he or she was attempting to be a mind reader. "The Courts make me angry", is an example of failing to recognize distortions by assigning responsibilities of their experience to those outside their control.

Over-generalization is a process by which the officer may not recognize the uniqueness of his experiences. "They always say you could have done better", could be an example. Challenges of "Who specifically", "Was there ever a time when they didn't"?, "Better for whom"?, would assist him adjusting his perception. These challenge patterns not only assist the client to move closer to reality but it also serves to assist the counselor from going into a trance of his or her own (Bandler and Grinder, 1974).

Deletions, distortions, and generalizations and their challenges make up the Meta-model formulated by Bandler and Grinder. This model also serves to educate the client and redirect attitudes and behavior patterns. Clear,

congruent problems areas can then be elicited from the client so that specific goal-oriented therapeutic interventions may be systematically utilized.

Mapping the Internal Process

Another means of examining the client's patterns is by noting how they sort their experience. It may be predominantly visual, auditory or kinesthetic. The pattern or strategy in which the individual utilizes these representational systems also gives insight into how the officer may have processed the information from the incident or how he is internally utilizing it (*Dilts, Grinder, Bandler, Bandler and Delozier, 1976*). Whether the officer is representing his experience with visual, auditory or kinesthetic references gives a clue to how he is currently experiencing or processing the memory. There may be times when the officer may be conscious of his feelings and not be aware of the visual part of the memory. Connecting those components may be quite useful for the client in making sense out of his reaction to the traumatic event. The cues of which state the individual is accessing at the time is obvious in his vocabulary: Visual – see, focus, clear; Auditory – loud, hear, blashing; Kinesthetic – grasp, hold, handle (*Cameron-Bandler, 1978*).

By watching minimal physiological cues the practitioner can observe the emotional state changes as it relates to an experience. If specific psychological cues have been previously calibrated to fear, comfort, love, anger, etc., then the practitioner can assume the client is reaccessing the previously calibrated emotional state (*Bandler and Grinder, 1974*). Examples of these cues are the base rates and direction of breathing, pulse rates, or other body movements outside of the person's awareness. Coloring the changes in the face, voice tone changes, and fullness of the lips or under the eyes would also supply some of the indicators of a change in the internal emotional state of the client (*Dilts, Grinder, Bandler, Bandler and Delozier, 1976*).

Eye movements can also assist as an indicator of which representational state the client is accessing. Watching the eyes focus or defocus would be useful to observe whether the client's awareness is external or internal during counseling. When the client's awareness shifts internally to access a memory his eyes will defocus and often shift up, down, or side to side. These defocused eye shifts or internal scanning patterns have been correlated with the neurological assessing of visual, auditory, or kinesthetic representational systems by *Bandler and Grinder (1974)*. The visual representational system is with the eyes up or straight out and fixated. Watching the eyes shift up to the right or left can be calibrated to

determine remembered or constructed memory. Likewise level movement gazing to the left or right can be correlated with remembered or constructed auditory memory. Another calibrated part of the eye scanning pattern would be the example of the eyes down left indicating an internal auditory dialogue and/or the eyes down to the right indicating kinesthetic accessing in most people.

These patterns can be used in assisting the client to utilize a particular accessing system, examining the client's representational accessing strategy, or rapport building with the client by matching his systems (*Dilts, Grinder, Bandler, Bandler and Delozier, 1976*). Building values of trust, reality, and rapport are part of a "working alliance" between the practitioner and the client (*Zetzel, 1956; Goldstein, 1962; Greenson, 1956*).

After noting the specific non-verbal cues or analogue of the client, the therapist then has a means to measure the evolution of the client's treatment. This is also an observable means of feedback to rationally make strategic variations in the therapy technique.

The Intervention Framework

Prior to beginning the intervention, a safety valve needs to be put in place to avoid the client officer from becoming caught in a negative emotional state at any point in the intervention. This safety valve will be in the form of a "bail out" anchor. Anchoring is the process of attaching a desired emotional state with a specific stimulus; a touch, voice tone, or facial expression. The anchor then becomes a triggering device to elicit the desired state at any specific point in time.

The "bail out" anchor is installed by having the client reaccess a past, positive event which is powerful to them. After observing their analogue or minimal physical cue changes the counselor can set the anchor by touching a specific spot on their arm or hand or using visual and auditory stimuli. The anchored emotion can be reaccessed by touching the spot and firing the anchor. The intensity of the related emotional response can be regulated much like adjusting a television set by asking the client to make the memory picture brighter, more colorful, closer, faster, or by adjusting the sound louder, softer, or changing the tone or tempo (*Gordon, 1978*), (*Knowles, 1983*).

Before reviewing his experienced trauma the client should know the difference between an associated and dissociated state to protect them from reexperiencing the trauma affect. This can best be accomplished metaphorically by requesting the client to reexperience a past or imagined ride on a roller coaster from the first person perspective or looking out through their eyes. Then have them note their affect response. Next, have them compare

their affect to the same memory from a dissociated state, from the third person, as if they were watching a mental home movie of the event. The predicted experience will be a greatly diminished or zero affect (*Erickson and Rossi, 1976*).

The "mental movie" can be coupled with another dissociation which can be created by the client by leaving their body as was taught by Milton Erickson for trance work (*Rodger, 1980*). He can visualize stepping behind himself in the chair and watching the mental movie by looking over his shoulder while viewing it.

These techniques of dissociation are also useful in training officers prior to incidents involving trauma. If the officer experiences flashbacks following an incident he can learn to step out of his pictures and distance himself from the resulting negative affect.

By combining these two dissociation techniques a double dissociation can be achieved to create a greater separation between the trauma and its connected affect (*Lankton, 1980*). Dissociation is also useful in diminishing large remembered chunks such as trauma and physical assault. The traumatized officer can then review the trauma or shooting incident without falling into the remembered feeling (*Erickson and Rossi, 1979*). The officer must then review the situation from the double dissociated perspective in order to learn that he did survive; was in control of himself, could only suggest to others, and performed well based on the information available. With the new information obtained, the client must replay the mental movie to the point where the fear or confusion of the trauma begins, and "freeze frame" that mental movie. Next, he must separate his mental image from the rest of the movie. Finally, he must educate the dissociated self about his survival or other information mentioned above, that he was not aware of at the time of the incident. By allowing the client to accomplish this segment without verbalizing the content, may give him an opportunity to deal with feelings he might not have discussed with the counselor.

Upon completing this step, the client is directed to ask the dissociated self in the "mental movie" if any additional resources would have made a difference in his response to the incident he experienced. This appears similar to the "hot seat" technique used by Fritz Perls (*Fagan, Joen and Shepherd, 1970*). Whatever resources are found lacking can now be located from the officer's own experience by asking him to recall or imagine an event where he had that resource, and notice the feelings attached to it. Ask the officer to observe the dissociated self from the "mental movie". Direct him at this point to carry back to the dissociated self the feelings he has gained from his recall of the positive resource event. This process is continued until all the resources needed in this situation are gained.

An ecological check can be made by asking the client if he "would have needed anything else". If other resources are needed, repeat the process for additional resources. Additional resources can be built with metaphor (*Gordon, 1978; Lankton, 1983*). When no new resources are needed, ask the client to reassociate the image in the "new mental picture" by pulling the dissociated self back inside his own chest. Then reassociate the other dissociated part which was observing the process by having it step back inside his body.

Other techniques can be combined with this one to deal with other issues as will be presented in the following case study. This type of intervention function within the framework of hypnosis has been discussed in the description of Erickson's methods by *Lankton (1980) and 1983*.

Case Example

Officer K was involved in an incident where a robbery subject committed suicide by placing a shotgun to his head and igniting both barrels simultaneously. Approximately two years past the incident, Officer K exhibited strong anxiety reactions following a conflict management class (face pale; rapid shallow breathing; rapid high-pitched voice; blurting words out). Such behavior exemplifies *Bandler and Grinder's (1974)* conclusion about the deep structure of communication or the historic interconnectedness of stored thought which can be stimulated at the surface by a communication.

Between the shooting incident and his experience in the management class, Officer K had "burned out", leaving both this police department as well as another. During this same time, he developed domestic problems. He described his experience as "seeing everything through the image of the man's face exploding". This may be classified as an intrusive image as described by *Horowitz (1980)*.

A "bail out" anchor was established using a powerful family experience from Officer K's past, to be used if he became stuck in a negative state. A here-and-now anchor was also established by having him squeeze the arm of his chair to maintain his orientation to the present moment.

After achieving a double dissociated state, Officer K reviewed the incident in order to "learn from it". He found that during the initial trauma he felt unable to control the subject, fellow officers, and the crowd. He described feeling helpless and angry. He feared that the subject or one of the officers there would be shot.

Metaphors were utilized to build an understanding of control, failure, fear, overload, and time distortion since none that could be utilized were retrievable from his past. He was asked to return to the traumatic event and freeze frame the picture of him where he began to feel out of

control. He was then directed to have his own image from the "mental movie" step forward out of the scene. Officer K took the understanding he now had gained and communicated it back to the mental image of himself. After observing that the image "appeared better", he asked the imaged self what else was needed. Feelings of self-control, confidence, awareness, and security were expressed as desired resources. The experiences attached to these resource states were located, anchored, and projected into the self-image from the "mental movie" of the trauma. Officer K was then requested to live the self-image a hug before reassociating it inside of him. The results were tested with Officer K by replaying the memory of the incident without dissociation. Officer K reported a greatly diminished negative affect, but the intrusion by the visual image of the robbery subject remained.

The remaining visual image of the robbery subject was deleted by switching two mental pictures rapidly, several times (Bandler, 1982). One picture was viewed like a photograph of himself watching the robbery subject's face exploding, and the other picture viewed as if he were involved in a powerful, positive personal event. After pushing this negative picture of the robbery subject away and pulling the positive picture up in front of him several times, he reported the negative picture was cancelled by the positive picture. Officer K was then asked to review the incident again. No minimal physiological cues of anxiety were observed that were present at the beginning of the session. The intervention described here was the second of three sessions with Officer K. It lasted approximately ninety minutes and the setting in this example it was a corner area of the airport lobby. There was no physical interruption and the noise and movement did not prove to be a detriment to the intervention.

Nearly two years after the intervention, Officer K is reporting a healthy personal relationship and satisfaction. His job performance evaluation is rated "above average".

Training

Post-shooting and traumatic incident classes are being taught as part of the curriculum at the Southeast Florida Institute of Criminal Justice. In class, the recruits are presented with strategies and methods of self-mastery to handle a traumatic situation during the incident as well as the following healing process.

The inability to qualify with a firearm is also being remedied in numerous cases by treating the problem as a phobic response. A previous traumatic experience is often found to be responsible for the resulting phobic response which has become anchored in some way to the firearm.

CONCLUSION

This approach to working with traumatic incidents using an NLP approach to the intervention is not a magic wand or an absolute cure. It is an alternative which can add flexibility to whichever personal approach the practitioner utilizes. Traumatic incidents are multi-dimensional and must be approached therapeutically from several directions without developing resistance. In dealing with a police officer in therapy, working with performance issues in a matter of fact and private manner, may become a means to break down the reluctance of many officers to deal with otherwise untouchable issues. Neuro-linguistic programming may offer a bridge we can utilize, and be that effective alternative to enhance existing skills in the practitioner, and coping skills in the officers.

Obviously, one article such as this will not develop expertise in NLP. This presented information can, however, report one utilization of the model.

People often cannot find their own car keys when they are right in front of them after misplacing them. Their belief that the keys are somewhere else blinds them from physically seeing. This phenomena will continue until something interrupts the pattern. Neuro-linguistic programming has the potential to be a key to understanding how new concepts about the brain can be utilized and benefit practitioners and officers. It will be interesting as to what research bears out in the future.

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SAN YSIDRO: WHEN THE BADGE TURNS BLUE

Michael R. Mantell, Ph.D.

In February, 1981 Chief Justice Warren Burger warned citizens of the "reign of terror in American cities" as he grimly asked, "Are we not hostages within the borders of our own self-styled, enlightened, civilized country"? Recent events dictate an equally somber, unequivocal answer to this biting question. Yes.

On the heels of a privately funded study of crime in America, the *Figgie Report*, Houston Police Chief B. K. Johnson, in March, 1981 was quoted as saying, "We have allowed ourselves to degenerate to the point where we're living like animals. We live behind burglar bars and throw a collection of door locks at night and set an alarm and lay down with a loaded shotgun beside the bed and then try to get some rest. It's ridiculous".

And when you pay careful attention to crime statistics, Charles Silberman's aphorism that "crime is as American as Jesse James", rings truthful. There are few Americans who have not been touched personally by crime or who, at least, do not know personally at least one victim of violent crime.

In fact, there has been a significant growth in the number of research studies which focus on crime victims. Special funds have been collected for crime victims. And counseling services of various dimensions have been offered to crime victims.

This article focuses on a unique group of crime victims. And on a unique crime. The largest single-day mass murder execution by a single gunman in this country's history. The victims are not the 22 dead children, parents, and other innocent citizens who stopped into the McDonald's restaurant in the San Ysidro area of San Diego in July, 1984. Nor is the focus on the survivors or their families of that massacre. The victims this article will focus on are forgotten victims. And in fact, not only are these victims forgotten, but society has by and large been unwilling to see them as victims. What's worse, they have been unwilling to see themselves as victims. Cops. And their families.

The call on that fateful day, which was to bring the world's attention away from one California city—San Francisco and the Democratic National Convention—to another far south—San Ysidro—came in at 4:03 p.m.:

"A 245 just occurred in San Ysidro. It's at McDonald's 424 San Ysidro Boulevard. It's a 245, anyone else en route"?

Seconds passed.

"Shots coming from inside McDonald's. Little girl was shot; being brought to post office now".

Minutes later. Officer arriving at the scene takes to the air on his police radio:

"Shots being fired at me. Returning fire with two rounds. Request Code 10".

Enter the SWAT Team.

What began with a crazed man mumbling to his wife that he was "going hunting...hunting for humans", ended with a neighborhood in a state of shock, remorse, fear, anxiety, grief and depression.

The scene tested San Diego's emergency personnel services, stretching human reactions to the limit. Coroner, cops, emergency medical technicians, fire-fighters, even news reporters were faced with gripping images, associations, thoughts, feelings, smells and mental anguish, the likes of which even the most "macho" had difficulty confronting.

Trauma, or unusually high stress/strain situation are mediated by three key factors: a) the event itself; b) the coping mechanisms the individual has available to him or her in order to deal with the event; and c) the views the individual holds about the event.

In the first century A.D., the greek philosopher Epic-tetus noted, "People are not disturbed by outside things and events but rather we disturb ourselves by what we believe about those events." So, the third factor, the person's perception of the trauma is critical.

In a recent paper on the subject, Los Angeles Police Department psychologist Martin Reiser noted that, "overly perfectionistic, rigid, close-minded people who follow stereo types, are biased, and think negatively are more likely to become dysfunctional in stress-overload trauma situations." He also indicated that, "more open-minded and flexible officers can deal with ambiguity, trauma, and stress in a more constructive fashion."

Let's face facts. Physical wounds can heal a great deal easier, and quicker, than psychological injuries. The "puncturing of the officer's prior illusion of control and invulnerability," according to Reiser, can result in a very serious, severe injury to the officer's ego. Long after physical scar tissue forms, the emotional effects linger. While young officers have a need to believe in their invulnerability in order to fact the "baddest, maddest and

saddest" of society, they also pay a price. Cynicism, withdrawal and suppressed feelings result. This is, in part, why the post-traumatic or post-shooting syndrome takes its toll. The officer who does not allow the free flow of emotions, who does not see adequate external supports—who believes he has to go it alone—who believes he is weak if he expresses a need for help is most likely to suffer the ill effects of the post-shooting or post-traumatic syndrome.

The use of "denial" as a defense against life-threatening situations, meaning "It won't happen to me," goes along with the macho, John Wayne picture. That, together with being taught not to express emotion, and needing to prove one's toughness, also creates fertile ground for the post-traumatic syndrome.

The emotionally perceive discontinuity between what the officer expects and what occurs in a traumatic event is ultimately what leads to the development of symptoms. The officer may expect a man-to-man confrontation in which he is a hero. Often, the reality is not a heroic situation at all, but a rather lopsided contest.

The officers, 200 or more, at the scene in San Ysidro were able to mask their emotions by channeling their feelings into their jobs. They were able to divorce themselves from the reality of dead people lying in community blood—dead children—with Ronald McDonald and the Hamburglar standing over them, smiling.

But, some could not. "You know, Doc, I'm sick to my stomach seeing these kids in there. I can't stop seeing my own two kids—you know, they are the same age practically and I swear when I kissed them 'good-bye' this morning my oldest was wearing the same shirt on that blood-drenched kid over there".

Tough guy? John Wayne? Invulnerable and able to handle any sort of dangerous situation? The tears I saw from officers, and the sobs I heard somehow don't make them look so hard.

"Hey Doc, I've been in Nam, and I've picked up pieces of bodies in North Park after the PSA plane went down, and I worked the Brenda Spencer schoolyard shooting. But I gotta tell you, this is the worst damn thing I've ever seen. I'm just sick to my stomach. I don't think I can handle another one".

"The first thing I saw was a young girl leaning against the wall with a bullet over her eye", another officer reported. "It was like they were asleep, but you knew they weren't. I just put a wall around myself and blocked it out".

And one person summed up what he saw: "People were bursting into tears. Officers were shaking their heads. The full feeling was there when you looked at police administrators and supervisors and saw how ashen they had become".

Naturally, there is no way to avoid the atrocities officers must face. When the reporters go home, the clean-up crews leave and city-hall closes its doors for the day, cops are left to deal with it all. After San Ysidro, many citizens in San Diego and around the world who felt gripped by this massacre, mourned.

The cops? They simply returned to their beats to deal with still more gunshot wounds, family disturbances, child molestations and beatings, and traffic fatalities. All while trying to keep their emotions in check.

So how did the San Diego Police Department respond to the officers involved? What did we learn?

First, those officers who actively explored the reality issues and searched for information about the tragedy after it was over, fared better. Caplan noted this as one of his positive patterns of coping with crises. Those who actively sought help from others also did better. They gave free expression to their feelings. They constructed manageable and workable plans for dealing with their reactions to the event, such as proper pacing and attitude. They also had a basic trust in themselves and were optimistic about the future.

In contrast, again as Caplan pointed out, avoidance and denial of negative feelings and a refusal of assistance were associated with poorer restoration of emotional balance. Those who did not regain emotional balance reacted with pessimism about the future and did not have proper pacing as they returned to work.

Crisis counseling in the street at the McDonald's site was initiated immediately. Anger, guilt, numbing, and fear were noted at the scene. Tears, not often associated with patrol officers, were difficult for some to accept.

Reassurance, normalizing, educating and basic support were the most common therapeutic interventions. As much as possible, all contacts in the field were done away from the action, alone. This was planned to protect confidentiality. A positive, consistent, honest and non-judgmental attitude was most effective. The officers were helped to maintain and in some cases regain control by encouraging them to express their anger—in words—and to understand how normal those feelings were.

Meetings at line-ups for several days following the event were instituted. Again, educating the officers as to what symptoms they could expect, and how to deal with their family's reactions, were also primary interventions.

Discussions at line-up helped build a universality in reactions and as one officer admitted an unfavorable reaction, another was more likely to as well. They also supported problem-solving approaches. A by-product to this was organizational sensitivity which is so necessary in department-wide traumatic events such as San Ysidro.

In addition to crisis field counseling, and meeting with

line-ups, seminars were held for police officer families. The seminars were purposefully held in San Ysidro.

The seminars—educational, cathartic and therapeutic—led to spouses and officers identifying the following symptoms:

- "I feel guilty, I should have done more".
- "My mind wanders, have difficulty concentrating and remembering".
- "Since that happening, I get nerves every time I go to a restaurant or where a lot of people gather".
- "A couple of nights I would wake up as if having a bad dream. After waking up I could not remember the dream".
- "Can't sleep; hands shaking; a 'What if' feeling; loss of memory; a feeling of helplessness; headaches; a feeling I didn't do enough".
- "Uncomfortable at work; stripped of police image/confidentiality; absent-minded at times/daydreaming; crying at moments; running away/leave police work; guilt".
- "Short attention span at work, and also nervous or hyper. Worried about my husband's well-being *a lot*. I cry easier at dumb things, and am worried especially that my husband won't get over this, and we will lose our home and job security".
- "Sympathy for families; anger toward gunman; depression".
- "Demoralized and humiliated through work situation".
- "At first, when the initial call came down, I thought of how terrible a thing it was that had occurred. Then the professional side of me took over".

These reactions are real, honest and were generated quite easily by simply asking participants to jot down their feelings. The papers were collected in each group and read, anonymously, aloud. The groups almost instantly identified with each other.

Contact with the press took an inordinate amount of time. This ranged from holding press conferences with literally dozens of media representatives to appearing on *Nightline*, *Good Morning, America* and other national news programs. Newspaper articles were written and magazine interviews were held.

Contact with the survivors and their families were provided on a courtesy basis. Organizing the volunteer mental health efforts was also necessary. Our department drew especially from the Level III Police Officer Reserve Psychology group to provide continued care to the sur-

vivors and their families in the days immediately following the massacre.

They were educated to understand grief reactions and were assisted in developing a careful plan for proper rehabilitation. It was an unusual use for police psychologists, however, in light of the massive emotional trauma the entire city experienced, it was an appropriate allocation of manpower.

Individual counseling sessions were, of course, provided. These were often conjoint sessions with spouses aimed at fostering marital communication around the incident. By engaging the spouse, officers were helped to better understand the impact their traumas have on their families, as well, and serves as a preventative for future difficulties.

In summary, the San Diego Police Department experienced the largest single-day massacre by a lone gunman in the history of the United States. In contrast to the number of officers who displayed prolonged stress reactions and filed disability claims following the PSA plane crash, the response of the department appeared to be such that significantly fewer officers experienced prolonged reactions. There have been no stress claims filed as of this date.

The National Institute of Mental Health has proposed funding a brief study of the psychological impact of the San Ysidro Massacre on our police officers. We are waiting for confirmation of the funding.

Our research questions are as follows:

1. What are the physical and psychological symptoms of stress the officers experienced after San Ysidro?
2. What coping strategies (active-cognitive, avoidance-coping, or active-behavioral) did officers employ?
3. What coping strategies were most effective in attenuating the impact of the San Ysidro event?
4. How did the San Ysidro incident impact the officers' job performance?
5. What effects on the officers' families were noted?

Approximately two hundred sworn personnel, who were on the scene at San Ysidro will be asked to participate in the study. Subjects will complete a set of questionnaires which examine coping strategies (Moos, Cronkite, Billings and Finney, 1983); physical and psychological symptoms (Derogatis, Rickels and Rock, 1976); impact on job performance (Monahan and Farmer, 1980); and social and family relations (e.g., Moos, Cronkite, Billings and Finney, 1983). The specific instruments are still being evaluated and will be chosen for their relevance, reliability and validity properties.

All data will be strictly confidential. Data analysis will involve multiple regressions, factor analysis and other correlative assessment.

The data collection will be completed within two months following your approval. Then, a final report will follow after data has been analyzed. This should take no more than six months.

It is expected that additional funding, if approved, will allow for a longitudinal study following the same group of officers over several years. This will allow for the best opportunity of investigating long-range effects.

It is clear that in developing a model of intervention in major police incidents such as San Ysidro, the nature of the event, community resources, and the individual personality of the department have to be taken into consideration.

Counseling sessions, the "band-aid" approach, are insufficient and frankly backward when offered as a sole

response to most major events. Light duty assignments, preventive educational sessions, spouse group meetings, video-tape crisis response training, meeting in the field, line-up group educational sessions and skillful use of the mass media to educate both the police community as well as the general public, are all indicated.

The post-traumatic syndrome has many faces. Clearly, as crime becomes more brutal, irrational and random, major SWAT incidents are likely to occur. New York Police Commissioner Robert McGuire, in 1981, claimed that, "Street crime is the most serious thing we face today. It has an enormous impact on the quality of people's lives".

Certainly it has impact on the police officer's life and the lives of his or her family. By properly intervening immediately and with follow-up care when needed, the impact can be reduced and rehabilitation encouraged more rapidly and effectively.

POST SHOOTING TRAUMA: DEMOGRAPHICS OF PROFESSIONAL SUPPORT

Michael J. McMains, Ph.D.

INTRODUCTION

The emotional impact of a shooting incident on the individual police officer has been recognized and detailed by both police and mental health professionals with growing concern over the last few years (Cohen, 1980; Ayoob, 1980; Lipert & Ferrara, 1984, Carson, 1982; Stratton, 1983). Both the human costs and financial costs to Police Departments as a result of "post shooting" trauma has sensitized many departments to the need for professional support for officers involved in shootings. Studies have defined the nature of the emotional impact of shootings (Carson, 1983; Stratton, 1983; Donovan, 1983) as well as the stages through which an officer may pass in dealing with their use of deadly force (Solomon, 1984). Recent survey research has provided information about the percentage of officers who experienced great, moderate, or no emotional impact after being involved in shootings (Stratton, 1983). However, information about the degree to which police departments have responded to this need has been lacking. Consequently, the purpose of this paper was to present demographic data from both large and small police departments which will describe the breadth and nature of professional support services available to police officers nationwide.

Method of Collecting Data

A questionnaire was sent to the police departments in the 20 largest cities in the United States in November of 1983. The questionnaire asked about the type of professional support available to officers involved in a critical incident, about the voluntary or mandatory nature of the program, about the speed with which officers were contacted by the professional after the shooting, about the support provided for officers who were present at the traumatic incident but who were not directly involved, and about availability of professional support for officers involved in traumas other than shootings.

Demographic data was gathered on the size of the city, the size of the police department, the number of officers on patrol and the average number of shootings involving police officers over the last five years. In addition, each department was asked how long they had provided professional support for officers involved in shootings or other trauma.

Finally, a section of the questionnaire asked about the rated effectiveness of each department's program. To cross check the validity of the ratings, questions were asked about the number of officers who left the department after being involved in a shooting, on the assumption that effective professional support programs should significantly reduce the reported 25% loss of officers due to involvement in shootings.

In January 1984, the same questionnaire was sent to a randomly selected sample of 20 police departments in cities of less than 250,000. Data was pooled for the 20 larger cities and the 20 smaller cities. Comparisons reported in the results section are generally based on percentages of the departments responding to the survey.

RESULTS

Overview:

The demographic data was averaged for larger and smaller departments, and is summarized in Table 1.

Table 1. OVERVIEW OF DEMOGRAPHIC INFORMATION FOR LARGER VERSUS SMALLER DEPARTMENTS

Average Number of:	Cities >250,000 (N = 19)	Cities <250,000 (N = 17)
Policemen	4,447	69
Patrolmen	3,039	31
Shootings (Last 5 Years)	38	.46
Policemen Using Support	37	2.80
Years Professional Available	8.00	5.75
Officers Leaving Department After	.86	.75
Officers Showing Decrease	4.50	.83
Officers Showing Increase	6.00	.50
Rated Effectiveness	1.7	3.5

Clearly, a high percentage of both larger and smaller departments responded to the questionnaire (95% of the larger departments and 85% of the smaller departments). In addition, larger departments assigned a higher percentage of their manpower to patrol (68%) than did smaller departments (45%). They had a larger average number of shootings per year and a larger average use of support services than did smaller departments. Though larger departments had a higher number of officers effected by

the shooting as seen in the higher rate of impairment of functioning and as seen in the increase in drinking, the relative percentage of officers leaving the larger departments was significantly less than the percentage of officers leaving smaller departments post shooting (2.32% versus 179% respectively). It is important to note that the average number of shootings experienced by smaller departments was extremely small, a fact that may bias the results since the smaller the sample the smaller change it takes to yield significant results. Still, the results suggest that shootings have a disproportionate impact on smaller departments.

Professional Support in Larger Versus Smaller Departments

Table 2 shows the percentage of larger and smaller departments that provide professional support for officers involved in shootings, as well as the professionals involved in providing support to officers.

Table 2. THE PERCENTAGE OF LARGER AND SMALLER DEPARTMENTS PROVIDING PROFESSIONAL SUPPORT FOR OFFICER AND THE PERCENTAGE OF EACH PROFESSION INVOLVED IN OFFICER SUPPORT SERVICES

<i>Departments Having:</i>	<i>Cities>250,000</i>	<i>Cities<250,000</i>
Professional System	100%	69%
Psychologist	88%	85%
Social Worker	19%	12%
Psychiatrist	19%	38%
Chaplain	75%	25%

Voluntary Versus Mandatory

Frequently, the question of the value of a voluntary versus a mandatory counseling program is raised. Table 3 shows that both larger and smaller departments were divided on this issue: Several departments in both groups reserved the right to mandate counseling if necessary. The issue did not seem to affect the program, in as much as both voluntary and mandatory programs were rated highly in larger departments and in as much as the presence of a program significantly decreased the number of officers leaving police work in the larger departments. Table 3 shows the percentage of professional programs that are voluntary, mandatory and/or both.

Table 3. NUMBER AND PERCENTAGE OF PROFESSIONAL POST TRAUMA SUPPORT PROGRAMS THAT ARE VOLUNTARY, MANDATORY AND/OR BOTH.

<i>Nature of Program:</i>	<i>Cities>250,000</i>	<i>Cities<250,000</i>
Voluntary	50%	33%
Mandatory	0%	22%
Both	50%	44%

Timing of Intervention

The question of the timing of the intervention after a trauma is important, as will be discussed below. Table 4 shows that most programs responded to traumatic incidents within the first 24 hours. However, some professional services provided to larger departments allowed up to one week for response, a policy that may need some review. Figure 4 presents the percentage of professional support systems that respond to a traumatic shooting within a specific time frame.

Table 4. PERCENTAGE OF PROFESSIONAL SUPPORT SYSTEMS THAT RESPOND TO A TRAUMATIC SHOOTING WITHIN A SPECIFIC TIME FRAME.

<i>Program:</i>	<i>Cities>250,000</i>	<i>Cities<250,000</i>
Professional		
Immediate Response	31%	44%
Within 24 Hours	25%	22%
Within Week	13%	0%
Upon Request	31%	33%

Professional Support for Other Than Shooting

Through the incidents of professional support offered by smaller departments for "post shooting trauma" were lower than that offered by larger departments offered support for officers present at shootings though not directly involved in the shooting. In addition, both smaller and larger departments provided support services for a wide range of non-shooting traumas. Table 5 presents the percentage of larger and smaller departments that provide professional support for officers present but not involved in shootings and the percentage of departments offering support for non-shooting trauma. Table 1 lists the non-shooting traumas eligible for support services in both larger and smaller departments.

Table 5. PERCENTAGE OF LARGER AND SMALLER DEPARTMENTS OFFERING PROFESSIONAL SUPPORT FOR OTHER OFFICERS PRESENT AT SHOOTING AND PERCENTAGE OF DEPARTMENTS OFFERING SUPPORT FOR NON-SHOOTING TRAUMA.

Departments Offering Support to:	Cities > 250,000	Cities < 250,000
Officers Present But Not Involved At Shooting	81%	100%
Non-Shooting Trauma	88%	88%

Table 6. NON-SHOOTING TRAUMAS PROVIDED PROFESSIONAL SUPPORT, NATIONWIDE.

Type of Trauma
Near Death Incidents
Death in the Family
Discipline Problems
Major Illness
Injury to Citizens
Injury to Partner
Illness in Family

DISCUSSION

It became apparent that police departments that serve large communities have a better developed systems of providing emotional support and counselling for their officers involved in shootings that departments serving smaller communities, and that the larger departments value the services of their support systems more than smaller departments. Several reasons may account for these differences. Not only do larger departments have more need for services, i.e., they have more shooting incidents per year, but they also recognize that traumatic events can include more than officers directly involved in shootings.

Taney (1969) has pointed out that psychological trauma includes anything that overwhelms the persons available resources. That is any event that poses a seemingly unsolvable problem for an individual or which creates a conflict of such significant proportion as to bring the person to an impasse is a trauma. Larger departments recognize a wide range of events as traumatic (Table 6). Consequently, they provide professional support services for more than shooting incidents and they have had a greater opportunity to experience the effectiveness of such programs.

A correlary of this broader view of trauma is that the cost effectiveness of support services is probably more obvious to larger departments. Not only do larger departments tend to have more investment in their personnel, but when comparing the cost of maintaining a support

system with the benefit derived, it seems reasonable to assume that larger departments would have greater use for the same services, thus decreasing the per person cost for services.

The fact that larger departments have had support programs longer than smaller departments allows them more experience with the benefits of the service than that had by smaller departments. Not only does the long established program have a proven track record, but the very fact that they have been part of the system for a number of years provides for a trust to build throughout the system because of their proximity. There is a kind of "halo effect" which lends credibility to a service just because it has been in place a period of time.

A significant exception to the trend of larger departments providing more support than smaller departments was in the area of support for officers present but not directly involved in the shooting. Virtually every smaller department that provided support was sensitive to the need of these officers for support. Combined with the fact that more officers left smaller departments than were directly involved in shooting, this emphasis suggests that smaller departments might experience more "modeling" (Bandera, 1969) of resignations after a shooting. The impact of observed behavior on officers needs further study.

In setting up a professional support system, clearly most departments used psychologists as service providers. Of the larger departments, only New York City had a staff psychiatrist, an interesting point in view of the fact that their support services were begun by a psychologist and in light of the fact that they still call their counseling program Psychological Services. The high incidence of use of psychologists over against other mental health professionals may well be the result of the pioneering effort psychologists have made in police departments like New York City, Los Angeles and Dallas, all of which have had established Psychology Services since the early 70's.

On the basis of the low incidents of loss of officers after a shooting in the larger departments, it does not matter whether the post shooting program is voluntary or mandatory. Even though one-half the larger departments had voluntary programs and one-half reported reserving the right to mandate counseling, the number of officers leaving the larger departments was uniformly low, suggesting that having a well thought of professional support service was more important than whether the officer was required to be counseled after a shooting.

The use of a voluntary system has the advantage of greater commitment on the part of the officer choosing to participate. However, requiring participation by every officer involved in traumatic event can provide a "face-

saving" way for officers who would not otherwise use the service. This may be the reason that smaller departments require participation more than do larger departments. It seems reasonable to assume that officers from smaller departments would be less likely to voluntarily seek support than officers from larger departments because the former would be more sensitive to the fact that they have less anonymity than do officers living in larger cities.

The time frame for responding to a shooting incident by professional support seemed fairly sensitive to the needs for timely intervention. Most departments that provided services, provided them within twenty-four hours of the time of the event. However, some professional support systems in larger departments seemed to delay their involvement with officers. Though the minority of services, these systems did not seem to be sensitive enough to the importance of immediate intervention in the long-term resolution of traumatic events. A review of this policy is recommended.

An impressive percentage of departments that provide services to officers were sensitive to the fact that many events can bring an officer to the realization of his own vulnerability (Solomon, 1984). The major problem seemed to be that many smaller departments still did not provide either professional support (Table 2) for any kind of emotional trauma. Considering the high costs of professional services and the low incidents of actual shootings in smaller departments, administrators in these departments probably have trouble justifying the expense. However, if it is true that a disproportionate number of officers do resign from smaller departments than from larger departments when a shooting incident does occur, administrators of small departments need to develop some contingency plans which would include professional support to their officers involved in emotional trauma.

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POST SHOOTING TRAUMA: PRINCIPLES FROM COMBAT

Michael J. McMains, Ph.D.

Though there are recognizable differences between the situations that generate the combat stress reaction and post-shooting trauma, several recent articles have described physical and psychological reactions that bear enough resemblance to make it profitable to examine the similarity between the two and to explore the implications that the combat stress literature has for post-shooting trauma.

Recent authors have reported the nature of the combat stress reaction as it has been experienced throughout history (Schultheis, 1981) and as it has been studied by U.S.A. Medical Personnel and their allies in recent combat (Belenky, 1978; 1981; Mangelsdorff, 1984). For instance, Belenky (1981) has reported a list of symptoms that characterize the combat stress syndrome which includes:

1. Fugue States
2. Anxiety
3. Ruminations
4. Restlessness
5. Sense Distortions

Police officers who have been involved in shootings have reported similar symptoms as a reaction to the shooting (Stratton, 1983). For instance, common problems for officers were reported to be:

1. Time Distortion (fugue state)
2. Emotional Numbing (fugue state)
3. Feelings of Isolation (fugue state)
4. Denial (fugue state)
5. Flashbacks (sensory distortion)
6. Sleep Disturbance (restlessness, sensory distortion and anxiety)
7. Worry about Legal Problems
8. Guilt (anxiety)

Belenky (1981) reported that Israeli studies of combat stress reactions during the 1967 war concluded that a soldier's reaction to combat stress depended on the stability of the soldier's non-combat life situation (economic stability, family stability, etc.) and the cohesion or closeness of the combat group (support available to the individual from a like minded group). Similarly, Stratton (1983) has concluded that a police officer's reaction to the stress of a shooting depends on his *personality*, on the *stability* of his life situation, the *nature* of the shooting and the support system available to the officer.

Given the similarity between the symptoms and the conditions necessary for the development of the combat stress reaction and post-shooting trauma, the application of principles derived from experience with intervening in combat stress seems justified. Mangelsdorff (1984) has pointed out that the application of combat stress management principles has been learned and relearned by armies throughout history. Perhaps it is appropriate that police psychologists can benefit from this learning.

PRINCIPLES OF MANAGEMENT

In managing the impact of combat stress and trauma, several principles have been developed that facilitate a constructive return to duty and that minimize the long-term disabling impact of combat (Schultheis, 1982). They include:

1. Brevity
2. Immediacy
3. Centrality
4. Expectancy
5. Proximity

In reviewing the crisis intervention research relevant to combat stress and trauma, Mangelsdorff (1984) has pointed out that these principles have applicability to traumas other than combat, including mass casualty management, sea disasters and terrorist operations. Consequently, the application of these principles to "post-shooting trauma" seem reasonable. The design of an effective and efficient post shooting trauma program needs to consider the implication of:

Brevity – intervention should be short-term, focused on supporting officers during the time of crisis and focused on returning them to the field at the earliest possible time.

Immediacy – intervention should be begun as soon after the trauma as possible so as to provide officers a way of understanding the experience in the most constructive way and before they solidify their thinking about the event in maladaptive and self-critical ways.

Centrality – intervention should be centralized to provide for the most efficient and effective use of time and resources. This is important in both the issue of *immediacy* and *proximity* because a centralized response team will provide more immediate responses, closer to the actual location.

Expectancy – intervention should convey to officers from the first interaction an expectation that the officer acted properly, can manage the situation and will be returning to duty soon.

Proximity – intervention should occur as close to the shooting as possible to maximize the desensitization of officers to any possible trauma.

PROFESSIONAL SUPPORT

The following section outlines a sequential program for supporting officers who experience the impact of "post-shooting trauma". *Solomon (1984)* has suggested three phases through which officers pass in their adjustment to trauma: shock, impact and resolution. The shock phase lasts from 24 to 48 hours after the incident. While the impact of a shooting can last for years but it is generally felt within the first six weeks. Resolution of the shooting can take six months to two years. A professional support system which would make an efficient use of

Table 1. STAGES IN A PROFESSIONAL POST-SHOOTING TRAUMA PROGRAM.

Stage	Responsibility of Professional	Principle
Incident	Called to Scene	Immediacy
	1) View scene and event	Proximity
	2) Contact officer	Brevity
	3) Make initial evaluation (1 Hour)	Centrality
Investigation	Available to Officer	Immediacy
	1) Review emotional	Proximity
	2) Provide support	Brevity
	(2 Hours)	Expectancy
48 Hours After the Event	Available to:	Brevity
	1) Re-evaluate as shock abates	Centrality
	2) Cognitive restructuring	Expectancy
	3) Systematic desensitization	Proximity
	4) Recommendation Re: Return to Duty (1½ Hours)	
One Week to Six Weeks	On Call:	Brevity
	1) Allow ventilation	Expectation
	2) Cognitive restructuring	Simplicity
	3) Desensitization (1-4 Hours)	
Six Weeks	Available to Officer:	Brevity
	1) Follow-up evaluation	Proximity
	2) In-vivo desensitization	Expectancy
	(2 Hours)	
Six Months	Follow-up interview	Brevity
	1) Evaluation (1 Hour)	Expectancy

TOTAL TIME = 6 Hours to 10 Hours; depending on time needed by officer between weeks 1-6.

manpower and which would integrate the crisis intervention principles discussed above with an understanding of this sequential reaction.

Table 1 presents the major stages in providing support for officers involved in traumas (Column 1), the role of the professional (Column 2) at each stage of the program and principles relevant to each stage (Column 3).

STAGE I: Incident

The principles of *proximity* and *immediacy* require that the professional establish contact with the officer involved in a shooting at the time of the incident. Being available as soon after the incident as possible provides the counselor an opportunity to view the scene and to review the events on the location – information is gained which will allow for the building of desensitization hierarchies (*Wolpe, 1958*) at a later time. In addition, the professional can make initial contact with the officer, giving the officer an opportunity to talk about the incident on location – a procedure that begins the desensitization process. The professional can begin the process of evaluating the emotional impact of the trauma; shortening the intervention process and supporting the principles of *brevity*. The principle of *centrality* is served by having the counseling system provide support in the community in which it occurred rather than referring the officer to a clinic or office in another part of town. Finally, greater credibility can be achieved by the professional who is willing to "make the scene", working the same difficult hours as the officers.

STAGE II: Investigation

A frequent stressor for officers involved in shootings is the internal investigation required by most departments (*Eisenberg, 1974*). The availability of the professional during the investigation integrates several principles of trauma intervention into the counseling program. The availability of the counselors during this time meets the requirements of *immediacy* and *proximity*. Support can be provided during the stress of the investigation by briefing of an officer during the stress of the investigation. The briefing of an officer during this period about the emotional impact of shootings on police, about the procedures of the investigation, about the emotional impact of delays in the investigation on officers and about the services available from the professional can set the *expectations* of the officer about the interest of the professional in him, in the normal nature of emotional reactions to traumatic situation, in his own capacity to deal with the up-coming stress and in the belief that the officer will be returning to full day in the shortest possible time. The

principle of *brevity* is met because intervention at the stage is short-term and expectations which will lead to less need for long-term counseling than if the officer is allowed time to ruminate on questions he may have about the justness of his decisions. Again, *centrality* is served because no across town referral is utilized.

STAGE III: Forty-Eight Hour Follow-Up

In the sequential analysis of the impact of "Post Shooting Trauma", *Solomon (1984)* has suggested that the Shock Phase lasts from 24 to 48 hours after the incident. Follow-up by a professional two days after the incident provides the officer another opportunity to discuss his feelings in a non-critical and non-threatening environment. It allows the professional time to evaluate the impact of the shooting on the officer and to make decisions about the need for formalized relaxation training, for the development of a desensitization program and for the need for restructuring the officers perception of the shooting. Again, the principle of *immediacy* is involved, because of the short time between the incident and the counseling session and because a forty-eight hour follow-up is likely to come at a time that is critical to the officer; as the shock wears off. The principle of *brevity* is involved because the intervention is limited to one hour. The principle of *proximity* is involved because a desensitization hierarchy requires that the officer place himself back in the event of his imagination while systematically relaxing. Finally, the principle of *expectancy* is involved because the officers to shootings and with the message that he/she can regain control their functioning.

STAGE IV: One Week To Six Week Follow-Up

Solomon (1984) has pointed out that the impact stage of "post shooting trauma" begins after approximately 48 hours and can last from six to eight weeks. A one week to six week follow-up, initiated by the officer can allow him/her to express his/her feelings about departmental management of his case and his/her concerns about the rightness of the shooting. It provides an opportunity for the professional to explore the beliefs the officer holds about the shooting, to help guide him/her to a more rational interpretation of events, to evaluate the presents or absence of frequent emotional reactions and to reassure the officer that the symptoms he/she is experiencing are normal reactions. It conforms to the principles of *brevity*, *expectancy* and *simplicity* because it is time limited, provides an alternate interpretation of events that reassure the officer and provides a step by step method of teaching officers to restructure their interpretation of events. It demonstrates interest and support but it reinforces the expectation that the officer that he/she can manage the

incident by allowing the officer the option of deciding for himself when or if intervention is necessary.

STAGE V: Six Week Follow-Up

A six week follow-up allow the professional to evaluate the officers progress in accepting the incident, his/her emotional reaction to the incident and to his/her vulnerability. It provides the professional an opportunity to evaluate the officer's comfort with the incident by giving the counselor the chance to return with the officer to the scene of the incident, to monitor non-verbal signs of anxiety and to coach the officer in systematic relaxation techniques at the scene. The principles of *brevity* and *simplicity* are applicable in that the intervention is limited to an hour and it involves the use of easily learned skills which the officer can use. *Proximity* is applicable because this stage requires the officer to return to the actual scene of the incident while practicing deep muscle relaxation techniques.

STAGE VI: Six Month Follow-Up

An evaluation by a professional at six months provides the opportunity for the evaluation of the officers progress in accepting and resolving the shooting experience. It provides protection against liability and it provides a quality control check.

The total amount of time involved in the resolution of a traumatic situation will vary from case to case depending on the personality of the officer involved, the seriousness of the incident and the other support systems in the officers life (*Stratton, 1983*). However, the model outlined above, utilizing the principles of crisis management developed in combat promises to reduce the amount of professional time necessary to support an officer after a traumatic incident. As outlined, the amount of time required for intervention would be approximately six hours of professional time.

Finally, the effective intervention of mental health professionals in combat stress and crisis management has amply demonstrated the utility of these principles in helping resolve the emotional impact of psychological trauma in a wide range of events (*Mangelsdorff, 1984*). It is incumbent upon psychologists as the mental health professional most involved with police departments to utilize the lessons learned in similar situations to provide the best possible service to the people who do police work.

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UNDERSTANDING AND ASSESSING TRAUMATIC STRESS REACTIONS

Eric Nielsen, D.S.W.

In recent years the concepts of stress and stress related disorders have gained a good deal of attention within the law enforcement community. Stress has now become an everyday word in the vocabulary of most officers. This focusing of attention has, at times, given rise to the mistaken belief that psychological problems experienced by officers are always the result of severe or chronic stress. Such an oversimplification is ill founded; however, it is the case that officers are more likely to experience certain traumatic incidents in higher proportions than civilian populations. This frequently leads to the debilitating symptoms associated with gross stress reactions.

The DSM III (1980) identifies the above reactions as Post-Traumatic Stress Disorders. The essential features of the stressor capable of creating this syndrome is that such an event would produce significant symptoms in most people and that the event is one which is outside the common life experiences of most people. Such events as accidents, assaults, man-made and natural disasters, and shootings are events in which police officers more readily find themselves than the average citizen. Mental health professionals working with law enforcement officers should then understand these reactions and be capable of adequately diagnosing and treating officers who may be afflicted with these symptoms.

Nature of Gross Stress Reactions

To adequately understand Post-Traumatic Stress Disorder it is useful to be familiar with the literature regarding psychological trauma. Several authors have identified that a key element in the stressful event is threatened survival of the patient (*Hocking, 1970*), (*Shatan, 1978*), (*Grinker & Spiegel, 1945*, and *Freud, 1921*). Under these circumstances an individual may be forced to accept his own mortality and fallibility. *Lazarus (1966)* suggests that another key element contributing to the intensity of the situation is the degree of disruption of the individual's well established personal and/or social values. Situations wherein the individual must act contrary to his personal beliefs or is involved in behavior which is markedly deviant from his socially accepted norms may be perceived as extremely stressful and initiate the onset of symptoms.

Other investigators have noted the role of loss and sudden death as being instrumental in initiating traumatic

reactions (*Epperson, 1977*), (*Lindemann, 1944*). The loss of one's own physical abilities through injury or losses derived from the sudden, unexpected death of a friend or peer may easily tip the homeostatic balance for many officers.

A fourth element which is typically less relevant to police situations are the effects of sleep and nutritional deprivation. These factors appear to complicate and exacerbate combat stress reactions previously identified in soldiers and prisoners of war (*Hocking, 1970*).

In summary then, the important factors that determine the trauma value of the incident include the following:

1. The event will typically be sudden and to a large degree unexpected.
2. The event may result in a serious threat to the officer's existence and well-being.
3. The event may include an element of loss such as the loss of a partner or loss of a physical ability.
4. There may be an element of disruption of the officer's values or assumptions about his environment or those who live in it.

The clinical descriptions of these reactions vary considerably depending upon the phase of the reaction. *Tyhurst (1958)* usefully divides the syndrome into three phases. The initial phase, referred to as the impact phase, begins with the onset of the incident stressor and continues until that stressor no longer exerts any direct effect. This could last a few minutes to several days. During this time the officer's orientation is largely focused upon the present.

A somewhat more extended impact phase is frequently found in the stressful event of a police shooting. In such situations the officer may remain involved in recounting the details of the shooting to a number of investigators and boards, be suspended from duty for a period of days, and even be subjected to repetitive intrusions into his private life by news media and/or attorneys. In this type of situation the impact phase may easily be extended for a period of a week or longer. During the impact phase the officer will typically go about his duties and functions in a somewhat stunned and bewildered fashion, with a narrowing of his field of attention, isolation of his emotions, and a kind of automatic behavior pattern. These symptoms have been frequently reported by officers who have been involved in shooting incidents. A study of shooting reactions revealed that 24% of the officers reported automatic responses during the impact phase

(Nielsen, 1980).

Such statements as "I wasn't even thinking about it.... I just kept doing things", and, "I was aware of what was happening but it was so automatic it was like it wasn't me", are illustrations of this symptom. The lack of personal volition and relative absence of affect are generally the result of the employment of the defenses of isolation of affect with a resulting numbing of experience and regression in which the officer may return to an earlier behavior pattern which includes compliance. Through this compliant attitude his mind attempts to develop a sense of security and safety by protecting himself from threat by being "good" and compliant.

Narrowing of attention typically is manifested through distortions in perception which were reported by 76% of the officers in the Nielsen study. Most officers reported experiencing the traumatic event in slow motion while 43% reported tunnel vision. Another 27% reported auditory blocking or selectively hearing what was happening at the time.

While these symptoms may be expected as a "normal" response to a sudden and overwhelmingly stressful event, they may persist in some form after the impact has subsided. This occurs most frequently when subsequent stresses complicate and further tax the individual's coping resources, i.e., subsequent criminal or civil action initiated against the shooting officer and particularly in an officer who may have specific ego vulnerabilities or generalized ego weakness.

The second phase Tyhurst refers to as the period of recoil. It begins with the reduction or removal of the impact stress and lasts approximately to the point when the officer's life takes up its routine existence once again. This period can vary from a few days to several weeks. His thoughts will tend to be focused on the immediate future. Officers will have a significant need to abreact the experience and through repetitive and even compulsive recounting of the event attempt to master and incorporate the experience. During this time mild regression coupled with accentuated dependency needs often creates an emotional climate in which the officer is more malleable and, therefore, hyperreactive to significant others in his life. In support of this phenomena the post shooting study data indicate that the officer's focus of attention after the shooting incident (after return to duty) was on the reactions of his peers, supervisors, wife, family, press, and non-police friends. It is interesting to note that while 85% indicated that they talked about the incident and their reactions primarily with officers, 41% also indicated that other officers were their primary source of aggravation. From both a treatment and prevention point

of view the fact that officers in this phase will tend to seek emotional support and direction from other officers (the results of which may often be negative) indicates that peer counseling approaches may be of particular use and importance in such cases (Nielsen, Eskridge 1982).

The third phase, which is characterized as the post-traumatic period, begins with the return to the stability of routine days. It is often in this phase that the full impact of the event will be felt and considered in light of a full-time perspective: past, present and future. The officer is now confronted the the irreversible alterations in his life. He may have periodic episodes of depression, anxiety, and/or insomnia. Additionally, it is common for the individual to experience recurring dreams and waking thought intrusions regarding the trauma. Those officers who have difficulty mastering and incorporating the experience into their self-definitions may continue to experience a combination of symptoms including those from impact and recoil phase as well as exacerbation of premorbid personality traits and problems.

Treatment Implications

Whenever considering or undertaking treatment of officers who have been involved in serious crises, it is important to assess the premorbid functioning of the individual. This provides: 1) a baseline against which to compare treatment progress, and 2) an assessment of his ego strengths and weaknesses which have direct implications for treatability and prognosis.

Officers whose premorbid functioning clearly demonstrates psychopathological trends will be less capable of devoting adequate coping resources to the crisis event. Further, those ensuring symptoms may be less related to the current precipitating crisis than to the pathological processes already at work in his psychological economy. Officers with a clear history of depression, alcoholism, and relationship difficulties are substantially more at risk to develop pathological outcomes. The preexistence of these problems may well indicate the need of more extensive and longer term treatment approaches.

The general ego strengths that the officer possesses may be useful in both assessing his treatability and in selecting a treatment approach. Situations in which reality is distorted, regulation of drives impaired, or thought processes are seriously impaired may be cases in which the officer would typically be considered for hospitalization. This is a typical, however, as most officers seem to continue to function on a relatively satisfactory basis after a traumatic event. Such factors as object relations have clear importance, as the ability to form and sustain

relationship with others has implications not only for psychotherapy but for the usefulness of peer support. Officers with a past history of marginal success at mastering environmental stresses will have fewer positive coping resources upon which to rely. Further, they often carry more pessimistic psychological sets about their personal ability to alter the course of events. The nature of the officer's defensive functioning also has implications for his treatability. Rigid employment of more primitive defenses such as denial and projection may inhibit the ability of the officer to master the experience and further reduce the likelihood of his accepting any psychological assistance.

It is always important to realize that some pronounced symptomatology is likely after the impact of any traumatic incident. Differentiating these "normal" reactions from pathological reactions may be accomplished by considering the duration of the symptoms. When symptoms of sleeping disturbance, anxiety, depression, fatigue or general irritability persist consistently beyond the recoil phase, it should be a signal indicating the appropriateness for psychological intervention. Further, many situations may develop wherein the officer, who is employing his usual psychological resources in efforts to cope, sustains subsequent stresses such as suspension from duty, attack by the press or perhaps develops a chronic impairment due to an injury. Subsequent stress complicates the adjustment picture and can tax an already overloaded coping system.

It is also relevant to assess the degree to which the officer uses his natural social support system. An officer who is socially isolated may have little to rely upon while an officer who has a healthy support system may fail to use it because of depression, lethargy or social irritability. It seems generally preferable to use these natural coping systems before, or at least in conjunction with, any psychological interventions. The degree to which an officer engages with his peers and benefits from this emotional support may preclude the need for further intervention.

An analysis of post traumatic stress disorders reveals three general typologies and attendant treatment approaches. In the most favorable of situations the officer may well experience marked symptoms during the impact phase but avail himself of opportunities to abreact and intellectually master the experience through his contact with friends, family, and peers. In such situations the officer may experience occasional thought intrusions, brief depressive symptoms, and/or periods of mild anxiety coupled with sleeping disruptions. These symptoms are typically of short duration and dissipate during the post-traumatic phase. Peer support without professional intervention is probably most appropriate and useful in this case.

The second type of reaction is that in which the identified officer continues to function adequately but with the persistence of certain symptoms which result in subjective discomfort. These officers are the ones who have maintained relationships during the recoil and post-traumatic phase and have shown no marked problems in their premorbid adjustment. Under these conditions the officer may be an appropriate candidate for a short term or crisis intervention approach to treatment. Treatment goals would be geared toward symptom reduction, restoration of past coping mechanisms, and an intellectual understanding of how the impact of the event has affected the officer. Where possible, this may be coupled with peer support approaches.

The third type of reaction frequently encountered is best characterized as the exacerbation of an existing condition through a trauma. These officers typically show a poor premorbid adjustment. This marginal adjustment may have been indicated by a preexisting psychological problem and/or general ego weakness revealed by a marginal adaptation. Officers in this type of reaction may deny the need for treatment or initially accept it only as "crisis counseling." The therapeutic task in situations is to achieve some degree of a positive relationship with the officer while focusing on the crisis situation. Over time the officer may be assisted in recognizing the preexisting problems and how they negatively influence his life. In such cases more emphasis would be devoted to forging the therapeutic relationship with the officer and moving toward an examination of more archaic events and processes within the patient.

It is conceivable, although rare, that the impacting event coupled with past problems may be so overwhelming as to usher in the onset of psychotic symptoms or a breakdown in internal regulation and self-control. It has been the author's experience that this type of reaction is most likely to occur in the officer who relies on a rigid obsessive personality style. Under pressure the inflexibility of the individual's defensive operations results in a kind of pressure cooker reaction with a subsequent disintegration of personality. In such situations serious suicidal thinking and behavior may develop prior to or in combination with psychotic fragmentation. Suspension from routine police duties would typically be indicated and in some cases hospitalization may be the initial treatment of choice. This author has been involved in treating officers from several departments for over 10 years and during that time has encountered only two cases requiring hospitalization. While suspension from routine patrol activities may be indicated for the suicidal or psychotic officer, in the first three cases it is generally preferable to keep the officer assigned to his usual duties. This allows the officer an opportunity to organize himself around work, to sustain his self-esteem through continued

successful performance and to allow him contact with his fellow officers.

Case Illustration

On October 8, 1979, Officer B. F. stopped a drunk driver. The driver, a male hispanic, was initially complaint but became irrational and combative when B. F. indicated that he would lock the suspect's vehicle and engage the emergency flashers prior to transporting the prisoner. At that point a struggle ensued in which the suspect wrestled the officer's revolver from him and began shooting at him. B. F. retreated to his patrol car in an effort to arm himself with the shotgun. As he ran around the car he was shot three times before he finally engaged his assailant and killed him with a blast to the chest. B. F. then called for assistance as he was bleeding badly from the wounds. He was in shock by the time officers and paramedics reached him. The wounds resulted in a colostomy and it was two months before his colon could be reattached.

Because B. F. was in rural part of the state he was transferred 40 miles away to a better equipped hospital where he convalesced for about three months, alternating between living at his parent's home (in the area) and visits to the hospital. During this time he had minimal contact the the department and his fellow officers. He first returned to duty on New Year's Eve and was placed directly into patrol, where he spent most of the shift arresting drunk drivers.

Shortly after his first surgery he began to experience symptoms of both sharp and continual pain in and around the incision near his abdomen. This was so pronounced that two separate exploratory surgeries were undertaken hoping to find foreign matter or neuromas. Nothing was found and the pain continued. Additionally, he had become increasingly withdrawn, irritable, and was experiencing sleeping disturbance. Prior to professional consultation he had begun to drink excessively.

B. F. was a sworn officer in a small department in rural Idaho. had worked for one year performing patrol functions and had completed the State Police Academy only three

days prior to the incident. He has excelled at the academy and had high hopes as he launched back into work. He was raised on a ranch near the city of his employment. He had led a relatively quiet life with only a few friends, preferring a small social circle. There was no evidence of preexisting psychopathology and, in fact, he had married during the period between the shooting and his first mental health consultation.

B. F. was referred by the state insurance office which monitors disabilities. At the time of the referral he was cooperative in that he had suggested to a knowledgeable evaluating his condition that "the pain may be in my head." Testing results supported that he was suffering from a chronic depression. He was relatively quiet, socially withdrawn, emotionally inhibited, and given to self criticism as manifested by frequent negative self-references. He complained of the pain and noted that any physical exercise or exertion tended to exacerbate the pain. Upon further interviewing he revealed that the pain increased when he was around "drunks" and "Mexicans." This reaction was so pronounced that some fellow officers had joked that B. F. could feel Mexicans and drunks in his bones. When first asked to describe the shooting incident, he became noticeably tense and as his description proceeded he showed psychomotor and vocal tremors. He reported that he had not talked to many people about the incident and felt embarrassed and responsible for what he perceived to be a major mismanagement of the situation by him. He acknowledged that he never considered that he would kill another person and felt that had he managed the arrest differently the suspect would not have been killed nor would he have been injured.

Treatment was initiated that included contact with other officers who had been involved in shooting incidents from the Salt Lake City Police Traumatic Incident Corps. Additionally, B. F. entered short term psychotherapy aimed at examining his values and expectations about killing the suspect and his expectations of himself as a police officer. B. F. was found to be highly responsive to hypnotic trance and he was also involved in a self-hypnosis program in which he could condition himself at home and thereby reduce

his anxiety, control his pain, and enhance his sleeping. After 10 hours of such therapy B. F. was substantially more spontaneous, more involved with his peers, sleeping better, and subjectively reported feeling better. His pain was essentially gone and he had completed an instructors course in self-defense and arrest techniques which would have previously been impossible due to the pain.

This case illustrates how serious the post-traumatic reaction can be. Even though B. F. had a relatively normal development history and lacked premorbid difficulties, the trauma was of such proportion as to usher in seriously debilitating symptoms in the form of chronic depression and psychogenic pain. The trauma event was sudden, unexpected, and incorporated both elements of threat to his survival and loss of physical ability. He also was forced to do something that was basically against his value system which resulted in a pronounced sense of guilt.

The potential for secondary gain in this case was moderate. By maintaining the pain symptom B. F. could have avoided further patrol activities and was being considered for retirement. The pain precluded his active involvement in arrests and restraining individuals. The more adaptive aspects of B. F.'s ego agitated for freedom from the pain and pushed for mastery of the experience. By providing a self-help technique via hypnosis, B. F. could personally begin to bring a sense of control into his life. Peer support was used to assist him in abreaction and in identifying with other officers who had successfully mastered a similar experience and were free to candidly discuss their feelings. This also provided some modeling of how to manage his distressing feelings of guilt at having violated his own values and shame because of his perceived failure to act competently as an officer. The psychotherapy sessions were used to further abreact and integrate the experience into his psychological representation of himself.

Typically, the three year persistence of the symptoms would be an indication of a less favorable prognosis; however, there were several positive factors. B. F. had a healthy premorbid adjustment, a good motivation to rid himself of the symptoms, and indications of positive coping even though depressed and in pain, as illustrated by his ability to develop and maintain a marriage. All of these positive factors, coupled with the multiple treatment approach—peer support, brief psychotherapy, and hypnotherapy—resulted in a positive outcome.

CONCLUSIONS

Police officers, perhaps more than persons in other occupations, are at risk to experience psychological traumas. While there are a set of symptoms which seem common and normal to all such trauma reactions, persistence of the symptoms, exacerbation of the condition by additional stresses and/or the preexistence of psychological impairment may result in development of a post traumatic stress disorder.

Police clinicians should be aware of the nature of these gross stress reactions and be prepared to intervene effectively through psychotherapeutic interventions as well as appropriate utilization of peer support. It is always important to assess the stress reaction and differentially diagnose which of the three types of reactions is occurring:

- a. Normal stress reaction
- b. Severe stress reaction with healthy premorbid adjustment
- c. Stress reaction with preexisting condition or impairment

A thorough understanding of these reactions may lead to more timely intervention on the part of the mental health professional.

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POST-CONCUSSIONAL SYNDROME: A DISABILITY FACTOR IN LAW ENFORCEMENT PERSONNEL

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INTRODUCTION

A body of knowledge exists with regard to the stress of police work (Benner, 1982; Cooper & Grimley, 1983; Eisenberg, 1975; Hurrell & Kroes, 1975; Kros, 1976; Kroes, Margolis & Hurrell, 1974; Goldstein, 1981; Reiser, 1975; Stratton, 1977, 1980; Roberts, 1975). As noted by these and other authors employment in the law enforcement field can lead to a variety of pathological health-behavior outcomes with subsequent disability (Jacobi, 1975; Kirschman, 1983; Richard & Fell, 1975; Schwartz & Schwartz, 1975).

An area of growing concern to psychological/counseling service providers to law enforcement agencies is post-traumatic incident debriefing (Blak, 1983; Blak, Benner & Reed, 1983; Kirschman, 1983; Roberts, 1976; Wagner, 1979). This type of professional intervention followings shootings and violent assaults is utilized in order to:

1. assess the psychological and physical impact of a traumatic event on officers involved,
2. assess the stability of the officer's stress coping and problem solving strategies,
3. provide immediate psychological support to the involved officer (i.e., crisis intervention),
4. provide a basic understanding of the human stress-response model and explain, briefly, several typical psychological and/or physical reactions to intense stress so that the officer (and spouse, when available) won't be alarmed if they should become manifest,
5. provide a post-traumatic stress routine which can facilitate adaptive responses to stressful situations (Blak, 1983; Blak, Benner & Reed, 1983), and
6. allow the professional the opportunity to "touch base" with the officer at a later points in time in order to gauge the resiliency of the officer to the original traumatic insult.

The purpose of this paper is to apprise police psychological service providers of a clinical entity which may be the result of a traumatic injury—minor head injury, with little or no period of unconsciousness. This type of injury may become a post-concussional syndrome which is comprised of mild organic and, sometimes,

functional features. This syndrome may impact on an officer's intellectual functioning, emotional stability, job performance, attention, concentration, memory and judgement. If this post-traumatic clinical entity goes undiagnosed and untreated it can have a significantly negative effect on the job performance and career of the mildly head injured peace officer.

REVIEW OF THE LITERATURE

Post-concussional symptoms have been documented by scientists and clinicians throughout history. Walton (1981) noted that the Industrial Revolution produced a great many accidental injuries, many of which had persistent post-traumatic symptoms. Dupuytren (1839) provided early observations on the physical and psychological consequences of head-injury. Regler (1879) found that an increase in invalidism followed railway accidents and, interestingly enough, this connection emerged after the passage of the 1871 Compensation Law. Regler was a pioneer in espousing that psychological factors stemming from the accident influenced the patient's eventual outcome. Time-off from work, coupled with the prospect of financial reimbursement, were suspected to be contributing factors in prolonged convalescence. This view received additional support from Strumpell (1888) who was concerned with post-traumatic head injury. He introduced the notion that head injured patients evidenced tendencies towards exaggeration of injuries, especially when prospects for financial compensation were available.

The term "traumatic neurosis" was introduced by Oppenheim (1892) and included a description of post-traumatic injuries. This new diagnostic category included neurological findings that were neither totally functional (psychological) nor totally organic.

The clinical category of "post-concussional syndrome" appears to be credited to Strauss and Savitsky (1934). This symptom constellation included: headache, dizziness, memory impairment, lack of concentration, irritability, easy fatigability, anxiety, depression and alcohol intolerance.

Symonds (1942) distinguished himself through his

observation that individual differences existed within this syndrome since there was a variability of post-concussion symptoms. In addition, he observed the following: (1) delayed headache was not uncommon in this clinical group, and (2) symptoms were initially due to cerebral damage but the manifestation of symptoms were likely to be influenced by pre-morbid psychological factors. For treatment he advocated the rough equivalent of an in-depth medical/psychosocial evaluation along with an ongoing observation of the individual at his/her job station.

The concept of psychological factors exacerbating minor head injury was put forth by *Denny-Brown (1943)*. He postulated that malingering occurred in a small percentage of this population. *Gronwall and Wrightson (1974)* provided further support for *Symonds' (1942)* views. They indicated that the post-concussion syndrome was initiated by a slight impairment of intellectual function due to organic brain damage. As the symptoms of intellectual impairment persisted the individual would proceed to lose self-confidence and, subsequently, manifest more blatant signs of emotional disturbance(s). Emotional disturbance may continue long after the signs of cognitive deficit have dissipated.

Gronwall and Wrightson (1974) also noted that some patients rapidly recovered from minor concussion and were able to return to their normal routines. Patients manifesting persistent symptoms fell into two groups: (1) those with identifiable physical damage (i.e., subdural hematomal headaches resulting from vascular, skeletal or peripheral nerve damage; post-traumatic hydrocephalus) and (2) those exhibiting poor concentration, memory deficits, fatigability, irritability, headache and objective changes in intellectual function in the absence of identifiable physical damage. They noted that the post-concussion syndrome emerged in the latter group since symptoms persisted past the expected "normal period" of recovery. According to them, this syndrome was influenced by organic and psychological factors.

Rutherford, Merrett and McDonald (1977) and *Rutherford, Merrett and McDonald (1979)* found a similar pattern of symptoms. They suggested that: (1) symptoms can have an organic or psychological basis, (2) psychological factors can either stimulate recovery or exacerbate the symptomatology, and (3) symptoms can be perpetuated by the combined action of organic and psychological factors.

Rimel, Giordani, Brath, Boll and Jane (1981) assessed minor head injury patients at a three month follow-up period. A majority of patients complained of headache and more than half complained of memory deficits. One third of those employed before the accident were subsequently unemployed at the three month follow-up. A

small number of the patients were noted to have had a slightly abnormal neurological examination at the time of discharge from the hospital. Despite this, at the three month assessment most of the patients scored lower than their norm group on a neuropsychological test battery. Major problems were identified as cognitive deficits in attention, concentration, memory and judgement. For some patients, the stress of the injury with subsequent emotional stress in response to the symptoms of brain dysfunction was a significant factor in their long term disability. Litigation and compensation as motivating factors in the exacerbation of symptoms were not demonstrated for a majority of the patients (only 6 of 424 were involved in litigation at the three month follow-up).

Additional psychological studies (*Dikem & Reitan, 1977*) have found that individuals diagnosed as having acute and long-term neuropsychological dysfunction following head injury revealed more emotional indicators than those without persistent and pronounced dysfunction. *Kay, Kerr and Lassman (1971)* held a similar view in that post-concussion syndromes were not solely influenced by severity of head injury. They did find that the syndrome was more apparent in those individuals sharing a common constellation of psycho-social traits. These traits were: middle age, married, industrial/injury, semi-skilled occupation and some type of prior psychiatric history.

One further explanation for post-concussion syndromes remains to be discussed. Discounting organic and psychological factors some researchers have put forth the notion that this syndrome is nothing more than malingering which holds the promise for financial compensation (*Miller, 1961; Cook, 1969, 1972*). A variation of this was found in a small number of patients studied by *Kelly (1972)*. At six weeks post-injury symptoms were greater in those patients whose injury was blamed on their employer or an impersonal entity. By comparison, symptoms were less in those blamed themselves, another person, or felt that the accident was an act of God. This pattern was consistent at the one year follow-up period.

Four clinical explanations of post-concussion syndrome have been summarized by *Walton (1981)*. They are:

1. *Organic Theory*—syndrome is produced by physical/structural damage to brain tissue,
2. *Organic/Psychological Theory*—organic damage and mild impairment of intellectual function occurs; symptomatic manifestation of damage emerges and persists based upon premorbid psychological factors which are elicited by current stressors,
3. *Psychological/Neurotic Theory*—symptomatology is strictly a result of premorbid

psychological factors and the absence of organic damage, and

4. *Theory of Malingering*—no organic basis for behavior; individual exaggerates symptoms due to prospect for financial compensation/gain.

The clinical category of post-concussional syndrome is useful in populations who have experienced a mild head injury. However, it is a complex phenomenon which presents a great deal of variability in its manifestations. To date, no pathological mechanism provides the sole explanation for the presence and persistence of this syndrome.

CLINICAL FEATURES OF POST-CONCUSSION SYNDROME

The clinical entity of post-concussion syndrome described here is that which occurs without loss of consciousness. This does not mean to imply that the individual has not experienced some degree of contusion or laceration of brain tissue. *Gilroy and Stirling (1979)* noted that several immediate effects become manifest following a blow to the head. They include: "...a soreness of the scalp, a short period of feeling 'dazed' with mild confusion, lightheadedness, and generalized motor weakness" (p. 484). Vomiting and nausea are not uncommon.

Walton (1981) reported the following symptoms which were observed during medical exams upon discharge of head injured patients who experienced little or no loss of consciousness. They were, in descending order of frequency: headache, dizziness, depression, anxiety, impairment of concentration, impairment of memory, irritability, fatigue, decreased alcohol tolerance and blackouts.

Generally, *Walton (1981)* noted that headache and dizziness were comparable in frequency, followed by depression and anxiety. The next symptom constellation occurred with approximately equal frequency: impairment of concentration, impairment of memory, irritability and fatigue. Lower in the rank order of incidence were alcohol intolerance and blackouts (the latter being interpreted as post-traumatic seizures).

The category of headache was broken down into: (1) early onset/persisting and (2) late-acquired headache. During a six month follow-up both categories were similar in reporting accompanying dizziness, while early onset headache cases had continuing complaints of dizziness noted during one- and two year follow-up periods. However, the late-onset headache group had a greater incidence of depression and anxiety at all of the follow-up periods (six months, one- and two-years) when compared to the early onset group.

Two interesting differences were noted between these groups. First, compensation claims were higher in the late-acquired headache group at all of the follow-up periods. *Walton (1981)* suggested that these figures "make the case for an organic relationship between injury and the late acquired headache difficult to sustain" (p. 114). Secondly, the late acquired headache group revealed a higher incidence of depression and anxiety at all of the follow-up periods.

A similar finding was established when dizziness (early onset vs. late acquired) was compared to headache, depression and anxiety (i.e., late-acquired dizziness associated with higher levels of depression and anxiety during follow-up periods).

ETIOLOGY OF POST-CONCUSSION SYNDROME

Organic Factors

Oppenheimer (1968) found microscopic lesions in the human brain following head injury (autopsy performed after patient died of pneumonia). He attributed these microscopic lesions to accelerations within the brain at the time of injury. His discussion is relevant here since a cluster of his cases consisted of "clinically trivial" cerebral injury which resulted in concussion "lasting only a few minutes". He suggested that excessive acceleration produces a variety of organic damage. Direct impact will produce a visible contusion. Tiny contusions can be produced by direct impact or by shearing (brain pressed upon the free edge of the tentorium). Small vessels of the brain in the impact area may be torn and stretched with subsequent hemorrhaging. Similarly, nerve fibers may be torn and stretched with no subsequent hemorrhage. Nerve fibers that cross blood vessels may be torn with no disturbance of that particular blood vessel. Damage of this type was evidenced by "...Kinked nerve fibers on one side, and retraction bulbs and reactive microglial cells on the other" (p.303). His summary stated that brain damage (i.e., "microscopic destructive foci") can be a result of head injuries previously thought to be "clinically trivial" head injuries. Repeated blows to the head would produce cumulative trauma since brain tissue loss and loss of intellectual function would occur. *Symonds (1962)*, *Russell (1974)*, *Lidvall (1975)* and *Rutherford, Merrett and McDonald (1977)* reported similar findings with respect to mild head injury and consequent nerve fiber damage.

Psychological Factors

As noted earlier, *Oppenheim (1889)* coined the term "traumatic neurosis". *Symonds (1962)* stated that certain

post-acute head injury symptoms were of a "psychological kind" and included: anxiety, irritability, impaired concentration and memory, and fatigability. He stated that these symptoms can have a physical basis and are related to the individual's personality, attitude in general, attitude towards the injury, and the possibility of compensation.

Russell (1974) stated that "a purely physical effect may mimic exactly a so-called psychogenic feature" (p. 1315). In response, however, *Lidvall (1975)* concluded that psychogenic concepts should not be avoided since emotional reactions to the trauma may occur.

Miller (1961a) presented an interesting discussion on the psychological factors in post-acute head injury patients. Psychological reactions were found in patients exhibiting the following characteristics: dependency, insecurity, attention/sympathy seeking, and manifesting paranoid ideations. Factors predisposing individuals to these reactions included: below average intelligence, past history of emotional instability, invalidism, hypochondriasis, and previous episodes of prolonged recovery following minor injuries. He also noted that "a shiftless work record" was an additional predisposing factor. Of particular interest were the following observations. Neurotic complications were more evident in patients having a mild head injury without unconsciousness as opposed to those having a brief period of unconsciousness. Neurotic complications were also more common in the absence of skull fractures when compared to those having a mild head injury with skull fracture. In other words, the incidence of reactions in the post-concussional syndrome was inversely related to mild head injury severity and not necessarily a function of structural changes.

Additional clinical features noted by *Miller (1961a)* are worth describing:

Sometimes the fright of the accident merges imperceptibly into continuing complaints of nervous symptoms with an anxiety-depressive cast. (p. 922)

Some symptoms were manifested weeks or months after the injury. These late-acquired symptoms included: head pains, dizziness upon exertion or posture change, restlessness, impaired concentration, irritability, delayed onset of sleep and fitful sleep. A number of cases also developed significant depressive illnesses. A subtle adversarial and oppositional position may also be assumed by the patient. This particular condition was manifested by pain complaints, inability to return to full employment, and denial of symptomatic improvement. In some cases, but not all, improvement coincided with settlement of the compensation case. *Miller's (1961a,b)* observations received support from *Walton (1981)* in that late-acquired headache and dizziness were associated with higher levels

of anxiety and depression when compared to cases of immediate/persisting headache and dizziness.

Miller (1961b) postulated that "accident neurosis," with characteristics of disproportionate disability and treatment resistance, occasionally occurs following accidents which happen under "emotionally loaded circumstances" without question of financial compensation or gain.

Malingering has been noted to be a determining factor in prolonged recovery and treatment resistance, yet *Miller (1961a,b)* and *Rimel et al (1981)* noted that the number of patients in this diagnostic category have been over-estimated.

Regarding work issues *Gronwall and Wrighton (1974)* noted that after a mild head injury many patients feel they have sufficiently recovered to warrant a return to work. However, many of these patients will experience difficulties. Upon return to work a patient may have to expend extra effort in order to fully concentrate and attend to his/her work, thus inducing fatigue. Simultaneous tasks which had been easy to perform during the pre-injury period suddenly exceed the patient's post-injury, albeit temporary, capacity. The job then becomes a stressor and, with it, headache and irritability may emerge. The patient's reaction to this disabling condition is subsequently influenced by: personality factors, support received from others in the environment, and understanding/explanation given with regard to his/her condition. A perpetuation and exacerbation of the symptoms may ensue if these features do not facilitate an adequate adjustment to the injury. When personality factors interfere with coping strategies and problem solving capabilities and the person receives neither support from others nor adequate explanations for the symptoms of intellectual dysfunction a maladaptive response is said to occur. This is manifested by post-concussion symptoms becoming the post-concussion syndrome. The opposite is also true in that patients who are more adaptive, are able to work within their limitations, and have sufficient social support are noted to be more responsive to professional intervention and treatment. Consequently, they may very well experience the symptoms without developing the syndrome. *Kelly (1972)* noted a similar tendency for exacerbation of mild head injury symptoms in those patients given no explanation, no encouragement and no treatment for their condition.

IMPLICATIONS FOR LAW ENFORCEMENT

The topic of this article impacts on a number of issues for both police psychological service providers and law enforcement agencies: psychological testing/pre-employment screening, post-traumatic-traumatic incident de-

briefing, treatment, disability issues and liability issues.

As *Stratton (1980)* and *Roberts (1975)* noted, psychological screening of peace officer candidates can be helpful in terms of evaluating an individual's ability to deal with stress, handle aggression and hostility, and perform in an emotionally stable manner. Additionally, psychological screening can identify those candidates whose poor/marginal coping styles and problem solving strategies will contribute to a somatizing/hypochondriacal response process when stressed beyond capacity or injured. Reactions to injuries/illnesses/losses can be adaptive or maladaptive. These are partly overdetermined responses based on premorbid personality factors. Resiliency, as well as response to treatment, can also be determined by premorbid personality factors (*Reed, 1983*). These are issues clearly in the realm of the psychological testing/pre-screening process and certainly relate to an individual's response to injury despite whether the injury is to the head/brain or other body part.

Police psychological service providers should be included during post-traumatic incident debriefings; especially when shootings or violent assaults occur (*Blak, 1983; Blak, Benner & Reed, 1983*). For the mildly head injured officer the debriefing should include administration of some form of a quick neuropsychological screening instrument in addition to a clinical interview. This combination will aid in the early detection of impaired intellectual function. This clinical and psychometric intervention should be repeated in a serial manner over time) in order to determine if residual organic factors are apparent and whether poor psychological response to the episode is exacerbating the symptoms.

Treatment factors would be dependent upon the level of dysfunction noted, if any. Psychological follow-up would aid in the determination of: (1) time off with treatment or (2) return to duty (regular or light duty functions). Treatment would consist of a clinical focus on psychological reactions to the injury and cognitive rehabilitation of the cognitive deficits, when noted. Decompensation of higher cognitive functions would necessitate a more thorough assessment. At this point a medical referral for further diagnostic work-up should be considered.

Liability issues are clearly evident in cases where an officer is prematurely released back to full-duty while experiencing any degree of organic involvement following mild head injury. The specific concerns are that beside headache and dizziness other common complaints include impairment of higher cognitive functions. The intact operation of higher cognitive functions is essential to peace officer performance. The burden here falls on the officer's immediate supervisors. It is their task to observe post-injury behavior in all post-traumatic incident

cases and ask for consultation from a designated psychological service provider in the event that an officer is deviating from his/her behavior patterns. This is critical in that the symptoms and syndrome described herein can be managed. An appropriate and timely referral and intervention at the earliest sign of reduced cognitive ability or emotional impairment would limit the number of possible problems that would eventually surface and be to the officer's disadvantage. Administrative neglect of possible consequences to mild head injury essentially lays the foundation for amplification of the injured officer's potential problems, both personally and professionally.

An undiagnosed and untreated injury, especially one that involves organic and psychological factors, can lead to a disability. It can equally lead to discipline hearings and, possibly, termination if an officer's behavior following mild head injury is not "on track" with proper job performance criteria. The reader is referred to the section on psychological factors in order to see that these factors, following head injury, may be the hidden disability which is sometimes mistaken for a disciplinary problem. Seemingly psychological reactions following mild head injury should not automatically be assumed to be acts of cowardice, attention getting, malingering, or preparation for a case of workers compensation/disability retirement abuse. Neuropsychological and neurological research clearly indicate that this may not necessarily be the case. This should be of particular concern to law enforcement administrators.

SUMMARY

Post-Concussional Syndrome is a clinical entity which may adversely effect mildly head injured peace officers. This group of individuals may not be afforded proper evaluation and treatment for the actual, albeit mild, deficits which often follow mild head injury. The use of police psychological services in the following areas can reduce the severity of the post-concussional syndrome: psychological testing/pre-employment screening, post-traumatic incident debriefing, treatment, disability determination and liability (negligence) issues. In addition to law enforcement personnel and police psychological service providers these issues are clearly relevant to law enforcement administrators.

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POST-SHOOTING TRAUMATIC REACTIONS: A Pilot Study

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INTRODUCTION

There have been numerous articles on post-shooting trauma in recent years. These articles publicized many of the emotional and physical reactions which the participants in violent incidents, such as shootings, may have experienced during and after the incidents. Dozens of presentations by the authors have been made to help educate law enforcement officers in this area of vital concern and importance. The publications and presentations are meant to help officers derive a rational understanding of emotionally overloaded events such as shootings. By learning that their unexpected and uncomfortable reactions during and after a shooting have been shared by countless other officers, these officers are hopefully better able to accept their own feelings and thoughts. They are additionally relieved of a haunting question they sometimes developed about their sanity, which arose in part because they misinterpreted their reactions as being abnormal. This article will focus on a group of 18 reactions expressly experienced by a sample of 86 officers. The data presented in tables 1-9 were obtained during a series of three day post-shooting seminars attended by these officers, which were taught by Dr. Solomon. Dr. Solomon is the department psychologist for the Colorado Springs, Colorado, Police Department. Special Agent Horn, who joined the FBI in 1970, is assigned to the Behavioral Science Unit of the FBI Academy.

The following perceptual distortions and post-shooting reactions are addressed in this study:

Perceptual Distortion

This may involve any or all of the five senses, but most commonly is noticed visually, auditorily, or in distorted time sense. The perception of time may be greatly expanded during a shooting, producing "slow motion" movements by the participants. Officers may experience racing thoughts, processing several thoughts during a very short period of time, which may make the perception of time slow down. Time can be slowed many times over, turning a millisecond into several seconds, or time may even approach standing still. A shooting that took place in several seconds may seem like a couple of minutes. The authors look at the slow motion perception

as an adaptive defense mechanism in that as time is perceived to slow down, there is more perceived time to think and react. As one officer told the authors, "It was like I had all the time in the world to steady myself, take aim, and take the guy out." Unfortunately, some officers are quite frightened by the experience as reflected in, "How come I'm moving so slow?" Conversely, some officers perceive the moments of the shooting as occurring at a faster than normal speed.

Visual distortions are also quite common. An officer may experience "tunnel vision," wherein he focuses on one object with such a degree of concentration that all peripheral action or objects go unnoticed. Other officers observe the incident with much greater than normal visual detail. Time distortion may occur with or without visual distortion. Auditory distortions are evidenced when an officer recounts his gunshots as sounding like a grenade, a pop-gun, or even producing no report at all. Sounds can be intensified or diminished. At the instant of threat to life, partners may not hear each other's shots or shouts, facts of paramount importance to any subsequent investigation of the incident.

Heightened Sense of Danger

Officers who are shot or observe other officers get shot often lose their sense of invincibility and their belief that "it only happens to the other guy." Family members may logically experience greater anxiety about the officers personal safety on the job. Even officers not physically wounded during the shooting commonly perceive their job as being more dangerous, subsequent to the incident. Startle responses to innocuous sounds or sights may occur for some time after a shooting incident. In our conceptualization, feelings of fear and/or coming to grips with one's vulnerability are the major dimensions that determine the severity of heightened sense of danger.

Anger

Anger is quite commonly experienced and may be directed at more than one source or target. Officers may express anger at subjects for forcing the officers to shoot them. They may express anger at partners for a perceived lack of backing at the scene. They may express anger

toward peers for callous remarks and may be hostile toward superiors or the department for perceived lack of support or perceived inappropriate handling of the investigation of the incident. As it is a more acceptable emotion to officers, anger substitutes well for any helpless or scared feelings experienced as a result of shooting incidents.

Anxiety About Future Situations

Officers may question their future reactions. Will they react too fast, too slow, or not at all? Whether or not one will react is a question that may particularly occur to officers who endured prolonged investigations or civil or criminal court actions resulting from the incident.

Intruding Thoughts/Flashbacks

A flashback is a thought or memory of the traumatic situation with the associated sensory experience. This might include seeing it in the mind's eye, hearing it in the mind's ear, feeling it again, or perhaps smelling and tasting it again. A flashback in this context or by this definition can be quite brief and mild or be very intense and entail dissociation from reality. The latter reaction obviously warrants immediate mental health attention. Between the two extremes are an unlimited number of reactions and memories which may be cued by sights, sounds, smells, or other stimuli somehow reminiscent of the incident.

Isolation/Withdrawal

This is a rather natural step people take during periods of trauma dictated readjustment. It may simply result from a need for privacy and introspection. On the other hand, extreme cases of withdrawal are cause for serious concern. Such withdrawal may occur for personal reasons, but may also occur if shooting involved officers perceive criticism by, or a lack of support from, other members of the department. Any accompanying coldness or withholding of feelings by officers around their family members may have a chilling effect on these vital interpersonal relationships.

Emotional Numbing

The physiological reactions of shooting incidents are akin to the stimulant effects of "uppers." This "high" may persist for many hours after the problem is resolved. Correspondingly, after coming down from such a high, some emotional burnout may occur. It may also be

likened to the mental, physical and emotional drain experienced by athletes after the "big game."⁴ For officers, who are not collectively known for being emotionally open people, this numbing may also entail some resistance to letting out emotional reactions to the shooting. As in the preceding reaction, officers may state they feel they have no warmth, compassion, or empathy left in them.

Numbing is often the first reaction following a traumatic situation. There may be a denial of emotions. Hence, numbing can be a psychological defense to distance oneself from heavy, traumatic emotions. Many officers, after a shooting, may say they feel fine, they are glad they are alive, and that is all they feel. Later on, the emotional impact of the experience can hit hard.

Sleep Difficulties

Because it takes time to unwind and come down off the previously mentioned "high" produced by the shooting, it is quite common for officers to experience difficulty in sleeping for a day or so after the incident. Sleep difficulties can be experienced for a longer period of time, with the officer having difficulty in falling sleep or remaining asleep. Anger, anxiety, depression, and nightmares may further compound the sleeping difficulties.

Alienation

Officers who feel unsupported, unrecognized, or unappreciated may become alienated toward the department or its members. This alienation may be harbored concurrently with the perceived lack of support or criticism from the department, although it may not become outwardly apparent for years after the incident.

Depression

More common among the less outwardly aggressive personality types, depression can occur as a reaction to traumatic events. Depression is quite responsive to treatment and therefore need only be a temporary problem if help is available and sought. **FEAR OF LOSS OF CONTROL:** Control is the cornerstone of officers' lives. They are hired by society for the very purpose of exercising control. Officers may consider being in total control of their minds, bodies, and lives a prerequisite for proficient performance of their professional duties. When officers begin to doubt their own self control, as a result of reactions during or subsequent to a shooting, they may begin to question their competence, not to mention their sanity.

To learn that their abnormal, unpleasant, and undesired reactions to the shooting are normal, unpleasant, and undesired reactions to the shooting are normal and common can be a major step toward accepting and integrating the entire experience, thereby facilitating getting on with their jobs and personal lives.

Problems with Rules, Regulations, and Authority

An officer may act out his emotional difficulties with a critical incident and project anger at those around him; e.g., fellow officers, supervisors, the system, etc. Such recalcitrant behavior may have been totally absent in some officers prior to the shooting. However, weeks, months, or even years after the incident, they may surface and become more and more prominently visible as apparent "troublemakers."

Nightmares

Dreams reflect the emotions we have that have not yet been admitted to consciousness and/or conflicts which have not been resolved. After a critical incident, dreams are quite often related to the fear and vulnerability which were experienced by the officer during, or as a result of, the incident. Because shooting experiences are beyond the realm of ordinary living experiences for even police officers, they may not easily be mentally "filed and forgotten." Although repressed or suppressed, some traumatic experiences and their associated effects may start surfacing in dreams. For example, insecurity, a word disallowed from the unconscious vocabulary of some police officers, may reveal itself in recurring dreams of a shooting incident. In the dream account, however, the officers' guns may not fire or may prove to be ineffective. A myriad of unresolved issues may similarly reveal themselves in nightmarish dreams.

Family Problems

It is little wonder that officers experiencing reactions described in this paper would find these reactions may also affect their relationships with their spouses and children. Spouses and children may justifiably also be suffering from their own post shooting reactions and need additional help and support in order to adjust to this new reality of life. Parents, spouses, and children, perhaps even more so than officers, live with a belief that nothing will happen to their officer loved one. This belief is often shaken once the officer is wounded, and it may be replaced with the age old philosophy of living "one day at a time." The value of such a philosophical adjustment is that officers and their families may no longer take each

other for granted and may spend more time appreciating and nurturing their relationships.

Mark of Cain

Particularly, officers who experience guilt over a shooting may project this feeling to others. They may also assume others blame or shame them. It is a common reaction for people to stare at someone who has been involved in some kind of incident. However, gawking by those around the officers may later reinforce a belief that "everyone is watching." Such a perception may readily contribute to further isolation and withdrawal by the officers.

Alcohol/Drug Abuse

"Choir Practice" at the local bar is commonly used by officers to wind down after a work shift. These sessions facilitate venting the frustrations of the job to supportive fellow officers, while simultaneously enjoying a few laughs. Unfortunately, some officers try to drown unacceptable feelings and thoughts in the bottom of a bottle, thereby creating additional personal and professional problems for themselves.

Sexual Difficulties

Sexual dysfunction can be a reaction to extreme stress. It is also one of the most difficult reactions for officers to accept, share, and seek treatment for. However, left unaddressed, this problem will almost certainly create additional pressures on the officers.

Suicidal Thoughts

Although suicidal thoughts are not common and are even less commonly carried out, officers must use their awareness and training in suicide prevention to monitor each other after involvement in shootings. Suicidal thoughts are indicative of an officer who is carrying a burden and needs help.

It is easy to see how the preceding reactions are, as a part of a vicious cycle, often mutually destructive. It is therefore essential that reactions, experienced by shooting involved officers be identified and individually addressed as part of a successful coping process. Another important aspect of officer involved shootings is the legal/administrative/investigative aftermath which can compound the stress of the shooting itself. Very often, the first response an officer has after a shooting is, "Am I in trouble, am I going to lose my job, will I be sued, or will they (the department) back me?" We hypothesize that the greater

the amount of support given to an officer, the less the amount of trauma he is likely to experience. Support is being broadly defined as recognizing the officer may have just undergone a traumatic experience and showing concern for the officer as a person. Fellow officers, supervisors, and administrators are all in a position to support an officer, or to second guess and criticize the shooting situation. The officer can be dealt with impersonally and strictly "by the book" or treated as a human being who just went through a traumatic experience. The investigation can be highly stressful. An officer can be treated like a common homicide suspect and experience humiliation and a strong feeling of rejection.

The data reported highlight important information regarding post-shooting reactions and the effect support has on trauma. This information needs to be understood by all levels of law enforcement personnel in order to enhance the proper handling of future shooting incidents and the involved officers.

METHOD

Subjects

The respondents were 86 police officers who have been involved in line-of-duty shooting. Each of the officers had shot a person, and in all situations the officers were cleared legally and by departmental internal investigations. 53% were involved in fatal shootings, with 47% wounding their subjects.

The respondents were officers attending a three day seminar on post-shooting/critical incident trauma taught by Dr. Solomon. A total of eight seminars were taught, with five of the seminars held in the Denver area, two held in the western slopes of Colorado (Grand Junction and Aspen), and one Pueblo.

Seminar participants responded to mailed announcements. Hence, it cannot be assured that the sample was randomly selected. Further, some departments may have sent only those officers who were involved in shootings and who were experiencing problems. However, minimizing this weakness is the fact that many departments sent all their officers who were involved in shootings.

The purpose of the three day seminar was to impart information on post-shooting/critical incident trauma, how to cope with it, and how to set up a department program. The overall goal was to facilitate a process where officers could talk about their situations, their reactions, and their feelings.

Table 1 presents the mean age of respondents at the time of their shooting and the amount of time elapsed since the shooting.

Table 1. MEAN AGE OF RESPONDENTS AND AMOUNT OF TIME SINCE SHOOTING.

MEAN AGE	29.9
- 6 MONTHS since the shooting	8%
6-18 MONTHS	16%
18 MONTHS-5 YEARS	35%
>5 YEARS	41%

Questionnaire

The main purpose of the questionnaire was to give the instructor an idea of what kinds of situations the seminar participants experienced, what kinds of reactions they experienced, and what their present feelings were about the incident. The information was used to structure the presentation of information and to plan small group discussion. Hence, it was more designed to be an aid to the instructor than a research instrument. Anonymity was emphasized. However, anyone who wanted to meet with the instructor alone to talk things over was asked to indicate so on the questionnaire.

The questionnaire asked respondents to describe the situation they were involved in and to check off the type of perceptual distortion they may have experienced (time distortion, visual distortion, auditory distortion). They rated on a five point Likert scale how the investigation of their incident left them feeling (very negative and unsupportive to very positive and supportive). They also rated the amount of support received from fellow officers, supervisors, and the administration (almost no support to very supportive). Next, respondents were asked to rate eighteen symptoms on a five point Likert scale pertaining to severity of the reaction (e.g., "severely disrupted my life and coping ability" to "mildly disrupted my life and coping ability"), and put N/A if they did not experience the reaction. Respondents were also asked to indicate how long they experienced the reactions. Respondents were lastly asked to rate how they feel about the incident now on a five point Likert scale (from "It bothers me tremendously and is causing difficulty in my life" to "I have accepted and resolved it, I'm functioning as usual if not better than usual").

Questionnaire Presentation

The questionnaire was handed out at the end of the first day of the seminar. During the day, post-shooting/critical incident reactions were thoroughly explained in terms of what they were, what underlies the reaction, and what they may mean. Reactions were described as "normal reactions to abnormal situations." However, it was emphasized that everybody reacts differently and not

everybody will experience a traumatic reaction. It was not suggested or expected that they should experience the reactions. If they did experience a reaction, or some the reactions, it was pointed out that these were *normal reactions* to abnormal situations. In most of the seminars, officers who had been involved in a critical incident shared their experience with the class and later led a small group discussion among class participants. Hence, the atmosphere that was strived for was one where it was legitimate and natural to experience emotions and reactions following a critical incident and O.K. to talk about it.

It is possible that giving the message these are "normal reactions to abnormal situations" and having officers share their experience with the group may have let officers to rate the frequency and intensity of reactions higher than the reality. However, the fact that they were told that everybody is different, not everybody will have a reaction, and it was not suggested or expected they have a reaction minimizes this possibility.

When reviewing the data, it is important to keep the scientific limitations of this pilot study in mind.

RESULTS

Table 2 presents the mean ratings of each reaction and the percentage of respondents who rated symptoms at a moderate or above level of severity. The ratings were a five point Likert scale, with 1 being "mildly disrupted my life and coping ability," and 5 being "severely disrupted my life an coping ability." Respondents were asked to put N/A if they did not experience the reaction. Because questionnaires were given out at the end of the first day after reactions were thoroughly talked about, there is a good possibility that the respondent's awareness to reactions was heightened and/or that the discussion may have left respondents suggestible to to remembering the experiencing of symptoms. To minimize the effects of this possible bias, the percentage of ratings were "3" (moderate) and above are reported.

The amount of time a reaction was not offered by about 20% of the respondents. We have no way of knowing who did not respond or why. Therefore, these results will not be presented at this time.

Table 3 shows the percentage of officers who experienced perceptual distortions. Perceptual distortions are broken down into time distortion (slow motion, fast motion), visual distortion (tunnel vision, heightened detail), and auditory distortion (diminished sound, heightened sound).

Table 2. MEAN AND STANDARD DEVIATIONS OF REACTION RATINGS, AND PERCENTAGE OF RESPONDENTS RATING A REACTION "3" AND ABOVE.

Reaction	Mean	S.D.	Percentage
			≥3
1) Heightened sense of danger	2.5	1.5	58
2) Anger	2.4	1.8	49
3) Nightmares	2.4	1.2	34
4) Isolation/Withdrawal	2.1	1.8	45
5) Fear and anxiety about future situations	2.1	1.5	40
6) Sleep difficulties	2.0	1.8	46
7) Flashbacks/intruding thoughts	2.0	1.6	44
8) Emotional numbing	1.9	1.7	43
9) Depression	1.8	1.7	42
10) Alienation	1.8	1.7	40
11) Guilt/Sorrow/Remorse	1.8	1.7	37
12) Mark of Cain	1.5	1.7	28
13) Problems with authority figures, rules, regulations	1.5	1.6	28
14) Family problems	1.4	1.6	27
15) Feelings of insanity/loss of control	1.3	1.4	23
16) Sexual Difficulties	0.99	1.6	18
17) Alcohol/Drug Abuse	0.73	1.3	14
18) Suicidal thoughts	0.62	1.3	11

Table 3. PERCENTAGE OF OFFICERS EXPERIENCING PERCEPTUAL DISTORTIONS.

Type of Perceptual Distortion	Percentage
TIME DISTORTION	83
slow motion	67
fast motion	15
AUDITORY DISTORTION	63
diminished sound	51
intensified sound	18
VISUAL DISTORTION	56
tunnel vision	37
heightened detail	18

Degree of Trauma Ratings

A mean of severity ratings reflects a global measure of the degree of severity to trauma. The higher the mean, the higher the trauma. Means are of further use to look statistically at the relationships with other variables. However, clinical utility is another matter. A person giving a severe rating for depression and sleep difficulties (10 points), a moderate rating for heightened sense of danger and fear and anxiety regarding future situations (6 points), and a mild rating for anger, alienation, Mark

of Cain, and alienation would yield a mean of 2.5. Hence, the mean would reflect a mild to moderate reaction when, clinically, the person is experiencing a severe reaction. Therefore, for purpose of this pilot study, means as a measure of degree of trauma were used for statistical purposes to look at relationships with other variables; and a more subjective, clinical evaluation was used to assess whether a respondent had a mild, moderate or severe reaction.

The decision rules for determining mild, moderate or severe reactions were as follows:

1. Alienation and problems with authority figures were not considered because they are perhaps compounded by too many external variables such as the legal/investigatory aftermath, and prior feelings toward the department, supervisors, and the system. Mark of Cain was also not included in the assessment since stigma will vary with department size and how long the investigation lasts and whether there is a civil suit.

2. A mild reaction was one where ratings were mostly in the mild range (1 or 2), allowing for one or two moderate reactions.

3. A moderate reaction was one when there were three or more moderate ratings (3) lasting over one month, and/or when there were severe ratings (4 or 5), lasting under three months.

4. A severe reaction was one when an officer had at least two ratings of severe lasting three months or longer.

5. When the amount of time a reaction was experienced was not offered, then a severe reaction was 3 or more ratings in the sever range; a moderate reaction was 3 or more ratings in the moderate range; and a mild reaction was everything else.

It is realized this trauma index is unscientific and based on self-report data, with no behavioral anchors to define a mild, moderate, or severe reaction, and no behavioral observations to lend accuracy to the self-ratings. Table 4 presents the percentage of respondents judged to have mild, moderate, or severe reactions.

Table 4. PERCENTAGE OF RESPONDENTS HAVING MILD, MODERATE OR SEVERE REACTIONS.

	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
	37	35	28

Table 5 presents the mean and standard deviation of ratings of how officers "feel now" and the percentage of officers in each category. The scale varied from "I have accepted and resolved it. I'm functioning as usual if not better than usual." (1) to "It bothers me tremendously and is causing difficulty in my life" (5).

Table 5. MEAN AND STANDARD DEVIATION OF HOW OFFICERS "FEEL NOW" AND PERCENTAGE OF OFFICERS IN EACH CATEGORY.

Mean	1.9
Standard Deviation	0.91
Have Accepted and Resolved It	41%
Mostly Accepted and Resolved It	35%
Some Aspects Bother Me and Cause a Little Difficulty in My Life	18%
Bothers Me Moderately and Causes Difficulties in My Life	6%
Bothers Me Tremendously and Causes Much Difficulty in My Life	0%

Thus, the average respondent is currently experiencing the impact of the shooting at a mild level; and 76% have resolved, or mostly resolved, their feelings about their situation.

Support Variables

Table 6 gives the mean and standard deviations of measures of support from fellow officers, supervisors, administration, and the investigation. Support was measured on a five point Likert scale, from very supportive to almost no support.

Table 6. MEANS AND STANDARD DEVIATION OF SUPPORT VARIABLES.

	<i>Fellow Officers</i>	<i>Supervisors</i>	<i>Administration</i>	<i>Investigation</i>
M	2.2	2.7	3.3	2.8
S D	1.1	1.3	1.5	1.5

Table 7 gives the percentage of the amount of support in each category of the scale for each support reference group.

Table 7. AMOUNT OF SUPPORT RECEIVED FROM FELLOW OFFICERS, SUPERVISORS, ADMINISTRATION, AND INVESTIGATION.

	<i>F. O.</i>	<i>SUP.</i>	<i>ADM.</i>	<i>INV.</i>
Very Supportive	28	21	16	22
Mostly Supportive	41	24	20	31
Some Support	17	26	14	4
Little Support	11	17	22	27
Almost No Support	3	12	28	16
Total	100	100	100	100

Correlations were done between mean trauma scores and the support variables. Table 8 presents the correlations between mean trauma scores and the support variables.

Table 8. CORRELATIONS BETWEEN MEAN TRAUMA SCORES AND THE AMOUNT OF SUPPORT OF FELLOW OFFICERS, SUPERVISORS, ADMINISTRATIONS, AND THE INVESTIGATIONS.

FELLOW OFFICERS	SUPERVISORS	ADMINISTRATION	INVESTIGATION
-.24*	-.37*	-.23*	-.34*

* R (.01)

The specific reactions with the largest correlations with the amount of support are alienation and problems with authority, rules, and regulations, and are presented in Table 9. A complete correlation table will be published at a later date.

Table 9. CORRELATIONS BETWEEN THE AMOUNT OF SUPPORT AND ALIENATION, AND PROBLEMS WITH AUTHORITY, RULES AND REGULATIONS.

	F.O.	SUP.	ADM.	INV.
Alienation	.22*	.36**	.40**	.43**
Problems with Authority, Rules, Regulations	NS	.43**	.36**	.35**

F.O. = fellow officers, SUP. = supervisors, ADM. = administration, INV. = investigation, NS = not significant

* R (.02)

** R (.01)

Table 10 presents the correlations between the amount of support from each reference group and how positive the officer "feels now" about the shooting situation.

Table 10. CORRELATIONS BETWEEN THE SUPPORT VARIABLES AND HOW AN OFFICER "FEELS NOW".

	FELLOW OFFICERS	SUPERVISORS	ADMINISTRATION	INVESTIGATION
Feel Now	.32*	NS	NS	NS

* R (.01)

DISCUSSION

Methodology

It must be remembered this is a pilot study with many methodological flaws. The main purpose of the questionnaire was to give the instructor information to help plan and structure the seminars. The sample of officers is perhaps not random since respondents were participants in a seminar on critical incident post-shooting trauma. The symptom ratings are self-report, with no behavioral anchors defining what a mild, moderate or severe reaction

is, and there are no behavioral observations to substantiate ratings or severity of trauma. Definitions of support were broad and general, leaving much of the measure of how much support an officer felt open to subjectivity and personal bias. On the other hand, subjective opinion of the officer/respondent and perceived severity of reaction and support is important. We cannot discount the discomfort an officer felt or the self-evaluation of the impact of a critical incident on his life. In other words, there is much value in measuring officer perceived reactions.

The questionnaire was handed out at the end of the first day of the three day seminars. Preceding the administration of the questionnaire, the reactions were thoroughly discussed, with the theme that these are normal reactions to abnormal situations. Officers involved in shootings shared their experiences. Then participants broke into small group discussions to talk about their experiences. Such preceding discussions could have heightened sensitivity to reactions and possibly made officers suggestable to remembering their post-shooting experience as having encompassed the described reactions. On the other hand, such discussion may have removed the stigma associated with acknowledging emotional reactions. Minimizing such a response bias was the emphasis put on telling participants that not everybody experiences the reactions; they were not necessarily supposed to, or expected to, experience the reactions. However, if they did experience such reactions, they were normal reactions to abnormal situations.

Post-Shooting Reactions

The percentage of reaction ratings at or above a moderate level range from 11 to 58 percent, with 10 reactions at or above 40 percent. However, mean severity of reactions show five reactions above 2.0 and no reactions above 2.5. Thus, overall, the severity level is relatively mild.

It is important to remember that while a shooting is a major emotional event, not all officers involved in such a critical incident will experience a traumatic reaction. Reactions can vary considerably. Therefore, it is important to assess the officer's reaction to a shooting individually to insure that he or she is neither over-supported nor under-supported. However, about two out of three will have a significant emotional reaction. By using decision rules more compatible with clinical utility than means, it was estimated that 37% have mild reactions, 35% have moderate reactions, and 28% have severe reactions. This is very close to Stratton's (1984) data that 35.5% of officers involved in shooting situations have mild reactions, 33.8% have moderate reactions, and 30.5% have severe reactions.

A major question is, what determines who will experience a significant emotional reaction? There are, of course, many factors that affect the post-shooting reaction. *Mike Roberts (1982)* states that important factors are the approximate of the shooting, the bloodiness of the situation, and the reputation of the person shot (e.g., it is easier to handle if the victim was a known criminal versus a scared teenager). One's current level of stress, current adjustment, and coping ability are other major factors (*Stratton**). Our experience has been that the degree of an officer's subjective opinion of the "fairness" of the entire incident. Being outnumbered, having a limited field of fire due to bystanders, going against a shotgun when armed with a revolver, and having to shoot someone who points an unloaded gun (unknown to the officer) at the officer, are examples of factors affecting the "fairness" of the situation. Although these factors may be beyond the control of the officer, increased perceived unfairness may increase the amount of anger and other reactive emotions of the officer. Another major factor is perhaps how vulnerable one feels during the incident. To the authors, a critical incident is an incident where one comes face to face with his own vulnerability in a life threatening situation. Experiencing extreme fear, a lack of control, or a somewhat helpless feeling is quite common during a critical incident and may be part of realizing one's mortality. Thus, many types of situations besides shootings can be critical incidents. The fight of and for your life, a partner getting hurt, being shot, shooting and missing, not firing, or a high speed pursuit that ends in tragedy, and countless other events can be critical incidents. Officers, dispatchers, and friends not at the scene of a shooting may also experience traumatic emotional reactions. Our observations are that officers who have previously learned to deal with their fear and vulnerability or did not feel too vulnerable in their situation do not have as much difficulty after a shooting as officers who felt vulnerable or experienced tremendous fear. The data is consistent with the notion that critical incident/post-shooting trauma can be conceptualized along the lines of realizing one's mortality.

The most frequent and severe reaction is a heightened sense of danger. After a shooting, when one comes face to face with their mortality, a greater awareness of what can happen often develops. One has to come to grips with dealing with raw and basic fear and realize one is vulnerable and can get hurt.

The second most frequent and severe reaction is anger/hate toward the suspect. This anger is usually something like, "God damn you for putting me in such a situation." Our observations are that, in many cases, underneath the anger are feelings of vulnerability and fear. In other

words, the anger perhaps can be verbalized as, "God damn you for making me feel so vulnerable." There can be much more to anger. The anger, with its roots in feelings of vulnerability, can also be projected to administration, supervisors, and fellow officers. That is, a person in crisis may look for a target to blame the situation on in order to avoid feeling vulnerable, at fault, or out of control. There are, however, legitimate reasons why an officer may be angry at administrators, supervisors, and fellow officers.

Equal to anger in severity of reaction, though less frequent, is nightmares. After a critical incident, dream themes are quite often related to the fear and vulnerability which were experienced during, or as a result of, the incident. Officers may dream about the incident, or one particular aspect of the incident. Sleep disorders (difficulties falling and/or remaining asleep), the third most frequent and sixth most severe reaction, can be due to difficulty coming to grips with fear and vulnerability. An officer may wake up in the middle of the night and not know what woke him up, even though he is experiencing "cold sweats," other physiological signs of stress situations (e.g., increased respiration and heart rate), and anxiety. In these situations the officer may not remember dreaming. Such sleep disorders are perhaps experienced by officers who are not yet prepared to, or want to, deal with their feelings about the critical incident. Sleep difficulties also may result from the officer second guessing himself and worrying about legal, administrative, and personal issue outcomes.

Isolation/withdrawal is the next most frequent and severe reaction. This reaction is not necessarily because of experiencing fear and vulnerability. After a critical incident, an officer may withdraw because he thinks that nobody will understand what he is going through and no one will care. It can be extremely difficult to find someone with whom to talk - a result of fear of being ridiculed or put down. Further, an officer may withdraw to avoid dealing with any more stress (*Reiser, 1984*).

Fear and anxiety regarding future situations is the next most severe reaction. It is only natural that an officer following a shooting experience, may wonder what will happen the next time. Questions like, "Will I over-react, or will I underreact?" are typical. Underneath such questions may be feelings of fear and vulnerability. An officer may be overly cautious and self-doubting following a shooting experience. Such feelings are normal and protect the officer from being involved in situations that could lead to further trauma (*Reiser, 1984*). Clinical observations show that the officer severely feeling such fear and anxiety regarding future situations is an officer having difficulty coming to grips with accepting and dealing

with his fear and vulnerability. However, fear and anxiety regarding future situations can also be related to administrative/legal/personal issue aftermath. An officer may wonder if it is worth going through such an experience again. In other words, the aftermath can compound the stress of the incident itself. Not only is the officer dealing with personal issues and outcomes, but also with a very involved and stressful legal and administrative process.

Perceptual Distortions

Perceptual distortions are quite common, with time distortion being experienced by 83% of the respondents, auditory distortions experienced by 67%, and visual distortions experienced by 56%. It is very important that officers receive training about perceptual distortions that commonly occur during a critical incident. The authors have talked to many officers who experienced normal perceptual distortions during a critical incident and thought they were "going nuts."

Support Variables

Fellow officers were perceived as the most supportive, with 97% of fellow officers being supportive. Supervisors were the next most supportive group with 88% perceived as being supportive. The investigation left 84% feeling support. The administration was viewed as the least supportive group, with 78% offering support. The administration had the highest percentage in the "almost no support" category. Mean ratings follow the same order, with fellow officers perceived as most supportive and administration perceived as least supportive.

There appears to be a relationship between amount of support provided by the reference groups and severity of trauma are negative. This indicates the more support there is, the less the severity of trauma. Correlations are only relationships and do not imply causality. Other factors may indeed mediate the correlations, such as how controversial the shooting was, whether or not a minority person was involved, whether department policy was followed, and whether the reputation of other officer is involved. For example, controversial shootings tend to elicit less support and result in greater trauma. We can note there are significant relationships between support and trauma, with future research being needed to bring to light other mediating variables.

Supervisors have the highest correlation with severity of trauma. This may occur because the supervisor is usually responsible for securing the scene of a shooting and implementing departmental procedures for the investigation, as well as often serving as personal liaison between the officer and the legal/administrative/investiga-

tive aftermath. An officer experiencing stress and confusion after a shooting is perhaps very sensitive to the way he is being treated. The officer may react negatively to the supervisor's administrative/procedural perspective. At the same time, a supervisor who takes into account the needs of the officer and is sensitive to the feelings of the officer may go a long way toward reducing the trauma. The data indicates the supervisor has the largest impact on the officer in terms of how much trauma will be experienced.

The investigation has the next highest correlation with trauma and is only slightly lower than the supervisor correlation. Investigations can be very impersonal and can compound the stress of the incident. The officer is perhaps read his rights, has his gun taken away, and is perhaps isolated alone with nobody checking to see how he is doing (which may interfere with the investigation by creating another witness). To top it off, a buddy he has worked with for years is now interrogating him. Lo and behold, he is the prime suspect in a homicide case. We have consistently found that such procedures leave an officer feeling rejected, isolated, and alienated. An investigation is obviously necessary and stressful, for the hard questions have to be asked. More stress is added if the investigation takes a long time before a decision is reached. In the authors' experiences, many officers are unprepared for what to expect from an investigation, together with the reasons underlying procedures, is extremely important and has the potential of reducing the amount of trauma experienced.

Fellow officer support is negatively correlated with severity of trauma. Officer support, according to the data, is usually quite high readily available. This may account for fellow officer support having a lower correlation with trauma (i.e. less variability) than supervisors and the investigation. However, there can be negative support from negative comments ("hot-shot", "killer", "dead eye"), vicarious thrill seeking, and second guessing. Further, peer pressure not to be scared and to be "macho" makes it extremely difficult for officers who have experienced a critical incident and experienced great fear and feelings of vulnerability, to ventilate with fellow officers and seek emotional support.

The correlation between administrative support and trauma, which is significant, closely approximates the correlation between fellow officer support and trauma and is lower than the correlations between trauma and the other two reference groups. Administrators seldom have face to face contact with the officer. The officer then wonders if they will support him. Too often, the officer is put back on the street the next day and not offered administrative leave with pay. There may be no leave, or there may be suspension, with or without pay,

pending investigation. Calling leave "suspension" implies the officer was wrong and provides fuel for newspapers sensationalism. Too often, officers are never offered counseling services for themselves or their families. Although the data show the administration has less impact on trauma than the investigation and supervisors, in our opinion, it has the power to have a major positive impact. Face to face supportive communication with a high ranking administrator can have a positive impact that reduces trauma. An officer should be given administrative leave with pay and sent to a knowledgeable mental health professional for debriefing (as opposed to being given an evaluation with feedback, which may make an officer unwilling to discuss his feelings). Counseling for the entire family should be made available.

The reactions that had the largest correlations with the amount of support were alienation and problems with authority, rules, and regulations. The correlations were negative, indicating the more support, the less alienation and problems with rules, regulations, and authority. Alienation is significantly correlated with all support reference groups and most highly correlated with the administration and the investigation. The investigation, with its impersonalness and the investigation. The investigation, with its impersonalness and tendency to treat the officer as a criminal, may be perceived as a personal attack and lead to feelings of alienation as well as guilt. An impersonal administrative response may lead an officer to think the administration does not care. The actions of administrators, whose role it is to view a shooting from a civil liability perspective, may be perceived as negative second guessing, uncaring, and unnecessary persecution. *Reiser, (1984)*, points out such actions may be interpreted in a negative, suspicious, or skeptical way. The data indicates supervisor actions can increase feelings of alienation. Insensitive responses from supervisors may be perceived as another attack from the system. Fellow officers can also significantly affect alienation. Perhaps negative comments and second guessing increase feelings of alienation.

Problems with authority, rules, and regulations is most strongly correlated with supervisors, and significantly correlated with administration and the investigation. There is no relationship to fellow officer support. One would expect supervisor support to have the strongest relationship since the supervisor is the most visible and closest authority figure to the officer. A supervisor who is sensitive to the needs of the officer, particularly after he comes back to the street, can perhaps reduce an officer's problems with the system. Officers may want to ride around with a fellow officer or take things slowly to integrate comfortably back into the system. Problems

on the job or bursts of emotionalism may relate to the trauma from a shooting. A supervisor has to be sensitive to this and not come on "by the book." Supervisors also have to be aware that post-shooting traumatic effects can be delayed and not show up for six months to a year. One would not expect a correlation with fellow officer support, since fellow officers have little if anything to do with rules and regulations and are not authority figures. The investigation and lack of administrative support also can lead to problems with "the system" as the officer wonders why the system is so impersonal and unsupportive after he has "done his duty."

The data (Table 9) indicate that how an officer "feels now" was only correlated with fellow officer support. The "feels now" measure is perhaps a very global long-range measure of perceived recovery. Ninety-two percent of the respondents involved in this study had experienced their incident at least six months prior to the survey. Seventy-six percent had at least eighteen months between the incident and the survey. These data support the authors' contention that fellow officers are in the best position to offer long-term emotional support. The administration is not set up or equipped to provide long term emotional support. The investigation is over quickly (ideally), and though supervisors have a big impact on the officer, they do not usually relate on a personal level on a consistent basis. This points out the importance of having a critical incident support team. This team consists of officers who have been involved in a critical incident. An officer may only feel comfortable talking to other officers who have "been there." Indeed, a psychologist telling an officer that flashbacks and nightmares are normal reactions to abnormal situations would not have as much credibility or impact as a fellow officer saying, "I've had nightmares and flashbacks and I'm not crazy; and if you are having those experiences, you are not crazy either." It is important that critical incident team members receive training on the whole gamut of critical incident reactions and be comfortable with their own experiences. This is not to say team members have to have totally resolved their situation; but just feel comfortable in sharing their experiences and having awareness of the impact of their experiences on their lives. Having a critical incident support team utilizes peer pressure in a constructive manner, giving the message, "It's all right to be human and have emotions and talk about it." Officers can legitimize perceptual distortions, legitimize the emotions felt during the incident, and help each other find ways to cope with fear and confrontation of one's vulnerability. Dr. Solomon has had extensive success in utilizing critical incident support teams.

RECOMMENDATIONS

The data suggest that more support will decrease post-shooting trauma, particularly alienation and problems with the system. Though we have no data, our observations are that the following steps, which are sensitive to the officer's needs as a human being, can go a long way toward reducing a stressful aftermath that too often compounds the stress of the incident itself. Although the purpose of this paper does not include recommending a comprehensive program for handling shooting incidents, the following checklist includes ideas and actions which warrant consideration when shooting incidents occur:

- Give compassionate response to involved officers at the scene.
- Avoid judgmental remarks.
- Provide physical and mental first aid.
- Remove officer from the crime scene (body).
- Replace officer's revolver.
- Arrange contact with officer's family and provide support.
- Provide a psychological break for officer before detailed interview.
- Place officer on administrative leave (not suspension).
- Provide mandatory counseling within 1-2 days.
- Screen incoming telephone calls to the officer.
- Advise employees of basic facts of the incident.
- Screen office vicarious thrill seekers.
- Provide independent legal counsel for officer.
- Allow a paced return to duty.
- Consider the officer's interests in media releases.
- Expedite the completion of administrative and criminal investigations and advisement of the outcomes to the officer.

CONCLUSION

It must be remembered that this was a pilot study. Results have to be viewed as suggestive, not conclusive. The data indicate there is a wide variation in post-shooting reactions, with ratings at or above a moderate severity

rating varying from 11 to 58 percent. About two out of three officers involved in a shooting will experience a moderate to severe reaction. However, each individual is unique and will not react in the same way, and not every officer will have a traumatic reaction to a shooting. Findings indicate that the more support an officer from supervisors and the investigation has the biggest impact on the trauma experienced by the officer subsequent to the shooting incident. However, fellow officer support is most valuable in terms of long-term recovery. Because each officer reacts differently, it is just as important not to over-support as it is not to under-support. Each officer and situation has to be dealt with on a case to case basis. It is important to remember that every officer at the scene of a shooting may experience a post-traumatic reaction (e.g., the officer who did not shoot, the officer who missed, those officers on their way to the scene or arriving on scene) and to ensure they have an opportunity to receive the support and treatment that may be necessary. Further, it is important to make family counseling available, as what affects one member of the family affects the entire family. The legal/administrative aftermath can compound the stress of the shooting itself and increase alienation and problems with rules, regulations, and authority. Carrying out a post-shooting policy that takes into account the needs of the officer as a human being can go a long way toward reducing trauma.

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POST-SHOOTING TRAUMA: REACTIVE AND PROACTIVE TREATMENT

S. A. Somodevilla, Ph.D.

INTRODUCTION

In reviewing the literature there seems to be an overdue interest in post-shooting trauma and its short-term and long-term manifestations. Nevertheless, relatively few law enforcement agencies incorporate a separate policy for the use of deadly force and even fewer deal with the human aspect after an Officer- involved shooting.

With the incidence of violent crime on the increase, Officers are becoming more exposed to situations that can frequently lead to serious stress disorders. Nothing can be more potentially destructive to an Officer than having to use deadly force in the performance of his/her duties.

As the Police Psychologist for the Dallas Police Department I became aware of the frequency with which Officers who came to Psychological Services for therapy or counseling related a still present discomfort associated with shootings that had taken place years before. As a result, and in conjunction with a Chief from a Patrol Division and a Captain from the Traffic Division, groups of Officers who had been involved in shootings as far back as fifteen years were invited to meet in what they ended up calling Emotional Trauma Groups. At the time (1981) there were eighty six Officers in the Department who had been involved in shootings. Fifty two volunteered.

The purpose of the meeting was to solicit information from the Officers in order to formulate departmental policy which would serve to reduce post-shooting trauma.

EMOTIONAL TRAUMA GROUPS RECOMMENDATIONS

The following information was obtained and eventually used to develop the current departmental standard operating procedures covering police shootings.

Companion

Unanimously, Officers felt a need for a companion to the Officer whose primary interest is their needs and feelings immediately following the act. This role is frequently filled by a Supervisor or Command Officer in

whom the Officer has confidence; it is just as frequently filled by another Officer, a friend. This function is performed more often than not by tradition rather than design. The participants feel that the companion role ought to receive official sanction and that the companion should have no other duties. Most group members feel the need to ventilate, some prefer quiet, but all expressed the need for "someone to care about me".

Removal from Immediate Scene

The group members expressed the need to get away from the sights and sounds of the incident scene for a short time at least. There is usually a span of time between the occurrence and the arrival of all the personnel with command or investigative responsibility. During this time span, but again by tradition rather than design, some Divisions do remove the Officer(s) involved to a secondary point or command post that is at least a block or two away. From this point, the Officer(s) may be recalled for interviews when the necessary personnel have assembled.

Family Welfare

The first concern of the Officers involved, without exception, is their families. In the midst of accelerated investigative activity, a simple but vital courtesy is often overlooked. The involved Officer needs to at least telephone his/her family that he/she is safe. Even Officers who have been wounded stated that if they are at all conscious they want to be the ones who call their families.

Re-assurance by the Organization

There is currently no set pattern, but there is a need of the involved Officer for official reassurance. All the participants felt that they did the right thing, the only thing to do; that they were forced to exercise an undesirable but necessary option. The need is for reassurance from someone in authority. There is full realization by the group that reassurance may be only a matter of *opinion*, and that it may be pre-empted by actions or decisions of other authorities. The importance to the Officer, at

the time, is: "Someone in authority feels I acted correctly". The important factors are timeliness and truthfulness.

Access to Attorney

It was strongly felt that the Officer have his/her attorney present if they wish. In the hours following the shooting many legal questions race through most Officers' minds. Just having the supportive figure of an attorney present would help relieve a lot of pressures.

Shooting Folder

Maintaining a Shooting Folder by the Division to which the Officer belongs for use by Watch Commanders in briefing all Officers as to the facts of an incident can reduce rumors to a minimum. This can also promote the perception by field Officers that they are getting first-hand information from the organization, as opposed to locker room gossip.

One major benefit to the involved Officer is that by the time he/she returns to duty, factual information has materially reduced the volume of questions and comments from co-workers. This is a critical time for the Officer. Most of the inquires and comments are sincere and well-meaning, but there are those few vicarious thrillseekers who can impact terribly on the Officer.

Information Flow

During the process from incident toward the final judicial and administrative activities, there are interruptions in the information flow to the involved Officer. This creates a "last one to know" problem for the Officer that in some cases may involve finding about the death of a suspect from the news media.

For these reasons it was recommended that the establishment of clear and timely feedback to the Officer was highly desirable.

Media

The Officer involved needs to know, officially, that there is no obligation to respond to the news media; that any response is purely voluntary.

Replacement Firearm

Officers felt awkward, embarrassed, and some even felt judged as guilty when their weapons were seized at the scene for ballistics. They recommended that the

weapon be kept in the holster until the time they arrived downtown. Then, a replacement weapon should be furnished. This of course would be waived when there was suspicion of criminal activity on the part of the Officer(s).

Administrative Leave

All Officers felt that mandatory time after a shooting was imperative. After discussion it was recommended that a mandatory one day off be given to involved Officers. More time was available on the Officers' request as well as the opinion of the Psychologist and Commander. Officers felt that more than one day would be more stressful than helpful as they needed to "get back on the horse".

Psychological Intervention

It was the opinion of the majority that there is enough pressure present right after a shooting incident to add more pressure by ordering the Officer(s) to go see the Psychologist. As a result, the recommendation of the group was that the psychologist contact the Officer(s) instead. This would be within 24 hours of the shooting and no report to the Chief of Police would be made unless the Officer(s) was unable to perform law enforcement duties. In these cases the Officer would be given additional administrative leave or, if capable, could work inside for the time it took to fully recover.

Outcome

As a result of the Emotional Trauma Groups recommendations a Special Order was drafted that included almost every single recommendation. This order was put into effect in 1982 and the process has been working with a minimum of problems. A copy of the Special Order will be found on *Attachment 1*.

It should be noted that since the new program has been in effect no Officer who has been involved in a shooting has resigned. Also no Officer has had to be prevented from coming back to work after the mandatory day off. Some have requested an extra day but none have requested more. Since the new program went into effect there have been eighty one shootings.

In addition to the meeting(s) with the Psychologist every Officer involved in a shooting receives material that includes some of the symptoms of post-shooting trauma, some dos and don'ts, as well as a theological explanation of "thou shall not kill" prepared by one of the Police Chaplains. This is done in order to help clarify some of the religiously based guilt that is frequent after

exercising deadly force. This material is included in *Attachment II*.

Proactive Treatment

After developing the program it was obvious that we were only halfway into solving the problem. We had a successful after-the-fact procedure but we wanted to present the knowledge obtained from the Emotional Trauma Groups to all sworn personnel. In order to accomplish this an inservice program was developed and incorporated into the semiannual Firearms Training Program (qualification). During the months of April and May 1982, all Officers of the Dallas Police Department (2000) were exposed to a program dealing with Post-Shooting Trauma. Recruit classes at the Police Academy have added this course to their Survival Training following the Shoot-Don't-Shoot module. Thus all on-board personnel have become familiarized with the Post-Shooting Trauma Program.

SUMMARY

As with other law enforcement stresses, post-shooting trauma will not be eliminated. However, its impact can be made easier to deal with and not as destructive as it can be if allowed to take over the lives of Officers.

Although a reactive program is imperative we must not forget that alone, it can be only a band-aid solution. The program is great enough that it demands a comprehensive program that takes into consideration proactivity as well as reactivity.

Most of all, a program such as this one has to allow for the humanness and individuality of the Officers since all are going to experience different reactions and will need different kinds of assistance.

THOU SHALT NOT KILL. EXODUS 20:13

A.—Qal. Fut. 2 pers. sing. masc.

—To murder or be a murderer.

A crushing Homicide. Slay. Kill.

cf: Gen. 9:6, Deut. 5:17, Ex. 21:12-14, Mz. 5:21

B. Meaning of the Verse

Although at face value in some translations the command seems to forbid killing of any sort, a closer look is required to understand God's intended meaning. It must be understood that *God is not forbidding all killing*. As we know, "Man looks on the outward appearance (action) but God looks on the heart". God knows a man's

heart and mind better than he knows it himself. God knows a man's need, his hurt, his excitement and his intention.

What does it say?

The ten commandments are apodeictic or categorical commands. In other words they are abrupt and absolute commands admitting no mistakes and usually of the negative type. The nation of Israel was a "baby" nation at this time and God recognized that this was the only type of command they were able to comprehend given their own development and the newness of their relationship with Him. The same situation occurs between us and our young children. We recognize that they may be unable to understand principles, concepts, and intentions, however, they do understand an absolute command with the force of punishment for disobedience. Therefore when our children are young we tell them not to touch or act in a particular way without necessarily explaining the intention behind the command. Later on as they grow and develop and begin to understand more, our commands change to more positive ones with more and more rationale and explanation to go with them. So it is with God and His commands. At this young stage He commands men not to murder. However, He does leave open the possibility of accidental killing, self defense killing and killing as a punishment for breaking one of His commands (Ex. 21:12-14). If God forbade all killing, then He would not be able to impose the death sentence on one who disobeyed His law (12:14). On occasion God does require a man's life as punishment for a crime. Therefore we must understand that God differentiates between killing and murder.

What does it mean?

As scripture progresses we begin to see the reason for the command. Even as we broaden our exposure of a command with our children as they grow, so also God explains His command as His people are able to understand.

God has created every man in His own image therefore every man has some value to God and should have value to each other. To murder is to viciously destroy the life of one who is intrinsically valuable to God. It is wrong and a man will be punished for it whether in a civil court or in God's court. The reason for the absolute commandments is that life is important and we are to recognize its desirability both for ourselves and others (Rom. 13:9). Murder is not simply the killing of an individual. It is, however, a violation of God's command to value the life of another. It begins in the mind and heart of the murderer. It is the manifestation of hateful intentions (Mt. 5:21).

This clarification of God's meaning aids in the differentiation between murdering and killing. God has made provision for unintentional killing or self defense killing (Ex. 21:13) He has even given some the responsibility to be His tools of judgement on those who disobey Him (Rom. 13:1 - 7), although His timing for such judgement may be different from what we think it should be. Understanding God's ultimate authority is the key to keeping;

our actions in proper perspective and built upon foundations.

C. Summary Statement

Murder begins in the heart with evil intentions. This is what God commands men not to do at the risk of death by His executors of order on earth or His own direct judgement.

TRAUMA DEBRIEFING IN THE CHICAGO POLICE DEPARTMENT

Marcia Wagner, ACSW

INTRODUCTION

It is impossible to predict when a law enforcement officer will experience a work-related trauma. Many officers go through their entire professional careers without facing a life-threatening experience. Should an officer have a work-related trauma, however, he will remember it as a tour of duty like no other. Unless the officer pays attention to his personal feelings after a traumatic incident, he is likely to experience delayed symptoms.

The Chicago Police Department operates a program to help officers who have traumatic experiences on the job. Since 1981, when the program began, between 50 and 100 officers a year have been exposed to a life-threatening incident such as a fatal shooting, fatal or serious accident, or a situation where a police officer believes his life to be in danger. These incidents as well as those where a police officer actually is killed, are traumatic in the sense that they produce intense emotions whose effects may linger.

The purpose of this paper is to describe the Chicago Police Department Traumatic Incident Program, the components of the program include: 1) a policy statement or department directive that connotes support from "the system;" 2) a training program for those in command at the scene of these incidents, which ensures that a trauma will be identified; 3) cooperation from operations command-those administrative people who take responsibility for monitoring each officer who has been involved in a traumatic incident; 4) the debriefing interview, a counseling session designed to help officers understand traumatic experiences so that later symptoms can be prevented.

Definition of Trauma¹

In a work-related traumatic incident, the police officer is usually involved in a fast-moving action. Suddenly a surprise or shock will occur. For example, an offender expected to lower a gun will raise and point it at an officer. The officer's response will seem like an impulse. There is no time to think and plan; the officer feels as if he is on automatic pilot. Many officers describe this as

a moment when the observable details of action occur as if in slow motion. In fact, the officer is on a high. Adrenalin is pumping, and the officer's thoughts and feelings are racing. By contrast, the events outside himself are perceived as if slowed. An officer who has had this experience will recall it in vivid detail.

It is during the few seconds of this apparent slow motion that the trauma occurs. It is an extremely emotional moment. The affective response is so intense that an automatic psychological defense occurs to keep these emotions out of awareness at this time. This check and balance system is fortunate for the human psyche. If this mechanism did not work so efficiently, the officer would be flooded with emotions and would be immobilized from further action or made much less effective. Nevertheless, after a trauma occurs, the emotions experienced at the time press for release. This process may be a difficult one for an officer "trained" not to show feelings.

BACKGROUND

The seeds for the development of Chicago's program lie in a 1979 disaster debriefing program set up after an airline crash occurred in that city. More than 500 Chicago police officers were assigned to work at the accident scene. A detailed description of the debriefing program and a summary of the material from the debriefing groups was published in *Police Stress*.²

At this point, it should be noted that therapist have long been involved in helping victims of disasters such as floods, fires, and the holocaust. A classification of symptoms called Posttraumatic Stress Disorder (PTSD) was designated to describe the problems of some Vietnam Veterans. These symptoms include nightmares, repetitive and intrusive thoughts, visual images, anxiety, irritability, sleep disturbances, and flashbacks.³ These symptoms also crop up in a police officer who has experienced a work-related trauma. However, although programs and therapy for various traumas have been provided by private practitioners, community mental health centers, and outpatient psychiatric clinics, the literature does not specifically address the needs of police officers.

As a result of the 1979 airplane crash in Chicago, and

therapists working with officers and their families in police department counseling offices, it was noted that the beginnings of many personal, marital, and family problems could be traced to depression or stress following this particular work-related trauma. It became clear that shootings and other life-threatening incidents caused similar reactions. The Chicago program was designed to prevent these symptoms and the disruption of these officers' lives.

Description of the Program

As noted above, the Chicago Police Department Traumatic Incident Program includes a department directive, a training program, a temporary administrative assignment and a psychological debriefing interview. These formal procedures are designed to pay attention to the highly individual and human responses to trauma. The department believes that the more fully the formal procedures are implemented and accepted, the more the informal structures will be able to benefit the officer.

The directive establishing the program defines a traumatic incident and outlines a series of procedures to be followed after a fatal shooting or other life-threatening event. The highest ranking official at the scene authorizes the implementation of the program. In Chicago, this official ordinarily is the Assistant Deputy Superintendent (ADS), a ranking officer available in the field at all times. He makes sure that the officer is instructed to make two calls during the morning of the next working day. The officer first calls an administrative lieutenant in Operations Command. The officer is then "detailed" to Operations Command so that he does *not* return to his regular duty assignment on his next tour of duty. This time off provides an opportunity for rest, relaxation, and time to "come down" from the heightened energy level felt during the incident. The second place the officer is told to call is the Professional Counseling office, where a debriefing interview is set up.

A formal department directive serves other purposes. It implies administrative support at the highest level and requires command level implementation. These circumstances are especially important because the success of this program depends on the cooperation of two different department bureaus, Operations (Operations Command) and Administrative (Professional Counseling).

During the six-month period that the program was being designed, many differences, resistances, experiences, and predictions were openly debated. Although legal and administrative issues were important to policy development, it was clear that a spirit of caring permeated the development of the policy. Without question, this program

was intended to ensure that any officer involved in a traumatic incident would get assistance and support.

Writing a policy statement was not enough for the program to run smoothly. Training was required to educate personnel about trauma and to encourage recognition of the need for intervention. Early in 1981, the author met individually with all six ADSs for approximately two hours each. Some were cooperative but wary. Some openly expressed discomfort in having to implement the program i.e. to label an officer unable to function. Despite this resistance, a large number of those involved in traumatic incidents ended up having debriefing interviews. A description of the cases seen during the first six months of the program is summarized in another article.⁴

The informal training continued. The author tracked every incident that might have been traumatic but was not labeled as such and discussed the criteria used to make this judgement. If a trauma was identified but the officer resisted the interview, follow-up was undertaken to explore what happened.

Three years later, command people were given additional formal training. By this time, many new command people including a new superintendent had been appointed. Since the ADS position was often filled by personnel holding other command positions, 80 people were trained in groups of 20 each. This relatively small number allowed an informal atmosphere.

The training session lasted two to three hours. During the first hour, the following topics were presented: definition of trauma, the traumatic experience itself, purpose of the program, the role of the ADS at the scene, the needs of the officer at the scene. Discussion followed the formal presentation. It was clear from the discussion that the second training session benefited from three years experience in helping officers who had faced trauma.

The majority of the people in attendance had now functioned as command at these scenes. They were eager to discuss cases and experiences they had had with trauma. In every class, there was at least one person who had experienced a trauma much earlier in his career. The sharing of personal reactions was quite meaningful and enriched the formal teaching material considerably.

In general, the attitudes about the program had shifted dramatically in the three years since the earlier training. When a comment was made to this effect after a training session, the response was, "Of course, three years ago this was a new idea for our people. It takes a while to get used to new ideas."

At the present time, with rare exception, all officers involved in a traumatic incident get into the program. It is to be expected that many officers would have mixed

feelings about a psychological debriefing interview. However, the police commanders and administrators are positive, firm and supportive.

Debriefing Interview

The purpose of this interview is to provide an opportunity for the officer to piece together what has happened. By the time the interview takes place at least 24-48 hours have passed. The officer had had some sleep. He has had some personal time to relax. There has been time for the officer's personal and informal network to begin to work. And, the process of integration may have begun by itself--i.e. the recurring thoughts about the incident may have begun to surface at unexpected times. Either these normal stress signs have emerged-or the officer has spent his personal time structured so as to avoid all thoughts and feelings about the trauma. Just as there is a need to think about and share the experience, there may be resistance to the intense emotion felt during the trauma. The officer may fear that the emotions will emerge if he thinks or talks about the experience while relaxed. In any case, it is now time for the debriefing.

Setting the Stage

During the initial phase of the interview, the therapist takes the lead in describing the nature of the trauma program, the nature of the debriefing interview, and the roles of the officer and the therapist in the interview process. It is important that both the officer and the therapist begin with an agreement as to the nature of the interview. The therapist emphasizes the focus on the officer's personal thoughts and feelings about the incident. Though material concerning the procedural, administrative, and legal aspects is addressed, this is not the primary focus of the interview. Confidentiality is insured; the interview takes place in an office that is private and separate in every way from the traditional job environment of the officer.

Describing the Trauma

Once the officer and the therapist agree about the nature of the interview, the therapist focuses the officer on the incident. He is encouraged to tell the therapist about the incident in a step-by-step manner with as much detail as he can remember. The officer is reminded that the therapist does not read the police reports and is interested only in the officer's perceptions and observations.

Police officers usually respond to this task quite comfortably. They remember incidents in graphic detail. It is important in the telling of the incident, however, that

the therapist go over and over details so that a very clear picture emerges of what the officer has experienced. As the officer recalls details, the therapist will begin to become aware of the officer's emotional expressions. These expressions may take many forms; body language or changes in voice inflection, for example. Sometimes the story may not fit together in that the officer has left out highly emotional details or strung the story together in an illogical way. The therapist must listen with a "third ear", but also must be aware of how police officers function in their jobs so that questions can be asked about what is not being told. By the time this section of the debriefing is completed, the therapist should have a fairly clear idea about whether or not the officer experienced a trauma and at what point in the experience the trauma took place.

The Actual Debriefing

The therapist may have to take the lead in shifting the focus from the procedural part of the incident to the emotional part. Naturally, the therapist would not have to take this step if the police officer began to do this on his own. For example, the therapist might ask if there was a time during the incident when the officer felt that everything happened very quickly or in slow motion. Or the therapist might ask if there was a particular piece of the incident that came to mind when the officer was relaxed or trying to sleep or asleep and dreaming.

The therapist might also ask about changes in sleeping, eating, or life-style patterns since the incident occurred to see if the officer has been affected in some way by the emotional impact on his life. Physical symptoms such as headaches, tension-related pain in the neck and shoulders and lower back, and elevated blood pressure are all signs of stress.

It is important in this part of the exploration that the therapist remain extremely supportive and make these symptoms seem normal. The officer must feel that what he is experiencing is similar to what other people have experienced as a result of traumatic incidents. Reassurance is crucial because police officers are trained very early on to keep their emotions to themselves in a crisis. When these emotions, (rage, fear, helplessness, for example) are intense, they worry that something might be wrong with them. By reassuring the officer that strong emotions are normal in a traumatic incident, the therapist allows him to relax enough to get in touch with those emotions.

The memories, the replays, and often the symptoms will give the therapist clues about the nature of the trauma and the timing of that trauma during the incident. Judging by the interviews conducted thus far, it is not uncommon

for an officer to experience an extremely intense moment of rage or a fear of loss of control or a signal of terror during the interview. It is hard to predict beforehand what kinds of feelings an officer will have while reliving the trauma. Regardless, the officer always feels relieved to become aware of his feelings. However, the therapist must remember that not only is the officer's conception of himself as a professional police officer at stake, but his entire sense of himself is involved insofar as the incident may have involved a life-threatening situation.

If the officer has never had these feelings before and they were so intense that he cannot accept them, he might not be able to comfortably accept their existence. This is a very common reaction to a trauma and may take the following form: An officer does not traditionally allow himself the feeling of intense rage in his relationship with other people. However, in an incident where he is confronted by an offender who is clearly willing to have his own life destroyed and clearly willing to kill anyone nearby including the police officers that happen to be at the scene, the officer feels impotent to stop the offender and frustrated at not being able to change that person's behavior and activities. This scenario could produce a flash of intense rage that the officer experiences just before firing his weapon and killing the offender as a result.

No matter how justified his behavior, no matter how self-protective (or protective of the lives of others), no matter how much he is congratulated by other police officers for fine work, no matter how much a citizen may want to thank him and honor him for his bravery, the officer still may not feel comfortable about what has happened. To accept what has happened, the officer must be aware of and accept the feeling of rage and shock that precipitated his use of fatal force. He must also accept a picture of himself as someone who has been responsible for another person's death—even though the circumstances were such that it could not have been prevented if the officer wanted to live.

Such a highly dangerous situation is not usually thought of as being associated with intense rage, often because the emotion is repressed and replaced by stress signs and symptoms. Therefore, to accept his behavior, the officer must accept his emotions. It is during the debriefing interview that the emotions the officer experienced are brought to awareness and rage is made normal. The rage is explained as an extremely intense but normal (logical) response to the kind of situation he was in. By reliving the rage and accepting the worker's explanation of it, the officer can make a connection to the symptoms he experienced afterwards. This in turn allows the officer to relax, to let go of the tension he had been holding to

protect himself from this awareness. In short, he has accepted (or integrated) the entire experience. He will no longer need to believe others have angry or negative feelings toward him for what he has done.

A case example will illustrate the debriefing process more fully:

Ron, now in his forties, has been a police officer for 20 years. He is a soft-spoken, sensitive officer. One day, while working alone, he was making a routine premise check when he was suddenly confronted by a man holding a butcher knife with an eight-inch blade. Backing off from the offender, Ron tried to make him drop the knife while also trying to avoid getting stabbed.

They danced down half a block, with the man lunging and the police officer retreating. Finally, Ron called for help on his police radio. Unable to get the offender to drop the knife or stop the potentially fatal lunges, he fired a shot. Soon other police cars arrived, and the offender was surrounded. He dropped the knife, fell to the ground, and was taken away in an ambulance.

Ron later said that he was unaware of any feelings during the incident. But he found that once the offender fell to the ground, his own hands began to shake. It wasn't until he sat down and had some coffee that he could quiet them.

Ron slept poorly for the next two nights. The first night, he woke up during a dream in which he told his father about the incident and cried because he didn't want to hurt the offender. He also had stomach problems—no appetite, gas and had lost all sexual feelings.

During the interview, Ron remembered feeling frightened when the offender lunged at him with the knife, but he also cried when talking about not wanting to hurt him. In 20 years on the job, he had never fired at anyone. Then he recalled an incident in which he was taken by surprise in a squad car.

In the earlier incident, someone had pointed a gun at his head, and acting on impulse, he

grabbed the gun and pointed it elsewhere. Afterwards, he had felt tremendous relief—as had the offender's family. The offender was a drug-crazed teenager from a wealthy home.

But the more recent incident was upsetting. He had shot someone this time, and he wondered how he would react during the next incident. Meanwhile, he had not discussed the incident with his wife and children, and they were giving him "funny looks".

It became clear during the interview that Ron had not been aware of how angry he was at the man with the knife. Here was someone who wanted to hurt him for no logical reasons—and would not respond to reason. The offender had forced Ron to fire his weapon to save his own life. It was also clear that, instead of accepting his anger, he had turned it toward himself (thus the stomach problems) and projected it onto others (his wife and children's supposedly "funny looks").

Ron saw the logic in his feelings. He was encouraged to talk to his wife and children and to check on the condition of the offender.

One week after the interview, during a follow-up phone conversation, Ron said that his sleep and stomach problems had stopped and his sexual appetite had returned two days after had spoken with his wife and learned that he had misread her reaction and those of his children. He also sought out someone who knew the offender and learned some things about his history that explained his behavior. He also learned that the offender would live.

DISCUSSION

In general, traumatic experiences can hamper the police officer's personal, family, and work situation. Ron withdrew from his marriage; many officers withdraw from their jobs. They begin to question how they will respond if a similar situation occurs. They wonder if this should be their life's work. Eventually, they may resign from the job.

The role of the therapist varies, depending on what happens during the debriefing. Once the therapist establishes that the officer will cooperate on his own behalf, the therapist can simply be supportive and encouraging about any thoughts and feelings that are expressed.

There is an educational component to this process as well. The officer is encouraged to continue the debriefing on his own when necessary and sometimes is given specific instructions about how to do this, thus a painful situation is turned into a positive learning experience.

Though difficult to do from a clinical standpoint, i.e. demanding and emotionally draining, these interviews have gratifying results. Both the officer and the therapist see an immediate response. From the intense sharing that occurs and the giving and receiving of data—about crisis, trauma, and stress—the officer is able to integrate a traumatic experience in his life and feels stronger in the process.

¹*Webster's New World Dictionary* defines emotional trauma as an "emotional experience or shock, which has a lasting effect." (College Edition, 1981)

²Marcia Wagner, *Airline Disaster—A Stress Debrief Program for the Police*, Police Stress (Boston, Massachusetts: International Law Enforcement Stress Association, 1981).

³*Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (American Psychiatric Association, 1980).

⁴Marcia Wagner, *Trauma Counseling and Law Enforcement*, Perspective on Industrial Social Work Practice, Ray Thomilson, Editor (Ottawa, Ontario: Canada.)

POLICE SHOOTING – AN OPPORTUNITY FOR GROWTH OR LOSS OF SELF

Roger G. Wittrup, Ed.D.

Since approximately 1977, I have been involved with the medical section of the Detroit Police Department, until January, 1983. During that period of time, I have consulted with police officers and their families who have been involved in fatal or critical shootings. In addition, I have consulted since 1976, with suburban police departments and taught at three police academies, including the Detroit Police Academy, Macomb Police Academy (Macomb Criminal Justice Center), and the Oakland Criminal Justice Center (Oakland Community College). There have been hundreds of opportunities to gain case by case insight into the pattern involving fatal and critical shootings upon the officer and his or her family. The paper being presented hopes to look at the patterns we are now seeing and recommend certain consulting patterns in regards to fatal or critical shootings.

One of the major changes in the last decade has been the increased fire power among criminals and citizens alike, including increased use of automatic weapons, explosives, etc. In addition, various police officials have noticed that instead of the usual pattern of the well-trained and long term criminal who sees within the court system an opportunity for parole and/or being found not guilty, the younger criminal who often is involved in drug usage and drug trafficking, is uninhibited in his desire to respond with fire power toward police persons. The end result is often uneasiness on the part of police when making either routine police traffic stops and checks on possible criminal activities including breaking and entering and armed robbery.

What we have is similar to the reports of Vietnam veterans, who at one moment were talking to children and young people in villages, and at the next found themselves the victim of explosives being thrown into helicopters, jeeps, and buses. The basic lack of reality and rage which is found under these circumstances is something which we have seen in post-traumatic stress disorders of Vietnam veterans. The same is true of police officers who have moved from relatively quiet patrols or incidental police checks to a split second decision to shoot/not shoot, with the result of some two to three years of litigation and criminal investigation. There have been a variety of things that have been described by police officers which I would like to describe for this audience.

One of the major factors is a lack of reality and unlike

the training found in academies, the shooting was, in fact, almost anti-climactical. We have officers describing a change in time perception, including either a slowing down in almost a slow motion pattern, or speeding up to the point of almost a double action pattern. Also officers have described frequently seeing the flight of bullets, the slow motion or fast action impact of bullets upon the body, the thrust of the head or limbs of the body and the gushing of blood. It appears there is almost a shock-like pattern, similar to the shock-like patterns described by Vietnam veterans and those who were, in fact, survivors of the holocaust during World War II. the same series of questions "Why me," "This really couldn't be happening."

Fellow officers who have seen the actual shooting observe a trance-like stare, with resultant shock and often, tears, following the event itself. Depending upon the sequence after depend whether or not the officer has an opportunity to talk out the actual shooting experience itself.

Most departments request that the officer make a written statement as well as a statement to whatever unit of the department is responsible for homicide investigations. This then is turned over to the prosecuting attorney and may or may not result in an investigation. One of the unfortunate examples is that in Wayne County in Michigan, a warrant for arrest for murder is routinely requested, which the prosecutor routinely turns down unless other questions arise.

It is at this point that a series of different patterns begin to emerge. Then are certain departments for which it is almost a macho imagery to have "gotten a victim for a notch on your gun." It is almost like a right of passage for certain departments to be involved in fatal or critical shootings. I have seen in precincts and departments what is almost a form of celebration when these events take place, and joshing with the officer as if it was something to celebrate. One of the routine patterns, which I think is anti-therapeutic, is often the supervisor buys a bottle of the officer's favorite alcohol, and often takes the officers out for a drinking session after the duty is completed. I have seen frequently examples where this ends up leading to a pattern of alcohol abuse and/or alcoholism itself.

Some officers routinely call their wives or husbands

after the shooting itself to inform them prior to the media exploiting the event through the use of public records. Numerous officers have described the terror of their families hearing it over television and/or radio reports, with no word from the officer herself or himself for many hours. The media reports are often concluded with "details are not yet available."

At this time only 60 percent of the departments for which I consult routinely put the individual on some form of administrative leave or limited duty after a shooting. Some of the departments routinely request the officer go back to duty on the next assigned day, almost as a macho image of "the sooner you get at it the sooner you get over it." This same 40 percent only refer a police officer for evaluation weeks after the event, if ever, and only when civil action has been initiated by the victim's family and/or criminal action is being pursued. It is then that the gun board or investigative unit takes a series of reports, and normally concludes they are justifiable homicide. It is my recommendation to the department that an evaluation be done within 24 hours after the shooting takes place, if at all possible. This usually includes both an indepth mental status examination, history, consultation with family members and psychological testing to supplement the information of the interview.

Such extensive studies are often resisted until enough experiences have ensued which indicate the benefit of this in terms of rehabilitation of police officers. In several of our departments we have developed a coverage by the disability and worker's comp carrier for such evaluations by the clinic so that the department would not have to use monetary concerns as a reason to not utilize such services.

In the last 6 years, I have also made use of opportunities to speak on various area talk shows to discuss police officers and police shootings. The experience has been both beneficial and enlightening. I have found, for example, that if it is a lead-off story for the local news, they would like to have a sensational kind of report about police officers being seen as "walking time bombs" similar to the concepts of Vietnam veterans. However, when the talk show host seems to be sympathetic to psychological concepts, they are much more interested in family support units and organizational help for individual officers. It is my recommendation that the psychologist make use of media coverage but caution in terms of media hype activities which I find both unethical and not helpful to police officers. I believe there is a place for a logical, sensible approach to these kind of experiences as a part of educating the public and the police officers alike.

One of the great variations that I mentioned before, was the attitude toward the family members in regards

to the shooting itself. There are some officers who do not share with their family for days or weeks at a time after a shooting, the actual event, if ever. Again, this correlates with post-traumatic stress disorder victims of war and other disasters. There are others who utilize the sharing as an opportunity to ventilate and begin to heal in a therapeutic and supportive atmosphere of their spouses and family members. I have experienced frequent times where this is the place in which parents once again re-emerge as supportive persons, very similar to those who have suffered through a divorce and/or early death of a spouse.

It is also significant that the officers both want to share with their friends and neighbors the experiences, and on occasion do, but find the inquiring questions to be intrusive and more voyeuristic than concerned. So, depending upon the prior relationship, the officer may or may not share it with family, the neighborhood and friends, whom they may perceive as either voyeuristic or sympathetic. This is also a time in which the religious questions being to emerge, even for those who have not attended church since childhood. Such questions as the relevancy of the commandment "Thou shall not kill" to the use of the scriptures in regards to the role of the Centurions in the scriptures. I found often a great deal of help from chaplains assigned to police departments, who often are the police officer's friends as well as pastors, who can be of great help in regard to these questions.

The psychologist should be acutely aware of the state of alienation and depersonalization that officers suffer in regard to these events. There are those who become manic in their 33 response - going without sleep for days and becoming involved in a variety of activities only to 'crash' after several days of frantic activity. On the other hand, you have those who feel distant, and alone, and I have had experiences with officer who have begun walking around the block and end up nearly 20 miles away from home. These kind of experiences need a great deal of reassurance on the part of the psychologist/psychiatrist, that in fact these experiences and feelings will pass and that in fact, they are the usual numbing effect that the mind provides temporarily, until it can absorb what has happened.

There are, then, a series of steps which are almost predictable in regard to these experiences. There is, after the alienation and depersonalization events, a hardening and an internal rage which begins, including the separation from the spouse and family members, with reasons such as "You've gotta get over this and get on with your life." It appears that at times the family member anticipates that the officer will get over it more quickly than in fact a person can get over a trauma event. It is as this

point that they begin to depend upon the psychologist/psychiatrist more so for a support system, along with possibly one fellow officer that he or she has identified as understanding. The rage becomes intense, including feelings of suicidal ideation and homicidal wishes. They also describe "a loss of innocence" similar to those who have suffered rape or other events which have lost for the person a sense of trust in their surroundings. It is at this point that they begin to raise questions about their purpose in holding such a position and begin raising questions about their own vocational goals. It is imperative, that the psychologist begin to share the idea of choices, including the choice to remain upon the position or a similar duty situation. It is absolutely essential that the officer see the psychologist/psychiatrist as an ally in the therapeutic process and not reflecting merely a departmental position or a quick solution of getting away from it all. It is characteristic that people, through such massive changes, that they want to "borrow your ego."

It has been this psychologist's experience, that the depression anxiety usually associated with post-traumatic stress disorders, is in fact, longer term than previously noted. This results in reoccurrences of that depression anxiety for many years, including a repression and suppression of those events for as much as 10 to 12 years, again similar to the Vietnam experience. We also have seen a high incidence of marital and family problems similar to the concepts of specialists in marital and family therapy, in which this disequilibrium experienced because of such events, reverberates throughout the family and/or marital unit. This is also a great opportunity to provide marital and family therapy which often results in a greater closeness and interdependency than previously experienced.

It is also my experience there is a high incidence of alcohol and drug abuse among police officers who have been involved as a way of dealing with the internalized rage, depression and anxiety. For example, many officers, after returning from duty, spend literally hours downing from a pint to a fifth prior to returning to duty, as a way of dealing with an internalized anxiety and sleeplessness. The result is a cycle of depression anxiety consistent with alcohol and drug abuse. We have also seen a greater incidence in psychosomatic and psychogenic problems, including requests for leaves of absence due to a knee injury, which has limited or no organic basis.

It appears that it is far more acceptable to request time for an observable physical injury than it is for a psychological limitation of a temporary form.

Consistent with the depression, anxiety, alcohol and drug abuse, in conjunction with high instances of marital and family problems, we have seen a rapid aging process among police officers involved in fatal or critical shoot-

ings. It appears that the internalized struggle to maintain a sense of equilibrium has taken its toll upon the individual. Many of you have seen patients, both police and others, who have gone through traumas where they appear much older than in fact, their chronological age would indicate. It appears that the body and its language begin to reflect almost in a screenlike experience, to suggest that the body and the mind have lost something, including innocence, including faith in the family and the support system. But more importantly, in some form, have lost their will to live.

So the question remains, what happens to the officer when he returns to duty? It has been my experience that it has varied. There are those who get caught up in the expressions of celebration and in fact, become the department 'cowboy' which may lead to further events resulting in disciplinary action. The officer also may take a position of resignation which less often results in disciplinary action, but more often by complaints of fellow officers for being 'dead wood' or not trustworthy in traumatic experiences. It appears that the officers who is able to work through the experience, utilizing a combination of psychotherapy, family support, and fellow officer support, that they in fact can come back through a reintegration into the department, into full duty and full activity. But there are those in fact, who become casualties after this experience and it is merely a matter of time until a disability or other events finally change the individual's life.

The question then is, what would be the recommendations in dealing with fatal and/or critical shootings?

1. Be known to all officers prior to the event through teaching at police academies, attending receptions, being known as someone who is sympathetic and understanding to the role of the police officer. This not to suggest that you will be accepted as "one of the boys" and in fact, this discouraged, but the face will be seen as someone who cares.

2. I would also recommend that a policy be developed utilizing the worker comp carrier and/or disability carrier in conjunction with the county prosecutor's office, chief of police, and the representative from the city manager's office, so that the officer is in fact seen within 24 hours, with the information available about the shooting itself. This would also include the right to order the administrative leave time, without any form of duty, or limited duty for the police officer upon the judgment of the consulting psychiatrist and/or psychologist. We have experienced great cooperation in this approach.

3. It would be recommended that the psychologist/psychiatrist teach some form of a class for both family members and police officers in regards to "police stress" which could be easily utilized in a two or three hour

session. Not only is this a current topic, but in fact, gives the opportunity for the police officer to know the consulting psychiatrist/psychologist. All personnel, from secretaries to the chief of police, should be included within this program to indicate support and mutual interest.

4. It is my recommendation that a range of confidentiality be extended so that only necessary information be given to the chief of police alone and kept in a separate, locked, file separate from the personnel file, and not utilized by any supervisor in any direct way, including the reading of the report. In this way, the integrity of the consulting psychiatrist/psychologist is maintained and that the officer does not feel his entire life is open for scrutiny.

5. A close, cooperative approach with the local media, including newspapers, radio and television, be maintained so that you are available for comment in regard to police action, shootings, which will give another side to the events which often are hyped up for purposes of selling a report to the local editor.

6. It is also recommended that the psychologist/psychiatrist receive from the city a statement of referral of police officers, along with a statement to "save from prosecution and/or litigation in civil action" so that such things as class action suits involving violation of civil rights, etc., would not limit the psychiatrist/psychologist role in helping the police officer. It has been my experience that if one is doing their job, that the psychologist/psychiatrist may be the object of either litigation by police officers or by citizens and their families because of these shootings. It is impossible to buy enough insurance to cover the potential litigation and/or awards including punitive awards often uncovered by normal insurance.

7. It is important the psychologist/psychiatrist be available 24 hours a day, 7 days a week, because similar to *ordinary people*, the break through often comes at unexpected and unschedule times. It is imperative that the police officers feel able to approach and be deal with the problem when it emerges

8. It is essential that back-up psychologist/psychiatrist be available and trained in the field of police psychology to back up the normal consulting psychologist/psychiatrist when away at vacations or other events.

9. It is imperative that in negotiating contracts with cities, particularly coverages of mental health, that attention be made for the mental health coverage as an absolute priority, including family treatment, so that the limitations on insurance, in fact not be limitations on the receiving of mental health treatment. Many insurances exclude family treatment or marital treatment from coverage, which I find to be myopic in its approach.

10. It is my recommendation that the psychologist/psychiatrist develop various group approaches as a follow-up for these officers involved in fatal and/or critical shootings. It has been my experience that officers often refuse to go to alcohol treatment programs utilized by hospitals, etc., because the officer feels that the citizens know who he is and that he would be under public scrutiny for having been there with an alcohol problem. It is my recommendation that these groups operate anonymously upon self referral, and the only reason for the officer being known to attend would be as a result of a referral for disciplinary action or treatment by a physician as contingent upon continued employment, etc. It is essential that the hyper-vigilance regarding how people view him be understood before major mistakes are made in the consulting role. It has been my experience, that once a major error has been made in the confidentiality, an image of a given police officer, that often the role within the department is not repairable and that a consideration be made to leave the consulting role to someone else.

Over all, it is my recommendation that consistent with the 1967 President's Council on Criminal Justice, that a psychological consulting role be developed for fatal and critical shootings, along with a consulting role including screening of officers for new employment or advancement, periodic evaluations due to changes, and a visible image of the consultant as much more than an aloof professional who does not understanding the police officer. This is a difficult role of both being a part of but being separate from the police department. I am reminded of a poem of an ancient Greek poet who wrote "In our sleep pain which can not forget falls drop by drop upon the heart until, against our will, comes wisdom through the awful Grace of God."

Thank you for your time and attention.

RESEARCH NEEDS IN THE STUDY OF POST SHOOTING TRAUMA

Mark Zeling, Ph.D.

The identification of post traumatic stress disorder in the context of the police use of deadly force is one of the examples of how psychologists have made a major contribution to law enforcement. The awareness of this phenomenon has come about in the last five years and has fostered an appreciation of the needs of an officer involved in a shooting situation as evidenced by changes in administrative policy and the greater availability of psychological services. However, the recognition of post shooting trauma is also illustrative of a major problem in police psychology which is the failure to validate the value of our services or the existence of the post shooting syndrome, itself. Although it would be counter-intuitive, one could make the argument that there is no solid evidence that the post shooting syndrome even exists. This argument will not be made. However a look at the body of research in this area does illustrate the need for police psychologists to be more concerned with conducting empirical research in this discipline.

A number of authors (*Carson, 1982; Lippert & Ferrara, 1981; Reiser, 1984; and Shaw, 1981*) have described the clinical manifestations of the post shooting trauma syndrome. As noted above, these anecdotal reports have been valuable because they have raised the sensitivity of the public and law enforcement administrators and may have also somewhat inoculated officers to the stress which may be expected in the aftermath of a deadly force confrontation. More specifically, this literature has described perceptual alterations during the confrontation (e.g., *Reiser, 1984*), the psychological stages of resolving the crisis that affected officer typically experiences (e.g., *Carson, 1982; Lippert & Ferrara, 1981*), and all of the previously cited have underscored the need to have counseling readily available to assist the involved officer.

Of the many papers which have addressed this issue, only one empirical study could be located, *Nielsen (1981)* surveyed officers from several departments and queried them about the events they experienced both during and after the shooting. An inquiry about the frequency of perceptual distortion during the actual confrontation found that only 24% of the respondents did not experience a distortion. The most frequently experienced distortion was a perception that the shooting was occurring in slow motion (64%, followed in frequency by tunnel vision

(43%), and auditory blocking (27%).¹ The respondents were also surveyed about the degree to which they experienced physical and emotional symptoms during the one-week period following the shooting. Nausea (92%) was the most common of a number of physiological symptoms. Only 8% of the sample denied any physiological symptoms. Thought intrusions (59%), depression (52%), and anxiety (21%) were the most typical psychological symptoms. Only 11% of the subjects denied any psychological symptoms. A query about attitude changes experienced during the three month period following the shooting revealed that 50% of the officers perceived themselves as being more cautious and nearly a quarter of them experienced an increased sense of apathy. Following the incident, 41% of the respondents found that their fellow officers were helpful but that 19% of their peers aggravated their distress. Taking these results as a whole, it appears that taking a life in the line of duty is stressful both during the shooting and for some time afterward. However, the degree to which the shooting contributed to the symptoms experienced by the involved officers cannot be determined for the simple reason that *Nielsen (1981)* failed to utilize a control group, which is a serious methodological weakness that plagues much of the research on police stress (*Malloy & Mays, 1984*). The inclusion of a control group composed of officers not involved in deadly force confrontations in this type of research is more than experimental elegance since many writers have hypothesized that police work is very stressful even for those officers not involved in a shooting (e.g., *Stratton, 1978; Territo & Vetter, 1981*). Thus, at the present time, one cannot determine the impact that a shooting incident has on complaints of psychological and physiological stress over baseline levels.

The lack of carefully conducted research in the area of post shooting trauma presents considerable difficulty in expanding our knowledge into related areas which would appear to be very germane to the continued growth of police psychology. For example, what characteristics differentiate the officers who negotiate this crisis successfully versus those who suffer debilitating residual effects? What is the effectiveness of formal psychological intervention versus peer counseling? Another important question is whether the discussion of post shooting trauma

has had an inoculatory effect by educating officers as to what to expect in the aftermath or conversely, if such discussion has had an iatrogenic effect by creating an expectancy of debilitating crisis in some officers who otherwise would have successfully negotiated the post shooting period with little or no dysfunction or distress.

The problem in the post shooting trauma literature has been seen in other areas of police psychology. Investigative hypnosis is a good example of a technique that appeared very efficacious before it was scrutinized using empirical methods (e.g., Putnam, 1979; Zelig & Beidleman, 1981). Similar feelings of disappointment arouse with the findings of predictive validity studies in preemployment psychological screening (e.g., Zelig & Shealy, 1983). The entire notion that police work is more stressful than other occupations has recently been challenged due to the lack of sound methodology in stress studies (Malloy & Mays, 1984). Other areas of police psychology which have eluded empirical study include hostage negotiation and profiling.

The study of post shooting trauma is illustrative of a concept in police psychology that is widely accepted yet has little empirical support. Such a state of affairs is not desirable but is also not unusual for specialties in psychology that are in their infancy. Presently, problems and needs are being identified and the law enforcement community is generally receptive. The next hurdle is a greater emphasis on research. With effort, research design can be routinely incorporated into many of the services police psychologists commonly offer. The result will be the flowering and growth of a new and exciting specialty in psychology.

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Footnote

¹The subjective complaints in each of the categories may sum to over 100% because the subjects could indicate the occurrence of more than one experience.

SECTION SIX
STRESS AND STRESS MANAGEMENT

SUICIDE AND INDIRECT SELF-DESTRUCTION BEHAVIOR AMONG POLICE

Scott W. Allen, Ph.D.

Over the last several years, the literature on police suicide has attempted to determine the statistical role of officers who committed suicide (*Danto, 1978; Dash and Reiser, 1978; Friedman, 1968; Heiman, 1975; Nelson and Smith, 1970; and Terry, 1981*). These six studies found differing rates of suicide although five of the studies concluded from their data that suicide rates for police officers were higher than for their comparison groups. The study by Dash and Reiser revealed that the suicide rate for the Los Angeles Police Department was comparatively lower than the national suicide rate.

As the variables for suicide are multiple and the maintenance of reliable statistics related to suicidal behavior are dubious, the orientation toward rates of suicide behavior should be replaced by the behaviors of suicide. However, there is a basic consensus among researchers in the field that police work is a high stress occupation. These job-related stressors are related to on the job dangers of violence and peer pressures, organizational and authority factors, as well as personal problems such as marital and family conflicts, dietary and alcohol problems, and such psychosocial affects of depression, frustration and feelings of powerlessness.

Current results (*Territo and Vetter, 1981*) in the area of police stress reveal the great conceptual complexities involved in establishing causal relationships between individual, organizational, and social variables, and their resultant behavioral effects. Caution, i.e., must be exercised in the analysis and interpretation of the multifactorial complex of suicide.

Theories and Definitions

Psychological theories usually incorporate three basic principles: The principle of homeostasis (*Cannon, 1939; Heider, 1958*); the pleasure principle, and social learning theory. Homeostasis refers to the maintenance of a steady state of equilibrium within the individual. When the water content of an individual is low, internal changes in the individual maintain a steady state of equilibrium. When the water content of an individual is, for example, low, internal changes occur which initiate behavioral responses of the person to drink water. Thus replenishing the water content in the body.

The pleasure principle states that individuals act so as to maximize pleasure with homeostasis and growth assuming varying degrees of influence. An individual may or may not drink water depending upon the temperature of the water.

In the social learning theory conceptualization, an individual is neither driven by internal forces nor influenced uncontrollably by environmental factors. Rather, an individual's actions occur through observation. Experiential learning occurs through observation of other people's behavior and its consequences for them.

It is arguable that suicidal behavior can be explained by theories based on these concepts because suicide acts in contradiction to them. There is not active homeostatic process since suicide leads to complete cessation of activity.

If an individual perceives suicide to be the least unpleasant or most pleasant outcome to a crisis, one could theorize such an attempt at adjustment was governed by aspects of the pleasure principle. Yet since the pleasure principle is directly linked to the precepts of dynamic homeostasis, suicide cannot be a viable solution. However, if happiness (pleasure) is the focus of homeostasis, then suicide can, in fact, be a function of dynamic homeostasis. For example, the terminally-ill, geriatric patient with no family, and in constant pain, may rate death a greater happiness than continued life as she experiences it.

The principle construct of social learning theory emphasizes that through observation of the reinforcement contingencies of others, an individual can learn. Through observation, police officers learn the ramifications of an officer committing suicide are all negative; anger, guilt, frustration, and powerlessness, to name just a few. Certainly such negative contingencies cannot be operationally functional to initiate police suicides.

At present, suicidal behavior can rarely be parsimoniously incorporated into current psychological theories and certainly no single theory can account for all suicides. Regardless of theoretical orientation, suicide is widely agreed by professionals to be an extremely intricate complex of behaviors. Therefore, a definitional approach may ultimately provide a clearer understanding of suicidal behavior and suicide potential. *Baechler (1979)* defines

suicide as a behavior in response to the demands of life. Suicide is neither a disease nor a force but rather a behavioral solution. Baechler conceptualizes suicide to be logical since suicide is a solution. However, Baechler does differentiate between rational and irrational perceptions of logical suicide. The former would describe suicidal behavior in response to being diagnosed as having an incurable disease. The latter would be descriptive of suicidal behavior as a function of the individual thinking he has contracted an incurable disease. Conceptual confusion arises between a suicidal person and society since all suicidal persons believe their suicidal behavior is rational.

Lester and Lester (1971) defined suicide as complex behavior aimed at improving a hopeless situation or in the hope of preserving a threatened self-image.

Suicide has also been defined as a result of internal and external factors. *Menninger (1938)* believed there to be three basic motivations toward suicide. The first is the wish to kill (aggression); the second is the wish to be killed (punishment); and the third is the wish to die (death instinct). *Farberow (1980)* proposed suicide to be a conceptual confusion related to behavior, time, intention and activity. A suicidal person is confused conceptually in terms of what type of action to take, verbal or behavioral. Confusion also exists in terms of whether the responses will be passive or active. A suicidal person's sense of being can erratically fluctuate among time referents of past, present and future. A suicide behavior is further confused in terms of an individual's facilitating intentionality. There is often no consistency in terms of the goals of suicidal behavior in terms of death, gambling with death, inducing guilt, and injury versus death.

From these definitions, suicide appears to suggest an interaction of factors both internal and external which promote a conceptual confusion with an individual's sense of reality. This resultant perpetual state initiates a purpose which is more negative toward life than positive about death. The suicidal person is in a sense being driven from life into a state of non-being, which is conceptualized as not being alive (versus being dead).

The subsequent complex of behaviors are directed toward the removal from a painful and meaningless life (*Ganzler, 1967*). This tendency toward suicide is the result of a chronically reduced sense of competence within the social environment.

Indirect Self-Destructive Behavior

Understanding the process of suicide cannot be found simply by observing the end state. Similarly, the process that leads to suicidal behavior cannot be detected by the occurrence of death, nor by investigating the presence

of objective evidence of a miserable life. Rather, the purpose of the suicidal act within the pattern of the individual's life must be examined. As such, suicides do not form as might be thought a wholly distinct set of behaviors. Suicidal behaviors are, in fact, exaggerated forms of common practices.

Suicide as a behavior is infrequent, occurring in a small proportion of any population. However, there is also a tendency for individuals toward self-injury, self-defeat, and self-destruction. *Farberow (1980)* termed such behaviors as indirect self-destructive behavior (ISDB). As defined by Farberow, ISDB occurs when the search for excitement and/or the degree of risk-taking begins to exceed the boundaries for safety, survival, and self-preservation. *Acheté (1980)* in a more clinically analytical definition describes ISDB to be an intense inward need for punishment. Acheté characterizes such behaviors as disorders of destiny because the individuals eliciting ISDB appear to be constantly victimized by bad luck. Closer scrutiny often reveals the individuals actually provoke their difficulties which often are physically and socially destructive both to themselves and those persons close to them.

For police officers, the likelihood of developing ISDB is great. Risk-taking in its positive qualities has played a prominent role in the development of their identity as police officers especially in the form of mastering fear-provoking situations, and in facilitating ambitious achievement. In short, risk-taking for the individual police officer has established the predominant motives of excitement and mastery.

However, the conceptual and behavioral confusion occurs at the level of motivation. Risk-taking can be positive when there is growth via achievement. Risk-taking becomes ISDB when there is objective evidence of depression. Associated most often with depression in ISDB are the feelings of helplessness and hopelessness which precipitate an overall lack of self-esteem. Adding to the danger of ISDB is the lack of awareness on the individual's part to either realize or care about the effects of his behaviors. Also present is a lack of awareness that his actions may, in fact, be suicidal.

A second pathogenic quality of ISDB is the insidiousness development of the behaviors. Oftentimes, ISDB spans many years. For example, dietary behaviors such as low-density lipids and sugar intake may predispose the police officer to coronary heart disease and diabetes. Excessive ingestion of alcohol may precipitate alcoholism and/or increases in motor vehicle accidents.

Work-related ISDB can be identified in officers in high performance, specialized units such as SWAT teams. For some officers, the need for excitement results in poor decision-making. Decisions which could jeopardize the

safety of the individual police officer as well as partners. Regular uniformed road officers who respond independently and over-ambitiously may also be exhibiting ISDB. Also, officers who have been frequently injured over a short period of time may similarly be manifesting ISDB.

Indirect self-destructive behavior is particularly dangerous since this need for excitement and personal risk can often become compulsive or addictive. Therefore, behaviors which may be initially assessed and evaluated as socially acceptable police work may, in fact, be the early warning signals of an addictive process of ISDB. It is, therefore, the responsibility of the department or consulting psychologist to provide information relevant to ISDB to line supervisors as well as assessing the motives of those officers who are identified early as potentially exhibiting ISDB.

Characteristics Of The Suicidal Person

Most implicit conceptualizations of police personnel suicide assume that depression is the precursor of suicidal behavior. Yet, this common belief is not supported by empirical evidence (*Baechler, 1979; Farberow, 1980; and Lester & Lester, 1971*), although many suicidal officers are depressed for the period prior to the actual suicide attempt.

Prior to a descriptive review of the characteristics of a suicidal person, a reminding caveat, there is no single profile which encompasses the diversity of suicidal behavior. Suicide is more a syndrome of idiosyncratic responses within a set of circumscribed behaviors.

An extremely relevant observation of profound clinical significance is the apparent tendency for negative affects such as depression and anxiety to clear shortly *before* a suicidal attempt. Thus, during the immediately preceding days, a suicidal officer may appear extremely calm and optimistic with a general clearing of confusion. This improvement of mood is, in itself, a function of the police officer's decision to commit suicide. For once the decision to commit suicide has been made, the officer has determined the solution to the problem of living. This process may also be responsible for the euphoric mood which may immediately precede the suicidal act.

The law enforcement officer who intends to die essentially desires to escape from something unpleasant in his life. The unpleasant life condition may further be compounded by a chronic state of physiological or psychological dysfunction.

The suicidal officer possesses high dependency needs, yet is unable to express these powerful needs. This lack of relevant social gratification is intensified by the fact that even when others are supportive, the suicidal indi-

vidual tends to withdraw from the relationship or denies any assistance has been provided. This further intensifies the suicidal person's perception of being socially isolated and maintains the belief he will always be a social isolate. Thus, when the suicidal officer thinks about people with whom he has important relationships, the suicidal individual believes others feel negatively towards him. As a result, the suicidal person is not effective in discussing problems or in being affectionate.

Within a spousal relationship, the chronic differences in self-images between a suicidal police officer and the non-suicidal partner are almost diametrically opposed. A suicidal spouse tends to be self-effacing and masochistic while the non-suicidal partner is competitive and narcissistic. Such characteristics provide dynamics in which the suicidal officer can be self-effacing while the spouse can be overbearing and antagonistic. These tendencies dictate the non-suicidal spouse to only seek personal satisfaction and are encouraged by the need of the suicidal spouse to have his desires ignored. In spite of this tacit enmeshing of needs between partners, the suicidal person often attributes his suicidal behavior on his spouse's abject rejection of him.

Along with interpersonal conflict, the overall functioning of a police officer requires particular emphasis in the assessment of suicidal potential (*Kiev, 1974; 1976*). Of major interest is the thought processes of the suicidal officer. During the suicidal history, an officer will likely exhibit patterns of thinking in which there are errors in logical deduction and in a distortion of premises. For example, the officer may think that, some cops are Catholics, and that some Catholics hate those who want to kill themselves; therefore, some cops hate me. There is also much dichotomous thinking in which an officer adheres to extreme value systems. As a result of such rigid thinking, once an idea is present, no amount of changed behavior can change a conception. For example, the suicidal officer may believe that all sergeants do not care about him all they want to do is hand him up. Despite the objective fact that a sergeant is realistically attempting to help the suicidal officer, the officer will not relinquish the rigid defensiveness which prevents the sergeant from helping.

The conceptualization of death for the suicidal officer is one of either an abstraction of death as a process of not being alive (versus being dead) or one of a primitive concept of going to sleep with the implication of eventually waking up in some form of life state. Thus death is not a positive, desired state but rather an escape from a painful, meaningless existence.

The suicidal officer often communicates verbally and non-verbally his intent. the clinician must be alert to these communications which can be either verbal or

behavioral. An identification with the suicidal person is of utmost importance. As previously mentioned, the suicidal person exhibits inappropriate thinking processes and totally ineffectual communicational systems. It is, therefore, the responsibility of the clinician to translate vague suicidal communications of the suicidal person into coherent representations of suicidal intent. An officer who is self-destructive may provide direct verbal clues such as, "I'd be better off dead", or "I'm just going to sit here with my friends (bottles of liquor) and then kill myself". Indirect verbal clues may entail statements such as, "I won't be here much longer", "What difference does it make?", or "You'll see".

Behavioral clues of suicide intent include the making of a will, giving away cherished personal items, and obvious instances of ISDB. The acutely suicidal officer may exhibit unexpected changes in behavior, including sleeplessness, marked levels of depression and anxiety, sudden withdrawal from emotional ties, increased social isolation, increased alcohol consumption, increasingly erratic behavior, recent or impending divorce or separation, and/or retirement. The general result is a labile person feeling hopeless as a result of psychosocial disintegration.

TREATMENT

A frequent precursor of suicidal behavior in police officers is a sense of isolation and hopelessness (*Wagner and Brzeczek, 1983*). The goal of intervention strategies is, therefore, to assist the individual to effectively contain or control the physical expression of the internal turmoil manifested as suicidal ideation and behaviors.

The most convenient and potentially most helpful resources for the potentially suicidal officer are friends and relatives. These people are constantly available and have a considerable knowledge and understanding of the suicidal person. Support and assistance from family and friends is frequently accepted in a more facilitative manner by the distressed officer than if provided by a professional. The suicidal individual interprets assistance from family and friends as meaningful and restores some degree of self-worth. Whereas assistance from a professional is interpreted as a false, paid friendship which can initiate further loss of self-worth. When dealing with a potential suicide it is important to remember that an individual's feelings must not be denied but must be accepted as the important factor. For example, if a suicidal officer verbalizes feelings of worthlessness and friends deny that the officer feels worthless, a tragic confirmation results. The denial confirms the notion that none does understand or care about him. The suicidal officer is confused about what he wants and through which processes he can obtain his needs. One of the greatest needs is for friends and family to help the suicidal individual clarify his own

internal state. This clarification can be obtained by talking about feelings, and through a reflection of these feelings. During these conversations avoid euphuisms and talk directly around the areas of worth, hopelessness, death, and suicide intent. Explore with the suicidal person the degree of isolation and discuss what actions can be taken to reduce the overwhelming sense of isolation. Active problem-solving by concerned friends and family often provides the suicidal person with a rudimentary sense of purpose—the concept that there are realistic alternatives. Interpersonally, the individual can begin to feel gratified by a rewarding object relationship. A sense that significant people do care and he is not isolated and hopeless.

The depressed actively suicidal officer necessitates a more directive, rapid response. The probability of an initial or a more lethal subsequent suicide attempt is highest when a suicidal officer remains depressed and enmeshed in his life situation. Crisis intervention provides a means to intervene in critical areas of the person's life, to identify critical problem areas, to assist the person cope with the stressors of life, and allow the individual to calm down in a safe environment (*Kiev, 1975*). The crisis intervention approach educates clients to cope with increased stress by learning to anticipate and plan direct responses to difficult situations. During crisis intervention (in-patient hospitalization), the police department organization needs to respond in a supportive manner. Supervisory staff will help facilitate positive treatment effects by not stigmatizing the suicidal police officer. A negative attitude toward treatment or an attitude that the police officer suffers from intractable psychiatric problems will all work to lower a successful prognosis.

During crisis intervention, it is imperative to identify those psychosocial factors which influence adaptive patterns of response in the suicidal client. Clients require assistance in accepting reality and discovering personal strengths which can be utilized in a constructive manner. This is accomplished by assisting the client to anticipate and plan for difficult situations, to redefine assets and liabilities, and to establish personal goals in terms of personal strengths. Basically, the health professional facilitates development of self-reliance and positive decision-making while reducing inhibitory dependency patterns and underachievement.

A final purpose of crisis intervention is to initiate new strategies for improving social relationships. Interpersonal relationships can become significantly more rewarding by setting limits on these relationships. Clients who cannot set limits on the demands of others as well as assuming personal responsibility for the actions of others will continue to generate self-crisis.

Berent (1981) espouses follow-up or aftercare needs to be almost simultaneous to discharge from crisis intervention hospitalization to prevent premonitory cognitions,

sensations, and behaviors from returning. Follow-up care strengthens the individual's capacity to cope with stress by reinforcing creative problem-solving. Follow-up further develops mastery over complicated social relationships and substance abuse (when documented).

The strategies involved in the treatment of the suicidal police officer are long and involved. It is the responsibility of the consulting or department health professional to intervene in a directive manner through all the phases of rehabilitation as well as striving to maintain a supportive, non-stigmatizing attitude at the supervisory/department level.

COMMENTS

Suicide within the law enforcement community is not a tragic act committed by a police officer, but an option whose choice is demanded of the individual forces within his psychosocial environment. As noted by *Schneidman and Farberow (1957)*, the understanding of the suicide process cannot be found simply by looking at statistics of the end state. The process that leads to suicide cannot be detected by investigating whether a person's life was miserable and stultifying. Rather, the purpose of the suicidal behavior within the pattern of the individual's life must be examined.

Suicide is neither a disease nor a force but simply a solution to a problem. A suicidal police officer's situation demands of the professional an understanding of the individual's dominant personality characteristics and his mode of response to crises past and present.

The concerned and progressive law enforcement agency will optimally provide the services of a mental health professional cognizant of high risk suicide groups and the types of suicidal behaviors, affects, and cognitions. Along with these assessment skills, the professional must be experienced in crisis intervention and follow-up care which also necessitates information of local community resources. Anything less obliges the suicidal person to determine the solution.

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¹Jean Baechler (*Suicides, 1979*), undertook extensive statistical surveys and found suicide rates varied over societies and specific populations subsets from 10-40/100,000 with rates never reaching or exceeding 1/1,000.

SELF DEFEATING BEHAVIOR PATTERNS IN LAW ENFORCEMENT OFFICERS

Samuel Ball, ACSW

There has been an observable favorable trend during the past several years toward a more professional and highly trained individual who pursues law enforcement as a career. Criminal Justice degree programs are available to most college students; Cadet and Reserve programs are operational in the majority of police departments; and recruitment has become a function of police personnel specialists as they attempt to compete for acceptable and suitable candidates. The applicant must now successfully complete a written examination, a physical agility test, psychological examination, polygraph, background investigation, oral interview, and meet specific physical requirements regarding height, vision, etc. In all, the process is remarkably different from that of prior years when the "good old boy" selection process admitted recruits who were simply looking for a job when one came available with the local police department. Recruits were selected after passing a considerably more relaxed set of expectations.

Much has been written about the occupational hazards of police work, the unique internal and external stressors, and its overall effect upon the emotional, physiological, and marital health of the officer. We have learned to identify the type of applicant who can best withstand the unique problems presented in this career from observing career casualties from the past. Police administrators, training academies, and new recruits have a high degree of awareness of the psychological issues present in police work. The response has been to provide psychological services to employees, include an ever increasing emphasis upon personal, marital, and mental health issue in training, and a closer link with mental health professionals in dealing with post shooting incidents, death notification training, stress reduction, human relations training, and assisting with matters such as family disputes.

It has been my opportunity to be affiliated with a few different police agencies in providing mental health services since 1976. I have worked "in house" for one department, and as outside consultant for the other agencies in one of the fastest growing areas of the United States. Rapid population growth has required us to select and train new officers in large numbers than ever before in response to this growth. Progressive police administrators

have responded to psychological consultation by integrating mental health services into their departments. It has been enjoyable to be a part of this evolutionary process and to help "select in" the type of officers who come equipped to most effectively cope with the pressures presented in this environment. It has been my experience that primary prevention through the selection of healthy candidates produces beneficial results for both the officer, the agency, and the department psychologist in the long run. I have generally found my clinical experiences with the officers to be highly rewarding, and have found most officers to be more effective with personal problem solving than those of a general clientele I see in a private practice.

In spite of my generally favorable experiences with the majority of officers, I continue to be perplexed by the occasional police client I encounter who has generally had a successful career and has been relatively symptom free, who engages in self defeating or self destructive behaviors that on the surface appear to be unprovoked and unexpected. Officers who otherwise appear to be dealing effectively with their personal and professional lives seem to unexpectedly become the subject of an internal investigation because of a foolish and risky action or behavior such as driving while intoxicated, being seductive with a female subject, or taking other risks which could compromise or end their career. The remainder of this paper will further investigate and address the topic of the officer who contributes to his own failure and destruction after previously being evaluated in the selection process in favorable light. In addition, implications for psychological intervention will be discussed.

Personality theorists have for years addressed the strong propensity of man toward self-destruction. Freud addressed the theory of a "death instinct."¹ The reader is additionally referred to the writings of Karl A Menninger who further postulated theories that man is driven by unconscious conflicting motives that on one hand seek survival, and on the other to defeat himself or to die.² Menninger credits in addition to Freud, --the writings of Sandor Ferenczi, Georg Groddeck, Smith Ely Jelliffe, W. A. White, Ernst Simmel, and Franz Alexander for contributing to his understanding of self defeating impulses.³

His observation is that there are endless methods available to destroy one's life short of a conscious self-destructive suicide. An individual can mismanage his life in such a fashion that he can never find nor endure success. Alcohol abuse, failure to accept reasonable dietary and exercise principles, involvement in dangerous or risky recreation pursuits, and mismanagement of one's finances may all appear to be common and typical characteristics of many of our acquaintances. As the symptoms contribute to the failures and problems in one's life, they also become tools to aid in a compromising self-destructive or self-defeating pattern that robs one of the success that he may consciously believe that he wants and deserves. The aggressive impulse is a powerful part of man's makeup, and when unsuccessful or frustrating encounters result from the way we perceive our world and our role in it, the aggressive drives may be directed outward to those around us, or be directed inward in a more self-destructive manner. There are hundreds of ways that everyone of us use to avoid giving in to destruction. Most of these are automatic and somewhat remote. However, if stresses continue to build up and the impulse to give up or succumb to failure becomes stronger, the opportunities for self-punishment are also limitless.

It is interesting to note that law enforcement personnel frequently remark about the stupidity of the majority of criminals. They note the obvious clues and motives for bungled criminal acts, suggest that many criminals behave as if they want to be caught, and occasionally encounter the offender who hasn't the courage to kill himself and provokes a situation where he invites death from the officers' weapons. It appears that there is an unconscious identification with the aggressor at times, as officers engage in similar behaviors that are likewise foolish, impulsive, and unconsciously designed so that the officer is easily discovered, caught, and punished.

Self-defeating behaviors are certainly not limited to law enforcement personnel. It is true that everyone has his own agenda and a style of adaptation of his own. There is some evidence however, that individuals in helping professions experience more vulnerability to self-defeating patterns due to several factors. A further study of the individuals who choose helping professions, their conscious and unconscious motives for doing so, the environments in which they help others, and the reward or punishment system that accompanies that environment are all important factors in the understanding of resulting copying behaviors.

Theoretical background regarding motivations for pursuing helping careers has been discussed by Freud in a number of papers. Dr. Edward Shev in his book *Good Cops/Bad Cops* further cites Karl Abraham as a primary

contributor to the understanding of the rescue fantasy.⁴ Shev summarizes this quite well as it relates to police personnel. As the youngster relates to and perceives his environment and finds problems, he frequently responds to those perceptions with feelings that he should do something to intervene or to alleviate the perceived pain or problem. From interviewing applicants for police positions, in addition to knowing of histories of others who pursue helping careers such as nurses, ministers, and psychotherapists, there is frequently a theme present in the background where something has been problematic in family relationships. An absent father, an alcoholic parent, a chronically ill parent, an unhappy or combative marital relationship, or other similar situations can often provide a feeling in a child that he must do something to help out or at least be on guard to prevent further problems. While the child is frightened, frustrated, and inconvenienced by his situation, he still carries this responsibility either through specific behaviors and interventions, or by secret wishes and good intentions. Older male siblings seem to be especially vulnerable to assuming a rescuing attitude, and it is interesting to note the extremely high percentage of police applicants who are oldest male or only male children from families where there were observable problems that caused discomfort for family members.

As the child matures, he develops either a neurotic and compromised form of helping others through unresolved rescue fantasies, or develops a healthier resolution to this need to assume responsibility for others yet remains insightful enough to not feel compelled to do so. Either way, the tendency to seek personal validation through helping others remains.

Officer applicants by the hundreds have over several years explained that their primary reasons for wanting a career in police work is "to help people." They also quickly add that "the work is interesting and will be different every day." A police department offers endless opportunities to help citizens in need and to protect the public. The police applicant with either resolved or unresolved rescue fantasies might perceive an entire smorgasbord of opportunities to help people once and for all. He may not yet realize that many cannot or will not be helped, or that departmental policies or other barriers might prevent him from finding satisfaction in helping the public. As cynicism sets in over a period of years, the well-motivated helper becomes frustrated and angry, the same feelings he may have had in his youth as he accepted the futility of his situation at home.

The policeman in uniform symbolizes special things to the public. He is seen as a protector, the champion of what is right, a parental figure, a superego to remind us

to be obedient and behave properly, and a resource for solving an endless list of problems. It is evident to this author that many officers who meet the highest level of qualifications to become officers have experienced the feelings of helplessness and futility as they have wrestled with their desires to rescue earlier in their lives. The role of policeman appears appealing in reducing feelings of helplessness, giving rise to superman fantasies. The experienced officer frequently finds this acquired role to be less desirable as time advances, suspecting that he and his family must be models of perfection. This becomes eventually an even greater burden than prior feelings of powerlessness, adding to the increasing anger, frustration, and cynicism.

Another appealing motive for seeking a police career relates to the agency environment as perceived by the recruit. The police department is really a subculture, and may represent a large and comfortable substitute family to the officer. At least the roles are clarified, the chain of command is consistent. The "family members" share a common purpose and goal, and the recruit may perceive the police department as the benevolent parent who will provide validation, protection, opportunity, and security. In actuality, the rescuer sees an opportunity for fulfilling his most critical unresolved need: to be rescued rather than feeling the need to rescue. While this actually happens for many, the majority of officers meet with negative responses from a less than benevolent parent, feel that the department may not really back them up when the "chips are down," the "brother" officers may be less trustworthy and loyal and indeed even be rejecting, and opportunities may be there only for the well connected officers. Once again, the need to be taken care of is thwarted, and another chapter is added where the rescuer feels deceived and taken advantage of. A further result is more outward, or inward.

As the internal and external stressors accumulate over the years, as realization of loss of opportunity and youth set in, and as the anger from deceiving ones self and being deceived by an unappreciative environment increase, the aggressive instincts influence the conscious and unconscious mind. The desires to live and survive may for many be replaced by self destructive instincts. Menninger addresses the conflicts of the unconscious wish to kill, to be killed, and wish to die. The officer who accepts the alternative of being punished for perhaps being unworthy, unacceptable, or unloved, participates in both his "killing," being killed, and dying in a diluted manner. He may involve himself in behavior that will prevent a promotion, result in suspension, cause accidents, or have accidents. The riskier behavior says, "I give up, I'm angry, and I don't want to continue to meet your expectations for me any longer."

The implications for the mental health providers in law enforcement agencies are twofold: (1) Provide therapeutic and educational opportunities for officers to assist them to become more comfortable with themselves, to be more real, resolved, with greater ego strengths. Officers who are too rigid respond to a strong superego and the accompanying self criticism. The officer who has little insight and is rigid is more susceptible to a crack or tear in the superego, and the self attacking tendencies of the superego may provide the outlet for the officers own aggressive impulses. We already have fairly well developed selection techniques, and may need only to accept the challenge of being more willing to help the officer with his emotional growth. I suspect that this very evolution has taken place in the selection and training of psychotherapists. My memory of therapists I knew 25 or 30 years ago differs considerably from those with whom I now associate. The present group seems to be generally more healthy in their emotional, social, and marital roles. They appear to be more "real, and the vast majority deal more effectively with their rescue fantasies than those of several years ago. This is due in part in training, supervision, a more accepting public, and a clearer body of knowledge of human behavior. The same evolution could take place in law enforcement agencies. (2) Therapists should become more actively involved in "treating" the entire police "family." Concepts applicable to the ever emerging family therapy methods should be translated to treatment of the "police family." The unhealthy family member may only express the unhealthy symptoms for the family, and it may really suggest that the family rather than the symptom bearer receive the treatment.

All families can be healthy or malignant. The rescuer develops his patterns as a result of family dynamics, and must continue to participate in family structure the remainder of his life. If there are opportunities to develop healthier family relationship from the work "family," to develop healthier communication, to promote "fairness" and to reduce the binds in which we place officers in the police family, an overall benefit would be realized by the police community and ultimately by the community it serves. While this is a seemingly utopian goal, it is not totally unrealistic. There are opportunities for mental health personnel to include the "police family" in human relation dynamics to secure a better environment for the employee. Through coordinated efforts, agencies may be influenced to more appropriately attend to the emotional needs of police professionals. Police, psychotherapists, nurses, ministers, teachers, and other helping careers may continue to attract those with needs to rescue. Hopefully, there can be opportunities to enhance the impulse to live and survive instead of provocative impulses that aggravate the aggressive instincts to self destruct.

FOOTNOTES

¹Freud, Sigmund, *The Complete Works of Sigmund Freud*. London: Hogarth Press and Institute of Psychoanalysis, 1957-1958

²Menninger, Karl A. *Man Against Himself*. New York: Harcourt Brace & Company, 1938.

³*Ibid.*, vii.

⁴Shev, Edward E. and Hewes, Jeremy Joan. *Good Cops/Bad Cops*. San Francisco: San Francisco Book Company Inc. 1977

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THE QUALITY OF FAMILY AND MARITAL LIFE OF POLICE PERSONNEL

Victor E. Bibbins, Ph.D.

Family life has undergone great changes over the last thirty years. Many of the changes could be characterized as highly disquieting. The epidemic number of divorces—forced imperatives of single parenting—willfull decisions to exercise non-traditional life styles—responsibilities of dual career couples—advanced unisexual birth controls—unprecedented promiscuity and—the acute decline of a host of social/political/moral supports, have all contributed to the prolific decay of family life. History emphatically suggests that the family is the internal glue which holds a society together. There's a clear understanding that the binding of human societies are primarily transmitted through behavioral patterns emanating from family life (*Hardy 1981*). The evidence appears rather conclusive with regard to this matter. When families, on a large scale, cultivate a wholesome uniformity of its customs, habits a great deal of secure stability. This usually results in the family being able to subjugate life's transitionary forces. Conversely, when on a large scale, there is a collapse in imparting a wholesome uniformity of the customs, habits, and values of family life, the society associated with those families, tend to be in grave danger of assimilating traits which drastically alter and/or destroy it. An analysis of Chinese, Hebrew, Roman, and other civilizations distinctly exemplify this postulate. The fact of the matter is, that not only does the quality and well being of family life determine the very character of a society and/or nation; this is systematically accomplished, in a very non-discriminatory manner, embracing all its segments, irrespective of race, religion, sex, financial and/or employment status.

It is not unreasonable to speculate that the decadent society, in all probability, is highly correlated with social/behavioral breakdowns in its basic family system. When such conditions prevail, police personnel are frequently summoned to restore order and tranquility. Discovering that gross inadequacies existed to properly address the increasing wave of domestic violence, many police departments across the nation, in the late seventies and eighties, instituted programs to better equip its personnel to meet the demands of providing intervention services for domestic crisis. Studies have revealed that a significant proportion of homicides involved domestic disturbances. Furthermore, it was candidly recognized that more police officers were being injured while responding

to family disturbance calls than any other type calls for service (*Buchanan 1983*). With respect to reducing injury to police officers, while responding to domestic violence, and providing them with special skills to help resolve the highly volatile situations of such disturbances, much progress has been achieved. Notwithstanding, while our society continues to produce record levels of domestic disturbances, and police personnel are mandated to respond to these problems, with first hand interventions, minimal attention has been focused on the needs of police officers. Serious consideration to this equation, rather concisely reveals that police personnel, the interveners in crisis situations, need to be physically and mentally well grounded to adequately provide these services. Too often, this is not the case; for in far too many instances, the police officers who exercise the role of intervener, are, in fact, in great need of intervention services in their own life and/or family:

The family life of police personnel is tremendously affected by the occupational demands and stress of their work. This is so much the case, that the police family has been empirically referred to as a high risk life-style (*Depue 1981*). The stressors of shift work, the constant reality of life/death considerations, negativeness and apathy from the public court system requirements, regulations and limitations, isolation and boredom, and organizational practices inherent to police operations, are some of the central forces which are believed to contribute pressure and strain on police personnel. The Niederhoffers', in their book, *The Police Family*, refer to the police occupation as a jealous mistress. They contend that in the process of police personnel coping with, what they describe as, the omnipresent grip of their occupation, both their individuality and their nuclear family are transformed. The explicit implication of this is that the responsibilities of police work are so arduous that they often generate behaviors/circumstances which supersede fundamental family life relations (*Niederhoffer 1978*). It has been often noted that the police profession is more than just an occupation; it is a way of life. The dynamics of this phenomenon frequently has an extremely adverse reaction on the family life of police personnel; just as though the response was relating explicitly to a real-to-life mistress interfering with family relations. The reportedly high divorce rate among police personnel is certainly reflective of adversary family relationships often accom-

panying their life styles. Although there have been numerous reports concerning divorce among police personnel, (Stratton 1978, Hurrell and Kroes 1975, Potter 1978) there does not seem to exist any reliable statistics which actually confirm a precise national perspective on this issue (Terry 1981). There is one fact, however, about police marriages, which appears to be universally accepted. In the first three years of police marriages something very troublesome occurs. It is during the first three years that most police families in America are in danger of breaking up. Some police departments report break-up figures, in these early years of marriage, as high as seven or eight out of ten marriages (Rogers 1977). Irrespective of precise statistics of divorce among police personnel, or whether they are, in fact, greater than or equal to the national divorce rate, the fact remains that the consequences are nonetheless incredibly hideous.

Contrary to the myth that police personnel are somehow exempt from the ravishes of human experience, there is a great deal of pain and anguish usually associated with family/marital conflict, estrangement and/or divorce. Extremely high incidents of alcoholism drug abuse anxiety depression and other psychological and socially maladaptive behaviors, have been documented as often being directly related to family/marital discord. When these circumstances prevail with police personnel, there is a tremendous likelihood that unproductive behaviors/performances will occur in the work place. This essentially is not much different than what takes place with non-police when these problems are experienced. However, the impact with police personnel, in most cases, is far-reaching upon society. Imagine police personnel who have just had a knock down drag out fight with their spouse and are required to respond to a very similar domestic disturbance. At best, this requires a keen discipline to separate their work from their personal life. A deep argument with the little woman or big man has been known to result in such behaviors as slamming doors on the way to report for work. It is this type of pent-up emotion that may victimize the first few citizens this officer relates (Platt 1975). There is a growing school of thought which asserts there is direct connection between police stress, much of which is known to come from family/marital discord, and incidents of excessive force and brutality. This ideology has mushroomed to the extent that courts have recently ruled that police agencies are, in fact, responsible for the psychological fitness of their personnel (Meredith 1984). Aside from the potentially counter-productive molds which seem latent in police personnel who experience family/marital life discord, there are other social-political and cultural consequences which seems to distract from the general wellness of society.

An abundance of literature which discusses the specific aspects of what really transpires within police families does not exist. In part, this is rather consistent with the secretive nature of the police sub culture. Moreover, this appears quite indicative of the legendary behaviors actualized within its domain. The stereotypic John Wayne and/or Annie Oakely mentality is not readily open to communicate any notion of needing help; for that may just signal a perceived role of weakness. One of the aspects that is clearly known about the family life of police personnel is that it significantly affects a large portion of police personnel's total life involvement. This seems true either from a positive or negative perspective. Studies have shown that one of the best predictors for success in police work and/or general life involvement is family stability (Rogers 1977). On the other hand, it's widely accepted that family/marital discord can greatly contribute to the downfall of one's personal and/or professional character. When family life is considered, in a generic sense, to include adult men/women relationships, this principle still seems to remain valid.

The dynamics of transmitting and receiving stressors in and out of the police family have been examined by several researchers (Stenmark 1982, Maynards 1982). Some of the factors which seem most problematic in achieving positive family relationships for police are: Authoritative and insensitive demands on spouse/children—Breakdown and/or lack of communication—Cynical outlooks—Difficulty in maintaining long range plans—Dishonesty and/or infidelity—Excessive drinking of alcohol—Insecurity concerning spouse's safety and activities— Intense involvement with police co-workers—Isolation from general community and spouse—Irregular schedules—Lack of outside interest and involvements—Limited time with family—Necessity of both marital partners to work—Necessity of second job—Over-protective attitudes/behaviors with spouse and/or children—Physical exhaustion from work— Psychological attachment and/or aggressive displacement of work at home— Weapons in the home. Each of these factors has a selective affect on the various family units of police personnel. In other words, some factors have meaning for some family units, while others do not. In most police families, there does however, invariably seem to be a central problem in the area of communications. Most of the family/marital conflicts of police personnel seem directly related to poor patterns of communications. Other factors which seem highly pervasive in creating serious problems, within many police families are: — Excessive and/or uncontrolled drinking of alcohol—Real and/or perceived dishonesty and/or infidelity—Authoritative and/or insensitive demands on spouse and children— Limited time with family—and Intense involvement with

police co-workers. The amount of time accrued in the occupation of policing seems to be important in terms of how these factors are addressed. Research points out that after the initial and highly critical troublesome periods, early in police marriages there seem to emerge a steady character. Additionally, there is data that reports that second police marriages tend to be stable and endure as well or better than first and/or second marriages in general population (Rogers 1977).

The accelerated changes in society have introduced other factors in family life relations of police personnel. Just over the last decade there has been a significant influx of women entering policing. Bringing unique talents to the profession, women have generally been accepted as richly contributing to the improvement of the occupation. Nonetheless, police women have also created a number of new dimensions in police organizations. The issues of: Single parenting—Police couples/marriages—The male spouse—Sexual improprieties in the work place—and the real and/or perceived pressure from male/female police teams, are all factors that police agencies and their respective family networks have had to find effective ways to respond and adjust. Moreover, in a number of police departments the phenomenon of trans/homo sexuality has surfaced as a real concern. As reflective of the general populous, there has surprisingly been some problematic tendencies arising from increasing numbers of inter-racial police couples/marriages.

The character and nature of police work has traditionally produced basic solutions to its problems from within its boundaries. In far too many incidences, police personnel tend to believe that no one except perhaps my co-workers, really understand my thoughts and feelings. One of the consequences of this process ostensibly lends to a natural proclivity of intricate intra-organizational involvements. There are reports that indicate that it is not uncommon within a police agency to find a host of intimate interpersonal relationships extended throughout and between its various members, even sometimes to include its civilian personnel. Both on a conscious and/or unconscious plane, the spouses and/or children of police personnel are the prime recipients of the organizational behaviors transpiring in the work place. Many of the solutions which emerge from intimate police subculture intermingling, have been known for having minimum therapeutic value, being rather short-lived, and/or even sometimes being detrimental to other police personnel and/or their families.

There is little room to question the premise that the future of policing necessitates renewed efforts aimed at maximizing human performance in the presence of extreme amounts of stress. The failure to reach the true

performance potential of police personnel is due, in part, to police organization's failure to talk honestly about their real weakness and vigorously explore solutions to their problems (Rotella 1984). There seems to be an overwhelming agreement that a large part of the problem and solution to improving the efficiency of human performance in policing lies in finding viable methods of improving the quality of family/marital life of police personnel. The subject of marriage and family life development absolutely demands straight talk in order to influence positive change. Too often, in police organizations, this topic is taken lightly and/or clouded over (Rogers 1977). Every police organization could benefit from the institutionalization of therapeutic and preventive policies and programs to address the needs of its police families. Perhaps the most logical and natural place to start this process would be to secure a psychologist, counselor or specially trained mental health professional who understands the esoterics of police and their family/marital life. This is extremely important, in that the highly personal disclosures of police personnel and their families require the most insightful and sensitive understanding; so as to reduce and prevent any threatening and possibly disruptive reactions. One of the most important aspects for the specialist working in this capacity, seems to be that of being perceived as an accepted part of the organization.

An essential provision for implementing helping services for police and their families, is to first secure a firm commitment from the agency's leadership. Such a commitment should certainly include a keen affirmation assuring confidentiality. Ideally, this commitment should entail a general policy statement authorizing a wide spectrum of programmatic activity. The specific mechanics of providing services to police families need to be highly tailored to the specific parameters of an agency. One of the limitations of providing services to police families is that there is only a minimum amount of reliable data to help shape the specific services needed. Although there may be great commonality among police organizations, their personnel and families; there may also be vast differences, just as one state of the United States is to another. It is highly questionable whether a program's services can, in fact, be useful if it is established on information other than what it is specifically designed to serve. Programmatic services should, in nearly all cases, be developed as inclusively as they possibly can to the issues and needs of an organization. This requires a certain amount of research to develop services consistent with an organization's specific needs. Whenever possible, services should start at the pre-hiring stage and extend to and through retirement. This is to say that there needs to be a holistic and continuous trust in program services.

A number of programs in spouse training, individual/group family counseling-therapy sessions, family orientation programs have been instituted in various police agencies across the country. Many of these programs have reported a fairly respectable amount of success. Notwithstanding, offered by themselves, without other supportive on-going programs, they have the propensity to produce very little change in basic problems. The intensity of police work tends to necessitate intensified programmatic activity at nearly every level of an organization to effectuate meaningful change. Police personnel must believe and feel that their involvement in a program is, first of all, safe in terms of confidentiality. Secondly, they must have strong sense that their involvement will really help them and/or their family with their problems. Lastly, there must be some sort of built-in process which will facilitate renewal for the new attitudes/behaviors which emerge from program involvement. These dimensions collectively working together can create an environment conducive for providing helping services.

The basic element in providing family life treatment services to police personnel is self development. Whether this takes place in a traditional therapeutic setting such as individual/group counseling-therapy, or whether the activities are preventive in nature, such as: spouse training, marriage enrichment, supervisory awareness instruction or general sensitive training concerning police family/marital life issues—the focus needs to accentuate the social/behavioral process of unselfish sharing. As an essential component to self actualization, the consciousness of unselfish sharing must be continuously perpetuated. All those who aspire to have tranquillity in their life must, in their own unique way, yield to the principles of developing themselves through unselfish sharing. Each individual must find an operable and satisfying understanding of themselves before they can truly understand and/or satisfy others. Regardless of the philosophical background utilized in providing program services to police personnel and their families; if they do not foster an actualization of self, they are not very likely to facilitate much problem solving. By no means, should this be interpreted as an easy process to accomplish; nor is this process exclusively connected with any particular school of thought. On the contrary, the accomplishment of this consciousness usually requires comprehensive efforts, and can be implemented from a multitude of disciplines.

It is in the intimate confines of family life that the consciousness of unselfish sharing and knowing and feeling comfortable with oneself can be cultivated best and flourish the most. Fluid communications, a sound sense of trust and sensitive system of compromising are at the base of nearly all good family/marital relationships. These qualities, are all emanations of the developed self. It has been successfully demonstrated, in a number of police departments, that self development activities can heighten awareness which can facilitate improvement in family/marital relations. A clear recognition of the nature of their profession—Understanding the role that is required to exercise their professional responsibilities—Understanding the possible conflicts that can naturally arise from their professional involvement, including the impact on their family/marital life well-being—and foremost, understanding that the professional self is not necessarily the inner or total self, are central themes for aiding the development of coping/wellness strategies. One of the keys for advancing concepts, such as these, in police agencies is to implement these ideas in a variety of programmatic services to include all ranks of police personnel and their families. It has been discovered that police organizations benefit from these services the most when they are also extended to their civilian personnel. There seems to be a tendency for the civilians in police agencies to assimilate the stressful character of the police environment. To avail such services to civilians in police agencies is believed to increase organizational harmony. Heavy emphasis should be exercised with respect of providing these program services to all entry level personnel and their families. This has been found to be an excellent technique to interpolate new layers of this kind of consciousness in the work place.

The exalating forces of stress on police personnel and their families, can be manipulated to derive high levels of self mastery, wellness and productivity. As with many other aspects of life, a mature healthy marriage and family life requires a give and take proposition. Neither police work or family/marital life, in this day and age, are easy. They necessitate special efforts, especially openness in communication, trust and compromising. Overcoming the potentially destructive side of policing is highly contingent on providing helping services to police families. The reality that police personnel and their families constitutes a type of family-subculture, should be utilized as a real means of strength, for developing, promoting, and advancing services which support one of *our primary sources of help, our society of police.*

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PSYCHOLOGICAL CONSULTATION TO "DISTRESSED" UNITS: OPPORTUNITIES AND PITFALLS

Paul R. Clavelle, Ph.D.

One of the most challenging and potentially-rewarding jobs for me as a police psychologist usually begins with a rather innocuous sounding phone call. Those of you who work full-time within an agency will recognize it. It usually begins something like this: "Doctor Clavelle, this is Captain Smith from Unit X. We've noticed a lot of tension in our people lately, and I was wondering if you might give a class on stress management or hold a workshop or something for them. This is a high-stress assignment, and we need to teach our people better ways to cope with it."

In my three years as a police psychologist, I have responded in some fashion or another to several such requests. I would like to share with you today my observations on the opportunities and pitfalls which such consultations present.

As I was preparing this talk, I realized that it was no accident that I had chosen this topic for my presentation. The sense of accomplishment to be derived from such work is enormous, but the challenges are many and the risks substantial. It was, I'm sure, out of a personal sense of wanting to clarify the issues involved in such work that I decided upon this topic.

The quality of my consultations has, in my opinion, ranged from excellent through nearly calamitous. It was often only in hindsight that I was able to discover (or delude myself into thinking I had discovered) the reasons for the success or failure of my interventions. This paper is my attempt to make sense of why such consultations vary so much in their effectiveness.

There are probably some topics which can be presented in a relatively antiseptic, straightforward manner, which will not cause people to question themselves, their supervisors, their subordinates, and their work situation in general. Stress management, in my experience, is not one of these. And it is this very issue which I believe is so important to discuss early on with the representatives (usually supervisors) from the unit requesting consultation. Most people think of a class in rather concrete, static terms. It is a period of time devoted to the transmission of information from an expert to a group of non-experts. This information helps one to perform one's job better or cope better or understand better. In such a straightforward approach, a class may be boring, or

repetitive, or irrelevant, but it is usually not disruptive. At worst, one has wasted time by attending.

Stress management classes, at least as taught by myself and most psychologists I know, do not usually fit into this static mold. People are encouraged to examine themselves (their private lives *and* their work lives) for stressors. Openness is encouraged; discussion is fostered; a problem-solving attitude is recommended. Change is seen as a sign of vitality. Questioning one's self, as well as others, is viewed as healthy.

Within such a framework, it is almost impossible for an individual to avoid facing some tough issues: personal traits he realizes he should change; interpersonal styles which increase his (and other people's) level of stress; organizational problems which result in tension and undue stress.

In summary, a thorough stress evaluation is necessary before effective stress management procedures can be designed. One complication of such an approach is that one can never be sure what the problems are, and therefore what the solutions might be until people have had a chance to evaluate themselves and the situation. That is something which I cannot do for them. I can structure their inquiry to some extent ("Fill out these five questionnaires"); I can never predict what the important issues will turn out to be. They may be some combination of those three.

Getting back to Captain Smith, who is calling to schedule a stress management class for his unit, I believe it is important to explain to him the nature of stress management interventions and to explore with him the options available. I have offered four levels of intervention—each one appropriate at different times to different units.

The least obtrusive type of consultation often turns out to be a one-on-one session with a supervisor who recognizes that his unit is not functioning well, further recognizes that his interpersonal or managerial style is part of the problem, is searching for ways to improve that style, but is not yet ready to expose himself to group feedback. This seems to be the most effective level of intervention when a new supervisor is still unsure of himself or when the level of dissension and distress within a unit is so severe that group discussions would generate more heat

than light.

Another type of intervention is the formal, structured class on stress management for the entire unit. Typically, this combines information on the nature of stress, exploration of the sources of stress, and a final section on stress management techniques, ranging from relaxation exercises to organizational changes. The instructor controls the content and pace of the class, and can allow as much (or as little) participation as possible. He can make it as personalized (or depersonalized) as he wishes to. Even in such a class, though, strong feelings and dissatisfactions may be voiced. Stress management cannot be taught in a vacuum.

The third approach is the workshop format. It places less emphasis on theory and instruction and more on practical problem identification and problem-solving. Discussion is fostered. Varying opinions are sought out. Expectations of change are higher; individuals are often more uninhibited and straightforward, therefore also more vulnerable.

The fourth type of intervention is the least inhibited, the most direct. It is a group meeting focused on one or several specific issues. The general topics of stress and stress management are of lesser concern; the problems are real, usually well-known to all, and emotions run high. Individuals are most vulnerable in this setting.

Each of the above approaches can be beneficial. Each also presents its pitfalls. Before deciding upon which one to use, I think it is useful to discuss the options with the supervisor (and also, if appropriate, the entire unit) and to evaluate certain key factors.

The following considerations seem to me to be some of the most important:

1. Have the members of the unit been consulted? If so, how do they perceive this request for a stress management class? If not, why not?

Since officers will comprise the bulk of the class usually, it is critical that they understand and, at least at some level, agree with the need for such a class. If it is perceived as just one more requirement forced upon them by supervisors, it will be attended grudgingly. Participation will be minimal. The backlash of resentment may well not be worth the effort.

A stress management class requested by a supervisor who has deliberately not discussed the idea with his subordinates is, in my experience, almost surely a symptom of severe organizational problems. The very request often reflects the supervisor's style of interacting with his subordinates, i.e., "here is something which I have decided is good for you. You will do it, and the problems (whatever they are) will have been addressed. I will have fulfilled my obligation." In this instance, one-to-one con-

sultation with the supervisor is called for before proceeding further.

I do not mean to imply that a unit's response to the idea must be overwhelmingly positive and eager. One must anticipate the usual, healthy expressions of resistance and skepticism to a proposal which is supposedly intended to "help them". That is, however, quite different in tone and quality from a reaction of silent, fearful anger, or outright hostility.

2. What are the supervisor's goals? What does he want to accomplish?

He may not be clear on this point. As a matter of fact, he will often have only a vague idea that something is wrong and that something needs to be done. He may, in other words, simply be responding to an adage which, I'm told, often holds true on the street, "Do something; anything is better than nothing". That may or may not be true on the street. but, as a management technique, it certainly has its limitations. Doing something is not always better than doing nothing.

When is "doing something" worse than "doing nothing"? The list of occasions is probably inexhaustible, but let me cite a few. Conducting a stress management class or workshop or group discussion is probably unwise when a supervisor has targeted certain individuals as trouble-makers and will use materials brought out in the class against them; when the unit is on the verge of mutiny, and the supervisor is not prepared to face the emotions which might be fueled by the discussion; when suspiciousness is long-standing and rampant and will effectively stifle participation.

A more appropriate intervention at this point is often to explore with the supervisor his reasons for feeling that he has to do something and to help him expand his list of options. His request for a stress management class, in other words, may have been his way of asking for consultative help. A class might be the least appropriate way of providing that help.

On the matter of goals, it is wise to explore another issue: what will be the unspoken goals or expectations of the group? Will the unit be anticipating major changes as a result of this meeting? If so, are the supervisors prepared to consider and implement such changes? Raising expectations of change, and then not following through with action, will only worsen the situation in a distressed unit.

I want to emphasize at this point the importance of follow-up in many stress-management consultations. It is an issue which I always raise with units before I provide consultation. Do they see this as a one-shot class? Do they anticipate that some issues may require ongoing discussion, and therefore that they may want to meet

again to re-evaluate the situation, assess the impact of any changes, etc.? I do not expect a firm answer. That usually only becomes obvious during the stress-management meeting. But a supervisor's or group's willingness to at least consider follow-up is often a good gauge of the level of their motivation.

3. Are there any hidden agendas? Reasons for holding the class which are not immediately obvious?

Have you ever gotten pulled into a situation, been described in overly-glowing terms as the guru ("You're the doctor. We'll listen to whatever you say"), only to realize slowly, painfully, with a queasy feeling down in the pit of your stomach, that there was more to this than you realized. Fritz Perls, if I remember right, used to call this the therapist's "bear-trap". As we all know, it is a major issue in marital or family work. In organizational consultation, I suspect it is even more prevalent and difficult to address well.

I find that the best way usually to deal with such issues is directly, both with the supervisor at first and, if appropriate, with the whole unit at the beginning of the training session. At least then the issues are on the table, and unspoken agendas don't sap the life out of the class. Examples of such issues include: (a) Our unit has a complaint, and has been unable to get action through regular channels. You, as a psychologist, will intervene for us, once you hear our story; (b) You will recognize that certain members of our unit are distressed, and will be able to do something about it; (c) You will take sides in a complicated disagreement among unit members.

These are all issues which may or may not be appropriate ones for us to deal with as psychologists. My point is that, if they are dealt with, it should be directly, not under the guise of giving a stress-management class.

4. Who, if anyone, will be threatened by the fact that this session is held? Will anybody feel that they have something to lose by participating or not participating in the class?

Someone, in even the best functioning unit, will be uncomfortable at the thought of attending a stress management class. Someone will feel threatened. If the discomfort and the feelings of threat are apt to be severe, one must, I believe, weigh them against the potential benefits. Some threats, especially the intrapsychic, may be impossible to predict (e.g., the individual who is going through the early stages of a major life transition and who is still denying the importance or extent of the coming changes). Some others will be readily identifiable (e.g., the unit member who recently underwent a major emotional crisis which was known to his colleagues; the officer who is currently being investigated by Internal Affairs on a serious charge).

These people, and others, may feel quite rightly that they have a lot to lose, not only by attending but by the simple fact that the class is being held. They may indeed even feel that their well-publicized "breakdown" was the impetus for the class, and they may be right. The value of the class needs to be weighed against the embarrassment which might be caused to such individuals.

5. Will it be voluntary?

Let me start off by saying that some of the best unit consultations I've been involved in have been with units where participation was not voluntary. That goes against common sense, at least my idea of common sense. I almost always assume that people will benefit from psychological intervention only if they participate voluntarily.

My only explanation is that, in the two cases I have in mind, everything else was working in favor of a successful intervention. The unit leaders were open and respected by their subordinates. Indeed, they set the tone early on in the day-long session by soliciting and accepting criticism in a non-defensive, non-vindictive manner. The unit members were bright, well-motivated, and psychologically astute. There was no threat of retaliation, either actual or assumed.

I will disregard my limited experiences in this matter, conclude that they were unrepresentative, and state that stress management usually works best with volunteers. I would appreciate your comments and experience in this matter. Perhaps the key issues are not only voluntary or involuntary participation, but also other variables such as the quality of the supervisor's participation or the perceived threat from participating.

6. What will be the role of the supervisors? Will they be present? Will they participate?

A supervisor's presence may well inhibit discussion, but, in my experience, it does not have to. It may indeed foster communication and openness if the supervisor models such qualities.

The critical nature of the supervisors' example can not be overstated. A captain who orders a class for his people but does not attend because he's too busy; a lieutenant who feels that this is just one more requirement foisted upon him and his unit; a sergeant who attends unwillingly and sits sullenly throughout the meeting because he "knows what the real problems are and nobody is going to do anything about them anyway": these supervisors will probably set the tone for the meeting.

Conversely, supervisors who attend the meeting, participate in the discussion, and "take their lumps" also serve as models for the other unit members. Without exception, the most successful unit consultations I have conducted have been in groups where supervisors took

an active, supportive, non-punitive role.

If my list of considerations seems lengthy, it is because I believe that effective intervention with a distressed unit is a difficult task which needs to be undertaken with a good deal of respect for the complexity of the situation. When done well, it has results similar to effective family or marital work: a freeing up of expressiveness; an increase in tolerance; a healthier, clearer definition of power boundaries; a feeling among members that they have been listened to; a willingness to try new approaches to old problems; a lessening of tensions within the group.

When done without adequate planning or awareness of the situation, it can just as easily backfire and lead to increased suspiciousness and distrust; re-establishment of excessively rigid behavior patterns; cynicism; and generally higher levels of stress.

I believe that by considering the various factors listed above, a psychologist can plan effective, appropriate interventions and maximize the odds of their success. Stress management intervention with a unit which is asking for help is more than just a matter of presenting a class. It is a matter of understanding what that request for help means and then responding appropriately.

STRESS IN UNDERCOVER POLICING

Gary M. Farkas, Ph.D.

"Police Stress" is a phenomenon that is widely discussed, not only in the criminal justice literature, but also in psychological publications and the popular media (e.g., Davidson & Veno, 1980; Kroes, Margoles, & Hurrell, 1974; Winokur, 1982). Typically mentioned as factors related to the development of distress in police officers are perceptions of inadequacies of the courts, poor administration, bad equipment, shift work, boredom, pay, and lack of promotional opportunities.

One aspect of policing, undercover investigation, has received very little attention, perhaps as a consequence of its very nature. The stress of working in an undercover assignment has not, to our knowledge, been discussed in professional journals. One may assume, however, that federal agencies employing large numbers of undercover operatives may have studied "undercover stress" for internal consideration.

A number of types of undercover policing exists, each with its own particular set of stressors. At the most basic level is plainclothes surveillance and enforcement, conducted by non-uniformed officers either on foot or in car, who when necessary will identify themselves as police officers. The second level of undercover work consists of "deep undercover", where one's identity is changed with false papers, appearance is altered by hair growth and costuming, and one's contact with family, friends, and other police officers is strictly limited. Officers working deep undercover hold the responsibility of infiltrating a target group by befriending its members, and covertly collecting evidence of illegal activities. These types of investigations sometimes takes several years in order to accomplish its aims. It is the deep undercover officer, therefore, who may be at greatest risk for the development of a stress disorder.

As a consequence of the public's fascination with police matters, the popular literature is not totally devoid of accounts of "undercover stress". Linderman (1981) described the changes in Dan Black, a veteran California police officer who became a deep undercover narcotics officer at age 27. Black was the youngest police sergeant in the history of his city's police force and was selected for his assignment because of his high motivation, energy, and dedication. During two years of intense undercover work, however, Black became an alcoholic and a drug abuser. When he was reassigned to uniform duty,

he got divorced and quit the force. Two months later, he committed armed bank robbery.

Linderman's (1981) account of the behavioral changes occurring in undercover officers is not unique. Eisenberg, Dan and Landau (1978) detailed similar alterations of personality in agents working for the Mossad, the Israeli Intelligence agency. In one example, Agent Eli Cohen, after working for eighteen months undercover as an Arab businessman in Syria, suffered such role confusion that he wasn't sure of his true name or who constituted members of his family.

Labrecque (1982) recounted the case of FBI agent Patrick Livingston, who worked undercover for 2½ years in the well-known MIPORN investigation. Livingston, an agent with impeccable credentials, was behaving so erratically after the investigation concluded that his supervisor guided him into counseling. Unfortunately, less than two years after MIPORN came to light, Livingston was arrested for a shoplifting offense. Subjected to FBI disciplinary action, Livingston claimed that he adopted his undercover persona even when he didn't need to for reasons which he was unaware. A psychiatrist testified that his behavior was a "cry for help".

Daley (1981) provided perhaps the most stunning depiction of personality changes occurring as a consequence of prolonged undercover operations. Daley's account concerned Robert Leuci, a New York narcotics detective who was the model for the protagonist in the movie *Prince of the City*. This story revealed that the corruption of the narcotics officer happens not in a single stroke of greed and effort, but as a consequence of a gradual erosion process, a process that Leuci, himself, considers inevitable in undercover work (Leuci, *Personal Communication*, April, 1982).

In a recently declassified study, the Federal Bureau of Investigation (FBI, 1980) interviewed 76 agents with extensive and frequent undercover experiences. Results of this study suggested that the major sources of stress in deep undercover work were supervisors/subordinate relationships, role requirements of the undercover officers, and strain on marital and social relations. Major psychological reactions observed were symptoms of paranoia, changes in attitudes toward certain laws, sympathy for the views of the criminal target, and "corrosion" of the agent's value system.

The present study was initiated as a result of the concern of the Honolulu Police Department's administration, who approached the author for consultation regarding stress symptoms in a former undercover officer. After initial inquiry, the author suggested a full-scale study of the problem. With the cooperation of the administration and former and current undercover officers, two experiments were undertaken to assess the nature and degree of distress related to deep undercover work, and how it may influence performance both as an undercover officer and in later assignments. The goal of the project was to provide concrete and data-based suggestions for administrative review so as to implement changes in order to make undercover work less stressful to the benefit of both officers and operations.

EXPERIMENT 1

METHOD

Subjects

A total of 82 current and former undercover (UC) officers from the Honolulu Police Department were subjects of the present study. Of this number, 68 were former UC officers still employed with the Department, nine were current UC officers, and five were former UC officers no longer with the Department. The total number accounts for the entire available population of UC officers used by the Honolulu Police Department between 1969 and 1981.¹ The mean age was 26.2 years with a range of 20-42 years.

Subjects served in an undercover capacity from one to 48 months (mean = 13.3 months). Subjects were assigned to either Narcotics/Vice (35.4%), Criminal Investigation Division (CID, 31.7%), Criminal Intelligence unit (5%) or other (3.8%) divisions during their undercover experience.

All subjects had at least a high school education, with 21% having an AA degree and 17.3% having a BA degree. Only a small number (7.3%) of the group attended police recruit school prior to initiating their undercover assignment.²

Survey Instrument

All subjects completed a rationally derived survey consisting of 121 items believed to be related to the development of stress among officers involved in undercover operations. Items were constructed on the basis of interviews with several former undercover officers and were organized into sections assessing mental status (psychiatric symptomatology) before, during, and after the undercover assignment; lifestyle changes resulting

from the undercover work, perceptions of departmental support, attitude changes, as well as demographic information.

Procedure

Owing to the confidential nature of undercover work, conflicting work schedules, and geographical distance in some cases, administration of the survey varied somewhat between groups. Most former UC officers still employed by the Department were administered the survey in two groups over a period of two weeks. Several officers on vacation or sick leave completed the questionnaire independently. The site of the administration was a classroom within the Honolulu Police Department. Subjects were told of the importance of obtaining information regarding the stress factors involved in undercover work, and of the complete anonymity of their responses.

To assess the group currently undercover, the first author met separately with each individual at a site away from the Department, during which time the subject was interviewed and administered the survey. Due to the nature of the testing, it was obvious that the responses of this group could not be guaranteed to be anonymous. Assurances were given, however, that all data would be summarized prior to administrative consideration and no identifying information would be linked to any individual.

Twelve former UC officers no longer with the Department were mailed a copy of the survey, along with a cover letter, stressing the importance of the information and the anonymity of responses. The first mailing produced a return of four questionnaires. A second mailing netted one additional instrument, providing a 41.7% return rate, quite considerable given that some of these officers failed to leave forwarding addresses.

RESULTS

Initial comparisons were made to determine the existence of differences between the three UC groups. Few significant group differences were obtained, and these may have been due to chance, given the large number of comparisons made. The following results are therefore based upon aggregate data.

Psychiatric Symptomatology

Ratings of Symptoms

The degree to which 21 psychiatric symptoms occurred immediately prior to assuming the undercover assignment were retrospectively rated. Four symptoms were endorsed by at least 10% of the sample as either occurring

"often" or "always" (rated 4 or 5 on a five-point scale). These symptoms were loneliness/isolation (19.4%), oversuspiciousness (15.2%), nervous tension (13.3%) and relationship/marital problems (11.3%).

As a broad index of the stress of undercover work, retrospective ratings of psychiatric symptoms were made for feelings and experiences *during* the undercover assignment. Seventeen of 21 symptoms were given at least a 10% endorsement at the "often/always" level with eight endorsed by at least 20% of the sample. Highest ratings were again obtained for oversuspiciousness (44.0%), nervous tension (39.0%), loneliness/isolation (37.0%), sleep difficulties (28.3%), relationship/marital problems (27.6%), poor concentration (26.2%), depersonalization (21.2%), poor memory (21.0%) and alcohol abuse (19.5%).

Regarding remnants of psychiatric symptoms *after* the cessation of the UC assignment, much stress appears to be relieved, with the exception of loneliness/isolation (37.5%), oversuspiciousness (19.5%), relationship/marital problems (14.2%), and alcohol abuse (12.5%). Table 1 gives a complete listing of the symptoms and the percentage of responses to the two highest levels of endorsement (i.e., "often" and "always").

Table 1. PERCENT OF RESPONSES TO PSYCHIATRIC SYMPTOMS AT THE TWO HIGHEST LEVELS OF ENDORSEMENT.

Symptom	UC Assignment		
	Before	During	After
Not Sleeping Well	6.1%	28.3%	7.0%
Loneliness/Isolation	19.4%	37.0%	37.5%
Excessive Use of Alcohol	3.7%	19.7%	12.5%
Drug Abuse	0.0%	1.2%	1.4%
Relationship/Marital Problems	11.3%	27.6%	14.2%
Lack of Energy	2.4%	10.0%	7.0%
Sadness	7.3%	13.3%	5.4%
Low Self-Esteem	7.2%	13.5%	4.1%
Crying Spells	0.0%	2.4%	2.7%
Nervous Tension or Anxiety	13.3%	39.0%	9.6%
Guilt	7.2%	11.0%	6.9%
Feeling of Emptiness	3.7%	12.3%	7.0%
Self-Doubt	6.1%	18.5%	1.4%
Confusion	7.3%	19.7%	4.3%
Experiencing Self "Unreal"	7.7%	21.2%	2.8%
Disorientation	2.5%	13.7%	1.4%
Oversuspiciousness	15.2%	44.0%	19.5%
Suicidal Thoughts	0.0%	0.0%	0.0%
Poor Concentration	0.0%	26.2%	4.2%
Poor Memory	1.2%	21.0%	2.7%
Hearing Voices	1.2%	0.0%	0.0%

Causal Analysis

In order to examine what variables might be causally related to the psychiatric symptoms, a stepwise multiple regression analysis was performed on a composite value derived from the 21 psychiatric symptom ratings at each time period.

The stepwise procedure indicated that 11% of the variance related to the degree of psychiatric symptoms felt *before* the UC assignment could be explained by the "amount of pressure" one felt to take the UC assignment ($r^2 = .11$, $p < .01$). In support of this finding, one quarter (26%) of all subjects reported being under "much pressure", to accept the assignment, while 41% reported "no pressure".

Regarding the degree of psychiatric symptoms experienced *during* the UC assignment, the stepwise procedure indicated that 55% of the response variance could be explained by: "not being able to talk about the assignment" ($r^2 = .48$, $p < .01$); the degree to which relationships changed with the subject's family and friends ($r^2 = .05$, $p < .05$); and the number of months on assignment ($r^2 = .02$, $p < .05$). This last variable was found to have an inverse relationship, indicating that the greater the length of time on assignment, the lesser the severity of psychiatric symptoms reported.

Finally, 56% of the response variance related to the degree of psychiatric symptoms experienced *after* the UC assignment was found to be explained by: "not being able to talk about the assignment" ($r^2 = .37$, $p < .01$); level of education ($r^2 = .14$, $p < .01$); and type of living situation *after* assignment ($r^2 = .07$, $p < .01$). Inverse relationships were found for the last two variables, indicating that the higher the level of education and the more positive the living situation (e.g., living with spouse vs. living alone), the lesser the severity of psychiatric symptoms reported. Table 2 summarizes the findings of the stepwise procedures.

Table 2. SUMMARY OF VARIABLES FOUND TO BE RELATED TO PSYCHIATRIC SYMPTOMS USING STEPWISE MULTIPLE REGRESSION ANALYSIS.

<i>Psychiatric Symptoms Prior to UC Assignment</i>		r^2
1. Amount of Pressure Felt to Take UC Assignment		.11**
<i>Psychiatric Symptoms During UC Assignment</i>		
1. Not Being Able to Talk About Assignment		.48**
2. Degree Relationship Changed with Family/Friends Due to Assignment		.05*
3. Number of Months on Assignment		.02*
	R^2	.55
<i>Psychiatric Symptoms After UC Assignment</i>		
1. Not Being Able to Talk About Assignment		.37**
2. Level of Education		.14*
3. Living Situation		.07*
	R^2	.58

* $p < .05$

** $p < .01$

Development of Psychological Problems

Subjects were asked when, if at any time during their UC experience, they may have started to experience psychological problems. Thirty-nine subjects (47.5%) denied the occurrence of psychological problems. Of the 52.5% who admitted to problems, these psychological problems occurred within a mean of 5.2 months (mode = 2 months). Of the entire sample, 32% reported that they would have found it useful to have had contacts with a psychologist during their UC assignment.

Those stating that contacts with a psychologist would have been helpful reported performing activities contrary to deeply held values ($r = .46, p < .01$), experienced greater "sadness" during ($r = -.41, p < .01$) and after ($r = -.39, p < .01$) assignment, and greater feelings of "guilt" during ($r = -.30, p < .01$) and after ($r = -.39, p < .01$) the assignment.

Subjects endorsing the value of psychological contacts reported greater feelings of nervous tension ($r = -.37, p < .01$), confusion ($r = -.37, p < .01$) and disorientation ($r = -.35, p < .01$). Also related were a higher degree of relationship and marital problems ($r = -.33, p < .01$), stress due to secrecy ($r = -.34, p < .01$), and isolation/loneliness ($r = -.33, p < .01$).

In order to evaluate the relationship between psychiatric symptoms occurring before, during and after the UC assignment, the respective composite psychiatric symptoms scores were correlated. Resulting Pearson correlations indicated significant associations between ratings of stress prior to and during assignment ($r = .63,$

$p < .01$), prior to and after assignment ($r = .51, p < .01$) and during and after assignment ($r = .76, p < .01$).

Stress and Isolation

Given the significant association found between reporting not being able to talk about the assignment and stress symptoms, the hypothesis that stress due to secrecy of assignment may have been more prevalent in UC officers who worked independently versus those who operated in groups. Analysis of variance procedures indicated that officers working alone were less able to fully associate with their friends and family, $F(1,71) = 4.27, p < .05$, perceived more behavior change on the part of family and friends, $F(1,71) = 5.63, p < .05$, perceived that family and friends suffered greater stress due to their new lifestyle, $F(1,69) = 7.43, p < .01$, and experienced greater feelings of loneliness $F(1,71) = 4.98, p < .05$.

Stress as a function of working in isolation was further examined by inspection of the psychiatric symptom composite scores. An analysis of variance failed to discriminate between composite scores for officers working in groups and officers working independently for any of the three time periods (before, during, after).

Attitude Change

Of the total UC sample population, 17% reported that extreme personal changes had taken place after completing their assignment. Within this group, 41.8% reported that this change was mostly positive while 12% reported that the change was mostly negative. Regardless of direction (e.g., positive or negative), correlational analysis indicated that the greater the amount of change, the greater the tendency there was to report psychiatric symptoms. Further, the greater the change, the greater the tendency to report experiencing special problems in the Department as a result of the UC assignment ($r = .38, p < .01$), as well as a greater tendency to report the UC experience altered perceptions of the Department ($r = -.30, p < .01$). This last indication is supported by the fact that 36% of the total sample reported that their perception of HPD had been altered by the UC experience.

If subjects reported that their UC experience led them to have special problems in the Department, there was a tendency to report experiencing greater frequencies of psychiatric symptoms during and after the assignment. Table 3 lists the correlations for the most significant symptoms in each time period.

Of the total sample, 10% reported that the UC experience was more of a handicap to their careers than a help. The greater the handicap reported, the greater the ten-

gency there was to report experiencing greater frequencies of a majority of the psychiatric symptoms during and after the UC assignment. Table 4 lists correlations for the most significant symptoms in each time period.

Table 3. CORRELATIONS BETWEEN PSYCHIATRIC SYMPTOMS AND PERCEPTIONS OF HAVING HAD SPECIAL PROBLEMS IN THE DEPARTMENT AS THE RESULT OF UC ASSIGNMENT.

Symptom	During UC Assignment	After UC Assignment
Oversuspiciousness	.29**	.26*
Low Self-Esteem	.26*	.21
Lack of Energy	.26*	.23*
Relationship/Martial Problems	.25*	.15

*p<.05

**p<.01

Table 4. CORRELATIONS BETWEEN PSYCHIATRIC SYMPTOMS RELATED TO REPORTING THE UC EXPERIENCE TO BE MORE OF A HANDICAP TO LATER CAREERS.

Symptom	During UC Assignment	After UC Assignment
Guilt	.35**	.48**
Poor Concentration	.40**	.34**
Low Self-Esteem	.39**	.39**
Feelings of Emptiness	.38**	.38**
Sadness	.37**	.37**

**p<.01

A stepwise multiple regression analysis was performed on a composite variable consisting of items related to changes in attitude toward both UC work and the Department. It was found that 20% of the response variance was explained by amount of stress due to court cases ($r^2 = .20, p < .01$).

A stepwise multiple regression analysis of items indicated that 30% of the variance related to having special problems in the department could be explained by: Experiencing problems in making the transition to another position ($r^2 = .16, p < .01$); and inadequacy of preparation and training for UC assignment ($r^2 = .14, p < .01$).

Departmental Support

Selection

Of the total sample, 29% reported having received no information regarding the nature of their assignment prior to being sworn in and, of those, 65% felt such information

would have been useful in deciding whether to accept the assignment. Also, 58% felt that such information would have been helpful in adjusting to the assignment. These percentages are further supported by the fact that 46% of the respondents made additional comments to open-ended questions relating to the lack of information given about the nature of the assignment. Correlational analysis revealed that if information was reported as not being given, there was a significant tendency ($r = .26, p < .01$) to state that if the choice was to be made over, they would not choose to volunteer for UC work again. Significant correlations were also found between lack of assignment information and of lifestyle change information ($r = .35, p < .01$), and lack of adequate preparation and training ($r = -.26, p < .01$).

Of the total sample, 26% reported feeling a great deal of pressure to accept the UC assignment if they were to be selected as police officers. Correlational analyses indicated that greater feelings of pressure were associated with greater feelings of guilt before ($r = .33, p < .01$), during ($r = .41, p < .01$), and after UC assignment ($r = .41, p < .01$), self-doubt before assignment ($r = .36, p < .01$), emptiness before ($r = .30, p < .01$) and during ($r = .24, p < .01$) assignment, and oversuspiciousness ($r = .32, p < .01$), loneliness/isolation ($r = .29, p < .01$), confusion ($r = .25, p < .01$) before the UC assignment.

A stepwise multiple regression procedure indicated that 21% of the response variance related to perceptions of departmental support could be explained by: relationship after UC assignment ($r^2 = .14, p < .01$); and living situation before the assignment ($r^2 = .07, p < .02$). An inverse relationship was found with the latter variable indicating that the more negative the living situation (e.g., living alone vs. living with spouse) before UC assignment, the greater the tendency to report departmental support during UC assignment was adequate.

Training

With regards to preparation and training, 56% of the subjects reported that the amount given was inadequate. Also, 41% openly commented on the poor quality of preparations and training. Importantly, the correlational analysis revealed that the greater the tendency for subjects to report inadequate preparation and training, the greater the tendency to report higher frequencies of psychiatric symptoms (r 's ranged from $-.37$ to $-.21, p < .05$), more special problems ($r^2 = -.28, p < .01$), and greater likelihood of establishing friendships with criminals ($r^2 = -.28, p < .01$).

Supervision

Of the total sample, 25% reported that the supervision

obtained after entering the UC assignment was "not adequate". In the open-ended questions, 41% of the sample commented on the poor quality of supervision. Further, 41% reported that feedback on their performance was "not at all adequate", 28% reported that the "expectations of their supervisors were not adequately communicated," 20% that "promised backup support was not adequate", 34% that they had problems receiving paychecks, and 12% a need to talk to someone higher in rank than their immediate supervisor due to lack of trust in him.

Job Transition

42% of the total sample reported experiencing problems in making the transition to another position after their UC assignment. If such problems were experienced, there was also a tendency to report a greater number of special problems in the department due to the UC experience ($r = -.44$, $p < .01$), greater severity of psychiatric symptoms during and after UC assignment (r 's ranged from $-.38$ to $-.22$, $p < .01$), greater personal changes of a negative nature ($r = -.28$, $p < .01$) upon completion of UC assignment; greater changes in relationships with family and friends ($r = -.43$, $p < .01$), and a greater feeling that one's life was in danger after the UC assignment ($r = -.27$, $p < .01$).

Lifestyle Changes

Of the total sample, 48% reported that no information was given regarding changes that would have to be made in lifestyle, prior to being sworn in. Of these, 51.4% felt this information would have helped in deciding whether to accept the assignment, and 75% felt such information would have helped in adjusting to the assignment.

Of the total sample, 41% reported great changes in their relationships to family and friends; 33%, a great loss of contact with family and friends; 30%, a great deal of stress suffered by family and friends; 22%, changes in behavior of family and friends towards them; 37%, great difficulty in being able to freely associate with family and friends in public; and 33%, a great deal of personal stress resulting from not being able to talk to others about their UC assignments.

Criminality and Dangerousness

Of the total sample, 26% reported perceiving that their life was in extreme danger during their UC assignment. Correlational analysis revealed that the tendency to report higher frequencies of psychiatric symptoms both during and after UC assignment was associated with the degree

of dangerousness experienced or perceived. Table 5 gives the most significant correlations for each time period.

Table 5. CORRELATIONS BETWEEN PSYCHIATRIC SYMPTOMS AND THE PERCEPTION OF LIFE BEING IN EXTREME DANGER.

Symptom	During UC	After UC
	Assignment	Assignment
	r	r
Nervous Tension or Anxiety	.42**	.34**
Not Sleeping Well	.41**	.30**
Disorientation	.39**	.24*
Poor Memory	.23*	.37**
Experiencing Self as "Unreal"	.36**	.26**
Loneliness/Isolation	.37**	.12*
Relationship/Martial Problem	.34**	.31**

* $p < .05$

** $p < .01$

Of the total sample, 16% reported having "frequently" developed a friendship/loyalty with individuals engaged in criminal activity. 39% reported "occasionally" developing such a relationship. Correlational analyses indicated that the stronger the relationship, the more it influenced the performance of their duties ($r = .47$, $p < .01$), increased the frequency of engaging in criminal activities ($r = .40$, $p < .01$), increased the frequency of reports that backup support was inadequate ($r = .26$, $p < .01$), increased the frequency of reports that expectations of superiors were not clearly communicated ($r = .23$, $p < .05$), and decreased the reporting of a desire to volunteer if they had the decision to make again ($r = .22$, $p < .05$). Finally, a greater frequency of reporting psychiatric symptoms was also associated with the development of loyalty to criminals. Table 6 presents significant psychiatric symptoms associated with this variable.

Table 6. CORRELATIONS BETWEEN PSYCHIATRIC SYMPTOMS AND THE DEVELOPMENT OF A RELATIONSHIP WITH CRIMINALS DURING ASSIGNMENT.

Symptom	During UC	After UC
	Assignment	Assignment
	r	r
Guilt	.45**	.29**
Drug Abuse	.37**	.26**
Experiencing Self as "Unreal"	.35**	.31**
Sadness	.34**	.28**
Loneliness/Isolation	.28**	.26**

** $p < .01$

Of the total sample, 4% reported that the loyalty felt towards criminals frequently influenced the performance of their duties. 11% reported that occasionally this loyalty influenced their performance.

Of the total sample, 9% reported "frequently" engaging in criminal activity during their UC assignment, and 7% reported "occasionally" engaging in criminal activity. Correlational analysis indicated that the greater the degree of involvement, the greater the tendency to report drug abuse during ($r = .48, p < .01$) and after ($r = .37, p < .01$), the UC assignment, the greater the tendency to question the morality of UC operations ($r = -.32, p < .01$), and a greater tendency to report drug abuse before the UC assignment ($r = .24, p < .01$).

Of the total sample, the UC officers who left the Department reported significantly higher mean ratings of engaging in criminal activity (3.8) than either the current UC (1.00) or former UC still with Department (1.61) groups, $F(3,81) = 8.29, p = .001$.

EXPERIMENT 2

The second experiment was conducted in an attempt to ascertain specific effects of the undercover experience on later police behavior. The major hypothesis was that due to the additional stress of the UC assignment, officers with previous UC experience would commit a significantly greater number of rule infractions than a group of officers that had not had such an experience.

METHOD

Subjects

Former UC officers presently employed with the Department ($N = 68$) and used in phase one of the study were again used in phase two as the experimental group. A control group of officers with no prior UC experience was developed from the total population of Honolulu Police Department officers by way of matching on the following variables: Sex, age, date entered the Department, marital status, and race.

Procedure

UC and control groups were equated according to length of time on the beat, so that only those reports of rule infractions occurring when both subjects were engaged in uniformed patrol duties were recorded.

Rule infractions were classified in two categories: Violent behaviors (e.g., overbearing conduct, excessive use of force, assault and battery), and nonviolent behavior (e.g., sleeping on duty, neglect of duty). The incidence of rule infractions for control and UC group subjects was

determined by the number of investigative reports filed by the Internal Affairs Division. Reports were classified in the following manner: (1) sustained nonviolent; (2) non-sustained nonviolent; (3) sustained violent; and (4) non-sustained violent. Acts were judged to be either sustained or non-sustained by the civilian Police Commission.

RESULTS

The mean age for the UC group ($N = 67$) was 25.9 years with an SD of 3.61. The mean age for the control group ($N = 67$) was 25.4 years with an SD of 3.16. The mean number of months on the job for the UC group was 40.3; for the control group the mean was 40.9. T-tests were performed on the means for age and number of months on the force. No significant differences were found between UC and control groups.

Chi Square Analysis was performed on each disciplinary category. No significant differences between cell frequencies were found. Table 7 presents the percent totals for each of the four disciplinary categories by group.

Table 7. PERCENTAGE OF DISCIPLINARY INDICES FOR UC AND CONTROL GROUPS.

	None	One	Greater Than One
Sustained Non-Violent			
UC Group	64.2%	2.9%	14.9%
Control Group	61.2%	22.4%	16.4%
Non-Sustained Non-Violent			
UC Group	73.1%	14.9%	12.0%
Control Group	74.6%	17.9%	7.5%
Sustained Violent			
UC Group	92.5%	6.0%	1.5%
Control Group	85.1%	10.4%	4.5%
Non-Sustained Violent			
UC Group	67.2%	16.4%	16.4%
Control Group	61.2%	19.4%	19.4%

DISCUSSION

The results of the first study clearly indicate that a variety of psychiatric symptomatology is associated with the assumption and performance of undercover policing duties, and these psychiatric symptoms persist for a period of time after the undercover assignment ends. The symptoms most commonly reported as frequently occurring are anxiety, loneliness/isolation, oversuspiciousness and relationship/marital problems. Although all subjects

reported some symptoms, 52.5% labeled themselves as having "psychological problems", starting at an average time interval of 5.2 months after onset of the assignment. Fully 32% of the sample indicated that their problems were of sufficient magnitude that contact with a psychologist at the time of the UC assignment would have been desirable.

Based upon the stepwise multiple regression analysis, it is clear that factors most related to the psychiatric symptoms are feelings of isolation caused by not being able to talk about the assignments, as well as negative changes in marital/significant other relations. The human problems noted do not, however, cease after the completion of the UC assignment. The results of the study indicate that the greater the stress during the assignment, the greater the reports of distress after the assignment is concluded.

The adverse effects on individual officers also appear to have a reciprocal impact on performance and perception of their assignment. The results indicated that strong personal relationship/attachments developed between UC officers and members of the criminal population. This attachment, in turn, appeared to be directly related to the level of distress perceived by the UC officer. In addition, the greater the attachment developed, the more frequently UC officers reported effects on the performance of their duties, drug abuse, and engagement in criminal activities. Finally, perceptions of having had later career handicaps were significantly correlated with the degree of distress felt during and after the UC assignment.

Upon termination of the UC assignment, 42% of the officers reported experiencing problems in transition to another assignment. Evidence of transition problems was also significantly related to the increased frequency of reporting a greater number of special problems in the Department, higher stress levels during and after UC assignment, and changes in both relationships and loss of contacts with family and friends during the UC assignment. Other important factors related to later transition problems included stress related to not being able to talk to others about the assignment, and a greater concern that their lives were in danger after the completion of the assignment.

An important moderator of the development of attachments to criminals and the negative effects associated with this identity, appeared to be the relationship and trust the UC officer developed with his supervisor. When backup support was not seen as being produced when promised, and/or when superiors' expectations were not clearly communicated, UC officers tended to develop stronger ties to criminals and lack of trust in their supervisors. Supervision was rated as more adequate when supervisors' expectations were clearly communicated,

feedback on performance was given and promises were carried out with respect to backup support.

Information concerning the assignment and the types of lifestyle it would necessitate, appeared to be important for successful adjustment to the UC assignment. The majority of the sample reported no or too little information was transmitted prior to the assignment and, had they had this information, their subsequent adjustment would have been improved.

Perhaps the most telling information regarding the UC officers' experience is contained in the last section of the questionnaire devoted to open-ended comments. The need for more training was mentioned by 41.5% of the sample. Greater information regarding the assignment was a need mentioned by 46.3%. More and better supervision and administrative support was mentioned by 41.5% and 29.3% of the sample, respectively.

In summary, this study has identified a number of problem areas in need of administrative attention; namely, selection, training, supervision, and reintegration of the UC officer. Since the completion of this study, numerous changes have occurred within the Honolulu Police Department's undercover operations that may be, in part, attributed to the study results.

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Footnotes

¹Seven officers no longer with the Department did not return questionnaires or were unable to be sent questionnaires due to lack of forwarding addresses.

²It was the practice of the Honolulu Police Department to take a small number of successful applicants for police officer positions directly into undercover work, without prior attendance at police recruit school. This was done so as to keep the confidentiality of the person's position in this small community, as well as to not expose him/her to police language and nonverbal behavior (performance of which could result in tragic consequences). Undercover officers were then given specialized training under the direction of the particular units to which they were assigned.

"STRESS" – A PSYCHO-SEMANTIC PERSPECTIVE

Douglas Gentz, Ph.D.

Some Eskimo tribes have forty or fifty words to describe various forms of frozen precipitation. In most of the rest of the world the single word "snow" seems to suffice. Apparently the Eskimos have some logical reasons for their expanded vocabulary in this regard. My way of reasoning suggests that they find it important to the quality (and perhaps continuation) of their lives to make so many fine distinctions. Since "snow" refers to a significant variable in their environment, they seem to have wisely paid a great deal of attention to understanding the role it plays in their daily lives.

Here in this part of the world, especially in the last several decades, we in the health professions have discovered a significant variable in our culture. We have, as a profession, discovered "stress" and we have spent a great deal of time, energy, and money announcing it, elaborating on it, and alerting the general public about this phenomena, which, it seems, threatens to overwhelm and devastate us like a blizzard.

Jean Piaget suggested many years ago that perception is an active process and that language development has a significant impact on an individual's ability to generate concepts helpful to understanding and interacting with reality. I've also noticed that the prerequisites involved in any situation that requires learning a new skill includes acquiring an appropriate vocabulary. It seems to me that investing some energy in more clearly and precisely examining the highly variable phenomena which we blithely label "stress" might prove worth the effort.

Each time our Police Department implements a course for training of new police officers I am asked to present the block on "stress". These fine young men and women have college educations and know as much about snow and "stress" as any other typical American. Since snow presents a relatively minor problem in this part of the country I'm not interested in recommending we import an Eskimo from Pt. Barrow, Alaska to detail the fine points of frozen precipitation. I am, however, greatly interested in presenting them with a more precise and accurate way of understanding and dealing with a phenomena ("stress") that they will have a great many opportunities to experience.

One of the first things I do when presenting this subject is take a detour into the topic of the English Language. Without going into the relevant, but esoteric field of transformational grammar, I review with them the differ-

ence between nouns and verbs. Since these recruits are well educated, intelligent individuals they have little difficulty understanding that a word may function grammatically within a sentence structure as a noun and function semantically, a noun refers to a person, place, or thing, while a verb acts as a symbolic referent to an activity. This means that if a word is performing as a noun, a human being that can create a mental image should be able to visualize it occupying a space in an imaginary wheel-barrow. Most people can visualize a cup in a wheel-barrow, a city in a very large wheel-barrow, a virus in a very small wheel-barrow, and so forth. If a person can visualize the real world object in the imaginary wheel-barrow then that object is probably functioning semantically as a noun. Cups, cities, and viruses are all "things".

In contrast, in everyday conversation we use a great many words *as if they were nouns* that *semantically* refer to *actions or processes*. We make no mistake *grammatically* when we diagram these words as nouns within a sentence structure, yet *semantically* we often run the risk of confusing ourselves. As far as I know, no one in our profession has ever seen or visualized in a wheel-barrow or otherwise a "schizophrenia" or a "depression". What we do see includes usual patterns of behavioral responses which we *conceptualize* and *symbolically label* as "schizophrenic" or "depressed". When one of my clients tells me "I'm depressed" I generally know he is not telling me his name—he is telling me that he *feels* (verb) depressed. My training has equipped me to attempt to help people change what the *do* or how they do it so I find that I can provide some assistance in aiding a person who wants to change how he *feels* (or acts, or thinks).

Such words as schizophrenia, depression, anger, love, happiness, fear, trust, pain, pleasure, and "stress", all refer semantically to process, *not* things. If, in the first 15 minutes of my class with the police officer recruits I have presented them with the concept that they cannot visualize a "stress" in a wheel-barrow, and that therefore, there is no such "thing" semantically as "stress" then I feel ready to begin to explain to them the *process* that is represented by the word "stress".

Before I really feel comfortable proceeding, I generally issue the class members a disclosure statement. I tell them that understanding a process will take more effort than understanding a "thing". It doesn't take too long or

too much energy to learn to recognize and identify a carburetor, but it does take some increased time and effort to understand the process by which air and fuel are mixed so that adjustments can occur that will promote more effective and efficient combustion.

Once I have offered the concept that the word "stress" is semantically not a noun it becomes much easier to speak about it as a process. Not surprisingly, defining and understanding this particular process requires an expansion of vocabulary. I feel the following four terms represent minimum additions to the vocabularies of the students:

1. Autonomic Nervous System (ANS)
2. Sympathetic Nervous System (SNS)
3. Parasympathetic Nervous System (PSNS)
4. General Adaptation Syndrome

The ANS refers to the part of the human nervous system which we do not have to make an attentive, conscious effort to activate. It regulates such functions as respiration, blood pressure, heart rate, salivation, perspiration and so forth. Although it typically operates without our directed attention, we can gain conscious control of it to some degree. The Autonomic Nervous System is further divided into the Sympathetic Nervous Systems. Physiologically, the body cannot function in a state of Sympathetic Nervous System arousal *at the same time* as it functions in Parasympathetic Nervous System arousal. By definition, this represents a case of one or the other, but not both at once. This physiological fact of life will become very important later on in understanding the process of "stress" management.

Sympathetic Nervous System (SNS) arousal refers to an excited state. It has often been referred to as the *fight* or *flight* reaction. Thinking of SNS arousal *only* as a fight or flight reaction does not do it justice. Any time a person experiences excitement, the person experiences SNS arousal. During SNS arousal the individual's physiology will show increases in respiration, blood pressure, heart rate, muscle tension and so forth. The individual may be defining his corresponding circumstances as frightening and requiring flight, or obnoxious and requiring fighting, or wonderfully exciting, or extremely pleasurable, or interesting and challenging. In other words, people experience SNS arousal in all kinds of situations – positive, negative, and at all points in between.

Parasympathetic Nervous System (PSNS) arousal refers to a relaxed or resting physiological state. When the body functions in a state of Parasympathetic Nervous System arousal respiration slows, heart-rate and blood-pressure decrease, digestion proceeds, and so forth. Just as in the case of SNS arousal, PSNS arousal occurs in response to *perception* of the individual of his or her environment.

The term "General Adaptation Syndrome" refers to a fairly complex, interactive, inter-related set of phenomena. This syndrome occurs when an individual experiences an unbalanced combination of SNS and PSNS arousal over a given period of time. More specifically, when an individual experiences more frequent and intense periods of SNS arousals than corresponding and balancing PSNS arousals, he or she will develop General Adaptation Syndrome. A massive accumulation of research has shown that the people who develop General Adaptation Syndrome also tend to be more prone to cardiovascular disease, gastrointestinal complaints, diabetes, emotional difficulties, and shorter, less rewarding lifetimes. Research also supports the hypothesis that individuals who do not tend to develop General Adaptation Syndrome do not seem as likely to have cardiovascular problems, gastrointestinal complaints, diabetes, emotional difficulties or shorter, less rewarding lives.

In my opinion, referring to the complex, inter-related set of interactive phenomena described as "General Adaptation Syndrome" as "stress" has even less survival value in our culture than teaching young Eskimos one word ("snow") for frozen precipitation in their culture. I firmly support the position that we have a professional obligation to help our clients and the public learn to minimize General Adaptation Syndrome and its associated health correlates. I do, however, firmly oppose the current tendency to conveniently label General Adaptation Syndrome as "stress". I will admit that "stress" is easier and quicker to say or write than General Adaptation Syndrome, however this seems to elicit in most people, and in a highly amazing number of health professionals, two very counter-productive ideas. The first consists of the notion that "stress" refers to some "thing" that an individual can "get" or "catch" from his environment like a toxic bacteria visited upon a hapless victim. The second misconception follows on the heels of the first. It suggests that "stress" can be treated like the bacteria that causes an illness. Unfortunately, this serves as a very poor metaphor because only the corresponding health problems of General Adaptation Syndrome can be treated. Of course, these symptoms return as long as the individual continues to live and interact with reality in a manner which results in more frequent and intense SNS arousals than are balanced by corresponding PSNS arousals.

In my opinion a more accurate and useful analogy for decreasing the probability of developing General Adaptation Syndrome is responsibly managing a check-book. In this metaphor SNS arousals function like checks and PSNS arousals function like deposits. Sound management principles suggest that regular deposits occur that "balance" the checks written. Although most banks will allow customers to become "overdrawn", they will usually assess some penalty for this sort of transaction. After

a certain degree of poor management, the account is in danger of being permanently limited or closed. Using this analogy, General Adaptation Syndrome occurs when an individual psycho-physiologically writes more checks than his or her body can cover.

Preventing or reversing a trend toward General Adaptation Syndrome usually involves two different strategies. If an individual can use both in an integrated manner, he or she will likely have more positive results.

The first strategy involves decreasing the number and intensity of SNS arousals. This may prove fairly tricky, since making a direct effort to calm down or to become unexcited usually has the opposite effect, or at best just doesn't work. Telling oneself to "Calm Down"! is often as paradoxical as ordering someone to "Be Spontaneous"! What does seem to work involves the individual making a significant change in the way he perceives and interprets his environmental surroundings and circumstances. This may occur in the normal course of psycho-social development. It may also occur as the result of psychotherapy or counseling. An individual who typically reacts with anger (SNS arousal) when confronted by an authority figure might in the process of therapy change his perceptions about his relationship to authority, and therefore decrease the occurrence of SNS arousal. The normal process of maturation may eventually produce the same outcome.

The second strategy involves increasing the number of PSNS arousal on a regular basis. This strategy works for the simple reason that SNS and PSNS arousals *cannot* occur simultaneously. The quickest and probably only method for *stopping as SNS arousal is to start* a PSNS arousal. Using this strategy does require the individual

to learn some new skills and to exercise the self-discipline to use them. They involve learning to increase the degree to which an individual can consciously direct and control his or her Autonomic Nervous System. Skills that people can rapidly learn to use include such techniques as progressive relaxation, breathing exercises, and regular physical exercise. Using these skills usually requires effective time management and emotional commitment.

I hope that this article has emphasized the shortcomings of conveniently, and fashionably, referring to General Adaptation Syndrome as "stress". It seems to me that the general public, and many professionals in our field and related fields, may achieve more positive outcomes by using *and* explaining the term "General Adaptation Syndrome". A clinician who simply provided a client with an MMPI profile and the names of the scales would hardly impress any of us. Instead, we make an appropriate effort to interpret our findings in a way that will hopefully help the client understand and modify certain behavioral, emotional or cognitive processes. When we conveniently use the word "stress" to refer to General Adaptation Syndrome, we very often leave an impression that we are referring to a "thing". When we do inadvertently leave this impression, we may actually be reinforcing the belief that "stress" is something that is caused to happen to people only by external forces beyond their control.

From a semantic perspective "stress" is not a noun. "Stress" does not refer to a person, place, or thing. Most of the time when the word "stress" is used in the health professions, it refers to an active process. Deciding whether to make the distinction between using the word "stress" as a symbol for a "thing" or as a symbol for a complex process can make a critical difference in our thinking, and in our effectiveness in assisting others in decreasing the occurrence of General Adaptation Syndrome.

HYPERVIGILANCE: A LEARNED PERCEPTUAL SET AND ITS CONSEQUENCES ON POLICE STRESS

Kevin M. Gilmartin, Ph.D.

Over the past decade the journals in the area of law enforcement have shown a significant awareness of the issue of police stress. The literature abounds with accounts of the mental and physical health destroying results that occur from a career in law enforcement.

A direct stressor initiated stress reaction formulation has been used explanatorily. Long lists of potential stressors ranging from public apathy and an ineffective court system, to being witness daily to man's inhumanity have been compiled.¹ The basic theme of this manner of conceptualizing police stress is that due to the nature of the job, the officer is bombarded with constant frustration, negativity, and unappreciativeness that leads to an experiencing of the stress reaction and consequently the diseases of adaptation.

The purpose of this paper is to generate a hypothesis that goes beyond the stressor initiating stress formulations and propose that law enforcement creates a learned perceptual set that ultimately cause the officer to alter the social and sociological manner in which he interacts with his environment. This hypothetical perceptual set will be developed as a basic social/physiological format from which the law enforcement officer develops a stress reaction.

Interviewing recruit applicants and individuals attempting to re-enter a career in law enforcement can serve as a potential springboard to explain the law enforcement perceptual set. After approximately fourteen years of interviewing both recruits and re-entry law enforcement officers, the author believes two definite themes of reasons for job choice appear. Recruits give responses explaining their choice of a career in law enforcement along the themes of public service, a meaningful job, and a potential diversity of duties. Officers, who after several years of service leave law enforcement and choose after a period of absence to return, have almost exclusively stated the reason for their return as "cop work gets in the blood". It appears that the veteran officer may be describing a sensation of physiological change that becomes inseparable from the police role.

As a police psychologist with full awareness that the issue of police stress is a reality, the author believes the responses of "cop work getting the blood" might prove crucial in an explanation of the police stress reaction.

The majority of the literature on police stress speaks of the ill-effects of this reaction. The physiologically elevated states are explained as negative events in the officer's life. Yet the clinical reality appears that the stress reaction and the physiologically elevated states are the very short term rewards that either keep people in law enforcement or, once having left, motivate them to seek a career re-entry. It also appears that officers who's careers have been typified by a lack of being exposed to a bombardment of violence, unappreciativeness, and negativity also experience the stress reaction.

The profession of law enforcement emphasizes to its new members to interpret the environment as potentially threatening. Concepts such as officer safety and street survival are created to demonstrate the lethality of the law enforcement officer's daily work place.² These vicarious learning experiences appear to combine with the officer's own first hand experiences in threatening situations to teach an interpretation of the environment as potentially life-threatening and dangerous.³ A perceptual set of being vigilant of events in one's environment leads to a state of being hypervigilant or over-reactive to potentially threatening situations. At a bio-behavioral level, it is the role of the reticular activating system to scan inputs from the perceptual field and determine which events should be interpreted as threatening and which as neutral.⁴ The average citizen travels the streets of his community daily oblivious psychologically and neurologically to the events unfolding before him. Law enforcement officers, on the other hand, are trained and learn their very survival can depend on their interpreting most aspects of their environment as potentially lethal. This perceptual set therefore basically requires teaching the reticular activating system a new set of values for interpreting incoming cues and putting valances of potential danger on events the average citizen would clearly interpret as neutral.

The average citizen has the neurological advantage of stimulus habituation. The capacity to be nonreactive to stimuli whose threshold of perceived potential danger is insufficient to warrant attention. The law enforcement perceptual style considers stimulus habituation to be potentially lethal carelessness. The environment is scanned, and even the most innocuous situations need to be

processed. The sensory process of stimulus habituation is unlearned in favor of the lower threshold of reticular attentiveness. This elevated attentiveness of hypervigilant perceptual style has a law enforcement officer in an elevated physiological state merely by assuming his occupational role.

The reinterpretation of the environment and subsequent reprogramming of the reticular activating system sets into motion the perceptual set of hypervigilance and its physiological consequences. As a message of potential danger is experienced by the officer, mild to moderate elevations of the sympathetic branch of the autonomic nervous system will be innervated. This will be interpreted by the officer as a feeling of energization, rapid thought pattern, and a general speeding up of the physical and cognitive reactions. A state that in and of itself is not judged to be unpleasant. A state of social physiological reaction that the rookie street cop learns as inseparable from the police role. This sets the stage for a career long perceptual-attitudinal linkage. It is at this point that "cop work gets in the blood." At a behavioral level, speech is more rapid, humor and wit are present, and a general feeling of aliveness can be felt. At a biobehavioral or physiological level changes are in response to merely a perceptual manner in which law enforcement officers learn to view their environment. There does not need to be present significant specific stressors to induce these changes, merely a perceptual set that becomes an everyday manner of perceiving the world.

The difference between a perceptual theory of hypervigilance and a specific stressor inducing the stress reaction formulation can be demonstrated in the everyday behavior of law enforcement officers. Officers who engage in potentially mundane activities such as watching traffic pass, do so, not from a neutral physiological resting state, but rather from a state of hypervigilance, scanning the environment as potentially threatening and sinister. This generates physiological changes in situations where a non-law enforcement officer might engage in an identical behavior as the officer but experience entirely different physiological reactions. Once a hypervigilant perceptual set becomes a daily occurrence, the officer is altering his physiology daily without being exposed to significantly threatening stressor situations. This learned perceptual set and its concomitant alteration of the reticular activating system has a social component in the officer's day to day life.

The well known phenomena of officers giving up non-police acquaintances and socially interacting to an ever increasing degree with only other law enforcement types begins leaving the officer without the benefit of testing other social perceptual sets or social roles. The seeing

the world through the eyes of a police officer becomes the one style of social interaction that is practiced daily. The subsequent high-levels of autonomic sympathetic branch responses causes a feeling of energization, vitality and a general speeding up of cognitive processes to be directly linked to the perceptual set generated by the police role.

The law enforcement officer who, without benefit of recruit academy stress inoculation training, finds the new perceptual set and its concomitant physical energy enjoyable, begins investing in his work with an almost recreation seeking attitude. The hypervigilant perceptual set leads to elevated innervation of the sympathetic branch of the autonomic nervous system. This sets into motion a potential hyper-conditionality for traumatic events whether they be experienced first hand or by vicarious learning.⁵ This would only increase the effect of any single stressor to place the individual into an adaptation stress reaction. The perceptual set creates highly fertile ground for specific stressor exposure to have major consequences.

The social consequence of a perceptual set of hypervigilance and its consequence of over-interpreting the environment as potentially lethal would be a loss of capacity to discriminate which situations are in themselves genuinely dangerous. The hypervigilant or officer safety conscious officer would be daily reinforcing in clinical terms a "pseudo-paranoid" perception of his environment. The over-scanning of the RAS and the hyper-reactive role of the autonomic nervous system, although a necessary occupational perceptual set, can lead to a pathological interpersonal and intrapersonal mode of interacting if other social roles are not of major importance in the officer's life.

The past decades have seen a decrease in the importance of traditional social support systems such as neighborhood, extended and nuclear families, religion and other non-occupational systems. Workers of all types tend to identify more with the place of their occupation than with the place of their residence.⁶ This might prove to present new challenges to the average non-law enforcement manager, however, this narrowing of the social support systems could prove to have lethal physical and social consequences to the law enforcement officer, the officer who loses the benefit of interacting with the world through other roles and social perceptual sets.⁷

The narrowing of the social support systems and the over-identification with work that is currently affecting all workers leaves the law enforcement officer seeing the world only as through the eyes of a law enforcement officer. The perceptual set of hypervigilance and consequently perceived hyper-vulnerability has the officer

narrowing his social circles. And also narrowing his comfort zone of where he is able to interact without feelings of vulnerability and reactivity. This "pseudo-paranoia" leads to the adolescent-like importance of peer pressure in the law enforcement culture. The distrust of any one other than those within the law enforcement culture. Absolute trust is reserved for only those within the immediate peer group. This also generates management difficulties of directing policies to a group of workers who have a hair trigger of autonomic reactivity which leads to second guessing and potentially misinterpreting any management directive. An almost adolescent like rebelliousness towards authority.

If one chooses to follow the natural bio-behavioral consequences of a hypervigilant perceptual set away from the police role and into the family situation other predictions can be generated. The officer who has not been oriented through stress training or has not been victimized yet by learning better can suffer significant family disruption by the phenomena currently being discussed. The hypervigilant perceptual role and its reticular reactivating system consequences causes the officer to spend his work day in the sympathetic autonomic nervous system branch. The feeling of energy, wit, and comradeship will be correlated with the work place. As the officer arrives home, the hypervigilant perceptual set is held in abeyance in the safety of his/her own home. However, the pendulum of homeostasis swings into a parasympathetic state of tiredness, numbness, and an almost detached exhaustion when interacting with the less threatening and more mundane tasks of after work homelife. The hypervigilance and consequent "street-high" of the work place leads to the "off-duty depression" of the parasympathetic swing in an attempt to homeostatically revitalize the body.

As this bio-behavioral switch takes place, one can imagine the potential effects on the family dynamics. The role of detached exhaustion, non-involvement with family activities, and the all too well known "I'll do it later, I'm beat right now" appear as the consequences of the occupational perceptual set of hypervigilance. The physiologically based detachment and exhaustion can be misinterpreted by family members as a lack of interest in family matters or basic rejection of spouse and family.

As one can imagine it is difficult enough to maintain a family with the usual pressures a career in law enforcement creates, such as under-pay, long hours, and shift work. The perceptual set that leads to indifference and exhaustion and only feeling a sense of energy and aliveness when the occupational role is brought about can prove an unmanageable burden to an already strained police marriage.

It has been the author's clinical experience that even if a communication based marital therapy model is

initiated it can prove fruitless if the daily pendulous swing of the autonomic nervous system are not addressed. The biological boomerang is energized when either at work or telling "war stories" for vicarious autonomic reactivity. That energized feeling that seems to build as the "war stories" flow. It is the author's contention that this state of hypervigilance and its physiological consequence is the first domino of a police stress theory. Its impact on society, the family, and the police organization are easily discernable.

The family learns to also over-identify with the work role. Pride in being a police family may become a pathological importance on maintaining the police perceptual set as the primary family identifier. The consequence is a feeling of increasing importance of any variable that imminates from the work place. As the officer and family begin putting more and more of their eggs in the basket marked "police role" a drastic consequence potentially takes place. The realities being that more law enforcement officers are on the receiving end of orders than on the giving end, police families suffer from the consequences of individuals outside the family having inflated importance in controlling how the family identifies itself. The over importance of the police role to the family, leaves the police family unduly feeling hyper-vulnerable to any changes in variables such as the work assignment, or decrease in the officers status at work. Variables such as a change from a special assignment such as Canine or SWAT can send the hyper-vulnerable police family into crisis if the family support systems are too narrowly linked to the police role.

Financially, families trapped into the sympathetic/parasympathetic pendulum can find themselves using pathological buying as a means to include sympathetic arousal into the family role. Officers will "novelty buy" guns, cars, trucks, boats, etc. as a means of short term excitement in the desperate attempt to "feel good at home and get away from the cop work". Yet all that appears to occur is a vicious cycle of novelty buying and short term good feeling leading quickly to the new purchase losing its novelty impact. Also the financial affairs of many police families can be devastated by the financial effects of attempting to buy out of the physiological depression secondary to hypervigilance.

From a manager's point of view, the hypervigilant officer feels vulnerable to any change in the work status. The pseudo-paranoia mentioned above leads to intense anxiety and alienation from anyone that increases the officer's vulnerability by controlling his major self-identifier - his police role. The hypervigilant officer is the hyper-vulnerable, and consequently the hyper-reactive to any perceived threat, whether physical in the social environment of psychological in the work place. Each will be over interpreted and cause over reactivity. Manage-

ment will be perceived by the vulnerable officer through the defense mechanism of projection. Even the most straightforward management directive may be explained by the hypervigilant officer as "conspiracies against the troops." This projection based perception and its interpretive style receives consensual validation due to the levels of peer pressure in the police officer's social realm.

At a societal level, hypervigilance will demonstrate itself in increasing police alienation. A loss of capacity to discriminate which citizens are genuinely threatening to the officer's safety and which are not, will cause the officers to lump all non-police types into the same untrustworthy category. This category, a product of over generalization, will be labeled with whatever "in vogue" term is currently being used in the police culture to describe anyone who is not exactly like "me and my partner officers".

From the therapists perspective in attempting to formulate either an individual or family treatment plan, hypervigilance must be taken into consideration. The detached exhaustion off-duty stated above will generate pathological attempts to create autonomic arousal away from the work place. Promiscuity and abusive drinking can manifest themselves as way of attempting to recreate the energized feeling or "high" the officer knows from his work place, and an avoidance of the depressed exhaustion that occurs upon his return home. Even once a communication pattern has been established, if the family is not educated to the devastating effects of the hypervigilant perceptual set, the emotional rollercoaster ride can break the already strained marriage.

It's been the author's experience treating police families to address the perceptual set and its physiological consequences head-on. Officers are educated on the need to emotionally "decontaminate" from the effects of the street adrenalin through aerobic exercise. Time management is stressed to force the officers to make a commitment to engage in whatever the desired behavior is prior to getting into the state of emotional exhaustion that comes immediately upon arrival home from duty.⁸ Most importantly the officer needs to realize the importance of social roles other than the social role of police officer.⁹ The officer needs to practice perceptual sets other than those hypervigilance and scanning the environment constantly only to interpret it as potentially threatening of sinister. This testing of other social roles is basically a form of reality testing to show not all non-police environ-

ments need cause a feeling of vulnerability and consequently need to be avoided.

In summary, it is the contention of the author that a career in law enforcement produces a perceptual set of hypervigilance. The perceptual set causes the individual to learn to interpret his environment as potentially lethal. Consequently it requires teaching the reticular activating system to learn new reactive patterns and generate limbic arousal to situations that the vast majority of society would interpret as neutral. This over reactivity sets into motion a work lifestyle that the officer is potentially always being innervated in mild to moderate sympathetic autonomic arousal patterns. This is consequently interpreted by the officer as a generalized feeling of well-being or energy that is directly linked only to working in the police role. The homeostatically induced counterpart would be a detached exhaustion when not engaged in some off-shoot of the police role. This being the over-identification so apparent in the police culture.

This perceptual set of hypervigilance can be considered the first domino to be knocked over in a theory of police stress and adding salience to the direct stressor inducing stress formulations. The effects of the perceptual set on the family dynamics and management effects were discussed. Brief guidelines for therapy were also put forth.

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SOME ORGANIZATIONAL STRESSORS IN POLICE WORK AND MEANS FOR THEIR AMELIORATION

Joseph J. Hurrell, Jr., Ph.D.

Over the last decade, a great deal has been written about stress in police work. Among this ever growing empirical and speculative literature, there is considerable agreement that all of the stress in policing is not a function of the nature of the work (*Davidson and Veno, 1980; Kroes and Hurrell, 1975*). Some degree of stress experienced by police officers results from various organizational practices and policies commonly found in policing (*Gaines and Jermier, 1983; Hurrell, 1975; Hurrell, Pate and Kliesmet, 1982*). This fact has considerable importance for those seeking to reduce stress among police officers. It is clear, for example, that little can be done to restructure the job of policing in such a way as to prevent the negative effects of such stressors as emotionally intensive interpersonal situations, boring routine patrol activities, delivering death messages, or the numerous other stressful tasks inherent in law enforcement. It is possible, however, to eliminate or change some of the many organizational policies and practices found to be stressful for police officers. It is possible, however, to eliminate or change some of the many organizational policies and practices found to be stressful for police officers. It is the purpose of this paper to examine three major organizational stressors for police officers and to suggest possibilities for change or amelioration.

Shiftwork

Rotating shift work is extremely common in police organizations and has been found to be a major source of stress (*Davidson and Veno, 1980; Kroes, Margolis and Hurrell, 1974; Kroes and Hurrell, 1975*). Numerous occupational stress studies have suggested that rotating shiftwork may adversely affect eating patterns, sleep patterns, life style and domestic patterns, and both psychological and physical health (see *Tasto, Colligan, Skjei and Polly, 1978*). Among officers, according to *Kroes (1970)*, rotating shift work not only affects family life and health but can also affect job performance.

Moreover, these problems may be enhanced by the necessity to make irregular and lengthy court appearances at times when the officer would normally not be on duty (*Eisenberg, 1976*).

In all likelihood, rotating shift work was adopted by many police departments because of the presumption that it was necessary both to ensure adequate numbers of officers on each shift and to prevent corruption. The validity of this presumption is clearly open to question. Differential pay can attract officers to fixed afternoon and night shifts, and corruption may no longer be a valid reason for the necessity of rotating schedules. The increased health and satisfaction benefits to be derived from fixed shifts may indeed outweigh their costs. Clearly, more attempts to evaluate these issues are in order.

If rotating shifts are required (for whatever reasons) there is evidence that clockwise rotation (day, evening, night) might better facilitate physiological adjustment than counter-clockwise rotation (night, evening, day) (*Mond and Folkard, 1983*). A recent study of Swedish police officers, for example, found that serum levels of triglycerides and glucose were lower in clockwise as opposed to counter-clockwise rotation, and officers on clockwise rotation schedules reported better and longer sleep (*Orth-Gomer, 1983*). It's interesting to note here that elevated triglyceride level is thought by some investigators to be related to the development of coronary heart disease. Another potential work schedule, which is used in Europe and gaining acceptance in the United States, is the "rapid rotation" shift schedule. This schedule allows the worker to rotate through all shifts within a seven day work period and may be a valuable alternative to weekly or monthly rotation commonly found in police organizations. Studies on these schedules in the U.S. have indicated that, when compared to conventional shift schedules, 70 to 80% of the employees prefer the rapid rotation schedule (*Bwigess and Busby, 1982*). Such schedules may be less fatiguing, better

accommodate social activities and allow more leisure time. A recent study of some 120 German police officers (Knaut, Kiesswetter, Ottman, Karvonen and Rutenfranz, 1983) found, for example, that rapidly rotating shifts, as opposed to weekly rotating shifts, resulted in more leisure time on off day, as well as more night sleep on working days and off days.

Lack of Participation in Decision Making

Absence of opportunities for participation in decision making is another frequently reported stressor in policing (Davidson and Veno, 1980; Hurrell et al., 1982). Lack of "say" in decisions that affect one's job is not only a common stressor but a potent one as well. Margikums Kroes and Quinn (1974), in a study of nearly 1500 workers, for example, found lack of opportunities for participation to be related to poor physical health, depressed mood, low self esteem, low job and life satisfaction, intention to leave the job, absenteeism and escapist drinking.

As Reiser (1976) pointed out some eight years ago, participation in decision making, problem identification and solving, and performance evaluation is a growing trend in industry which should be applied in the police organization. When an officer's participation in decision making increases, communication between the officer and his/her fellow officers and superiors is also likely to increase. The officer, thereby, becomes less isolated from the work environment. Increased communication may have additional benefits. As Jackson (1983) has emphasized, communication provides information concerning expectations held by others at work and about official and unofficial policies and procedures. Thus, reduction of role ambiguity, often a problem for police officers (see Davidson and Veno, 1980; Kroes, Margolis and Hurrell, 1974), may occur as a result of the enhanced communication generated by participation in decision making.

Increasing opportunities for participation may also lead to improved interpersonal relationships within the organization. Good relationships and social support, as both Rubinstein (1973) and Reiser (1974) have noted, are extremely important in police working environments, where cultural norms, values and attitudes are overriding. A police officer, as Kroes et al. (1974) have noted, is better able to cope with stress if he/she feels that superiors understand and know their problems and will support them. Indeed, social support from both supervisors and colleagues is thought to be critical for coping with job stress (see House, 1981). Caplan, Cobb and French (1975), for example, found that high social support from peers buffered the effect of job stress on cortisone level, blood pressure, glucose level, and the number of cigarettes smoked.

In developing a program aimed at improving participation some fundamental issues must be kept in mind. First, the topic of participation must be relevant to the job. Participation in areas that are not relevant to the work itself clearly will not help officers gain information or develop norms which facilitate stress reduction. Indeed, such task-irrelevant participation may be perceived as simply another "scheme" to improve morale. Participation in decision making and planning will have desirable effects only to the extent that the decisions are relevant to the officer's job and to the extent that he/she considers them important. Secondly, timing is important. High participation has less favorable effects when workers are used to little or no participation (French, 1975). If changes in participation are introduced too fast, they may have less positive, if not negative effects. Lastly, training is important. Supervisors at all levels need to be trained in participative management techniques to assure the success of such programs.

Career Development

A host of job stressors found in policing are related to career development issues (see Davidson and Veno, 1980). As Eisenberg (1975) has noted, the vast majority of police officers start and end their careers as patrol officers. Opportunities for promotion to higher ranks are limited, as are specialized assignments within the patrol officer rank. Moreover, recognition and compensation for work well done is also limited, adding to an officer's sense of frustration. Because of the potency of these stressors, a number of alternatives aimed at changing traditional career development/promotional practices have been suggested.

Schwartz and Schwartz (1975) have suggested that it might be useful to establish non-promotional positions which would nevertheless involve increased status, responsibility, and/or compensation. It has also been argued (Wilson, 1974) that a far less visible supervisory structure is needed, where all staff might simply be termed "officer". Authority within ranks could still be maintained, and title and pay related to assignment rather than rank. Stotland (1975) has likewise noted that the use of military terms for ranks in police departments contributes to the perception of intrinsic status differences—differences in the quality of the individuals involved. He argues that there is no inherent reason for the use of military terms and calls for the use of alternative terms (e.g., director, assistant director, superintendent, etc.) which reduce the powerful implications of military ranks. Similar suggestions have been expressed by Bopp (1978).

More (1976) has suggested another alternative to eliminate some of the stress associated with career development. He recommends that recruits be trained in a sub-

specialty, for example, civil disobedience, suicide threat, emergency medical care, etc. On becoming an officer, the individual would then be expected to cover a larger patrol area as a specialist. Such a system could serve to enhance an officer's self-esteem by recognizing his/her individual talents and abilities. However, *More (1976)* cautions that peace keeping roles must be afforded the same rewards, recognition and respect as crime fighting activities. In a similar vein, *Phelps (1975)* has recommended that departments establish rotational personnel staffing policies which would minimize "burnout" and provide new and challenging experiences for all employees every three or four years. Short exchange programs with other elements of the criminal justice system have also been recommended (*Schwartz and Schwartz, 1975*).

The increasingly precarious economic status of municipalities over the past ten years have clearly potentiated some of the aforementioned stressors. Freezes on promotions and salaries, for example, surely increase an officer's already high sense of frustration. Perhaps more importantly, difficult economic times have served to exacerbate the powerful stressor of job insecurity. Job loss for many officers today is a real possibility. The effects of fear of job loss on officers are diverse and far reaching, affecting somatic and psychological health, job related attitudes, and various other behavioral manifestations of stress (*Hurrell et al., 1982*). Police organizations, as well as police unions, need to be aware of how to prepare officers for potential job loss and how to assist them in coping during the time of loss. In this regard, planning and transition periods of definite length with appropriate functions assigned to management, unions, government, and community agencies, need to be established (see *Cobb and Kasl, 1977*). Unions should afford unemployed members full privileges without dues and if possible provide added services. Means for maintaining vitally important needs such as health maintenance coverage need to be explored.

CONCLUDING COMMENTS

In conclusion, it is important to recognize that organizational change should be an integral component of any occupational stress program. With such an approach, organizations may well find that an ounce of prevention costs less than a pound of cure.

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AN ECOLOGICAL APPROACH TO EMOTIONAL DISABILITY IN POLICE

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INTRODUCTION

Mental health professionals who assume an ecological perspective in their work as consultants with and within police agencies have three major tasks. The first is to guide and counsel individuals; the second is to move beyond the individual focus to understand and explain how individual problems often mirror organizational and cultural norms; and the third is to interpret and translate these findings in a meaningful, evocative way to those decision-makers within the organization who have the willingness and the authority to produce organizational change.

The ecological approach assumes that emotional dysfunction is a complex problem in which a series of individual, organizational, and cultural contexts nest within one another and can align together in a pernicious fashion that serves to amplify personal problems and marital stress, and/or increase the likelihood and magnitude of job-related dysfunction and subsequent disability retirement. It assumes that stress-related disability is not an event but a slowly unfolding process and that the origins of this process lie at the juncture where individuals and organizations struggle with conflicting needs.

Job dysfunction can appear anywhere in a work system and will be acknowledged in various locations and at various times depending upon the theoretical orientation of the observer (*Carroll & White*, note 1). Personal signs of dysfunction should therefore not lead to the conclusion that something is wrong solely with the person, but should prompt a systemic investigation that utilizes social, cultural, psychological, and structural perspectives. Mental health practitioners who utilize an ecological perspective are likely to be the ones to initiate this process and teach it to others.

This paper utilizes three abbreviated histories* of stress-related retirement in police officers to interpret and illustrate the potential for systemic intervention that exists when one is not limited by perspective to intervening only at the point of obvious symptomatology, pathology, or trauma. Data for these cases was gathered by the author (*Kirschman, 1983*) prior to her current work as an in-house organizational consultant to the Palo Alto Police Department. Her ideas about what went wrong in

these three cases have been extended and validated by her experience in Palo Alto, a department that promotes and encourages an ecological approach to the workplace.

THREE CASE HISTORIES

Charlie Underwood: "Super-Cop"

An energetic, intellectually gifted individual with a college degree, Charlie was hired by a moderate-sized police department and immediately recognized as a highly motivated officer who only deficit was a tendency to perfectionism—an "admirable flaw" interpreted as high level dedication. He was considered by his superiors to be brilliant but eccentric.

Charlie's natural gifts and his devotion to work earned him many awards and much recognition, both from the public and his own agency. His work as a detective was considered a departmental asset and he was loaned to other jurisdictions who needed someone with his law enforcement prowess.

Several years into his career, his successes earned him a place in a special narcotics unit created by his Chief. This unit was separate from other departments and had special privileges that included bypassing the usual chain of command and reporting directly to the Chief. Charlie's supervisor in this unit was both a friend and a partner. Operating as undercover narcotics agents, they spent huge amounts of time at work and had almost limitless discretion in their pursuits, some of which bordered on abuse of power.

Professionally the team was legendary success. Privately, each man used work to avoid confronting a disintegrating marriage and each was using alcohol and confiscated drugs (particularly amphetamines) to sustain himself in his work, especially during long surveillances. The team apparently told the Chief what they wanted him to know and he, in turn, trusted the supervisor's judgment and was pleased with the operation as long as

*The names and places in this paper are all fictitious. Descriptive events have been judiciously modified to insure the anonymity of the participants, while accurately preserving their experiences.

the team continued to solve difficult cases, especially those with a politically profitable outcome.

As time progressed, Charlie's dependency on work and artificial stimulants leached the psychological foundations from under him and he became more persona than person, unable to deal with a series of personal losses that happened consecutively with a work scandal. The work scandal erupted in the narcotics unit when two of Charlie's subordinates were accused of selling narcotics to informants. There were grand jury hearings and criminal charges that lasted over a period of two years amidst a daily barrage of negative publicity. The focus of the investigation moved from the subordinates to Charles and his supervisor and back again. Ultimately there were no criminal findings. The two subordinates resigned, Charlie's supervisor was reinstated, and the Chief resigned for health reasons allegedly unconnected to the scandal, and Charlie, demoted to patrol officer, returned to work after a long suspension.

Predictably, the preceding events had seriously eroded Charlie's marginal coping skills, which were largely based on bravado, artificial stimulants, and a collusive collegial relationship with his supervisor—a relationship that had been broken in the paranoia surrounding the protracted investigation. His drinking escalated, his behavior grew more erratic, and he sought to avoid loneliness by frequenting bars and associating with prostitutes. His drinking behavior brought several charges of conduct unbecoming an officer and approximately five months after his return he was removed from patrol and placed in an interior position investigating embezzlement. His zeal for work continued in this position as he sought to rectify his reputation. By this time, however, the District Attorney was sufficiently provoked to declare that he would refuse to prosecute any case in which it was just Charlie's word against the defendant.

One final incident involving an arrest without color of authority caused the new Chief to require that Charlie be evaluated, for the first time, by a police psychologist selected by the department. (Charlie's previous psychiatric contacts were self-initiated as he sought to justify his aberrant behavior and obtain needed prescriptions.) The City-obtained psychologist recommended a 50% stress-related disability retirement and indicated that continued employment as a police officer constituted negligent retention and posed serious emotional risks to Charlie. This disability arrangement was quickly agreed upon by Charlie and his new Chief. It was his 12th year of service, and he was 40 years old.

The months following his retirement were extremely difficult. He continued to drink heavily and threatened suicide on several occasions. He has since married for a third time and is financially comfortable due to an inheri-

tance. He still apparently drinks excessively, has debilitating psychological problems and no consistent meaningful work.

Kyle Huntington: Wounded Hero

Kyle joined the sheriff's department when he was 22, happily married with two children. His whole career focused around his work as a canine officer. The first ten years of his career were personally very gratifying, as he and his dog accumulated many commendations.

As an officer, Kyle was somewhat iconoclastic and anti-authoritarian. He was affected by the social events of the sixties and by his interactions with fellow students as he studied for an A.A. degree. At work, he had a reputation for being independent and resistant to criticism, and he described himself as a "shit-disturber."

In his tenth year of service he was shot while patrolling a park district. He was on foot, with his dog, pursuing a suspected trespasser after having informed the dispatcher of his whereabouts and intentions. As he walked toward the suspect, Kyle found his way blocked by a fence and he was faced with a dilemma. Under ordinary circumstances, he could have stood his ground and radioed for assistance on a portable walkie-talkie, but his walkie-talkie had been suspended when he took it home overnight, against department rules. At that time his department owned 12 portable radios, enough for 75% of the deputies. Canine units received first priority because they operated without partners and were on 24-hour call. Kyle claimed he had kept a walkie-talkie overnight before and that he was unaware it was against official policy, as his radio privileges had never before been suspended. He was also the only operating canine unit on duty that night.

Faced with turning his back on the suspect and returning to his vehicle, Kyle opted to climb the fence, and within seconds was shot in the arm and leg by a second suspect who was hidden from view. Paralyzed on his right side, he reloaded his gun with his left hand, shooting in the direction of his assailant. He lost consciousness shortly after. The dispatcher, aware that she hadn't heard again from Kyle, alerted a second unit in the area to check on his welfare. The unit was also without a portable radio for the same reason, and when the second officer found Kyle he was also unable to radio immediately for help.

Once in the hospital, Kyle and his wife claim that department administrators were more concerned that Kyle not tell the press he was operating without a portable radio than they were with the extent of his injuries or the courage he displayed during the shooting. In anger, Kyle told the press about the radio and thus ensued a

public debate between Kyle and several administrators, a debate in which the department impugned Kyle's behavior at the crime scene and suggested that he exacerbated or caused his own injuries.

Within two-and-one-half weeks Kyle came home to begin a long convalescence. He was unable to climb stairs or go to the bathroom unaided. His right arm was in a cast and his left side was essentially immobile. He was also terrified by repeated telephone threats on his life allegedly made by his assailants. Once he was home, administrators refused to continue providing security guards as they had at the hospital, and colleagues, shaken by the ongoing dispute as well as Kyle's tearful and fearful behavior, visited less and less following an initial outpouring of support. What support there was existed primarily for Kyle and not his wife, and she was increasingly burdened with caring for Kyle and their children, while responding to Kyle's escalating depression and phobias about being left alone.

Kyle decided to retire and sue the department for damages suffered as a result of serious willful misconduct in depriving him of safe employment by suspending his walkie-talkie. A Worker's Compensation attorney suggested that Kyle needed to see a psychiatrist. That psychiatrist found him to be in an acute depressive neurosis (post-traumatic stress disorder was not in use at this time) precipitated both by the shooting and the negative way in which he felt treated by his department. This diagnosis would be repeated by four subsequent psychiatrists in nearly a dozen interviews.

The Workers' Compensation process took more than three-and-one-half years, during which time Kyle received psychiatric counseling for his continued fears and loss of self-esteem. Secretly he believed the department was right, that he was a bad person and a poor officer. He could see that he was tyrannizing his wife with his continued self-preoccupation, and he reinforced his poor self-esteem through several impulsive and costly business ventures.

The Workers' Compensation hearings were emotionally arduous as Kyle repeatedly had to defend his character and judgment. He received a 48.5% disability rating and lump sum compensation of \$16,000. The judge dismissed the charges of serious and willful misconduct against the department and suggested that Kyle was indeed responsible for his own injuries and motivated solely by his need for self-justification and a desire for money.

One month following the final Workers' Compensation hearing Kyle attempted suicide and was hospitalized by his psychiatrist. When he left the hospital he moved into his own apartment, obtained further treatment for his fear of being alone, and began a new business venture. He

was 36-years-old. He continues to need periodic psychiatric therapy, is still extremely vulnerable to emotional stress, has persistent financial and business woes, and remains separated from his wife. His retrospective view of what happened is succinct and to the point. "...the people who shot me, shot me because I was a policeman...not Kyle Huntington. The Sheriff's Department shot Kyle Huntington."

Walt Landorf, "A Silently Troubled Employee"

Walt joined a suburban police department when he was 28-years-old. He was married with children and was a heavy, secretive drinker. He had a terribly deprived childhood. Both his parents were alcoholics and he had literally been on his own since he was twelve.

His wife left him shortly after he joined the department, primarily due to his drinking. About six months later, he dated and subsequently married a department secretary with two children of her own.

He was considered a promising officer, encouraged to return to college and to apply for promotions. He saw himself as a good cop, particularly during the first two years of his career, although he felt uncomfortable around violent acts, particularly those associated with the use of drugs or alcohol. After less than five years on the force he was rotated to the detective division, an assignment more to his liking because it insulated him from the family disturbance calls that frequently entailed drunkenness and fighting.

For the next year-and-a-half his supervisors mildly complained that he lacked ambition and initiative, but made no efforts to increase his motivation or determine the reasons for his lack of productivity. He was also drinking about a fifth of whiskey a day, a fact he concealed both from his employers and his wife.

After three-and-one-half years in the detective division he was rotated back to patrol. Still fearful, he attempted to avoid dangerous situations by deliberately delaying his arrival at a crime scene. This behavior caused him guilt and anxiety. He sought psychiatric counseling at a local mental health clinic but was discouraged by the therapist's statement that he was unsuited to police work. He confided his fears to his wife, and she recommended a psychiatrist who consulted with the police department for whom she now worked. Walt found this psychiatrist easier to talk to because of his experience with other officers, and they commenced a four-year relationship.

Walt was relieved from his work as a patrol officer by transferring to the complaint desk. He did well, as reflected by his evaluations, and remained there while he worked with Dr. Morris, his psychiatrist. When again faced with having to return to the street, Walt opted to

inform his superiors about his fear of violence and the fact that he had been in therapy for over a year. His supervisors were shocked and troubled mainly by the fact that Walt was no longer a standardized officer who could be rotated from division to division. They were admiring of his stoicism and felt that he displayed a manly attitude in keeping his problems to himself, although each indicated they had an "open door" policy and would have willingly counseled any officer who would willingly have walked through the door.

Dr. Morris, confident that he could cure Walt's anxieties, recommended that Walt be permitted to remain on the complaint desk while therapy continued. There were no additional plans for rehabilitation efforts by the department and no arrangements for communicating with Dr. Morris about Walt's progress.

During their work together Dr. Morris developed a theory about Walt's fear of violence. He felt that Walt's excessive fears were displaced anger resulting from repeated reminders of his own abused childhood. Walt's wife felt Walt used Morris' formulation as an excuse to vilify his parents and essentially shunt the responsibility for his problems onto others, including herself.

One-and-one-half years later, Walt was forcibly removed from the complaint desk when the department replaced desk officers with non-sworn individuals, not prepared psychologically to return to street work, Walt went out on a disability leave and instituted a Workers' Compensation Appeals process claiming his phobias were activated by his work.

At the first Workers' Compensation hearing, two psychiatrists, a psychologist, and Dr. Morris all testified that Walt had a work-related disability. The one dissenting psychiatrist indicated that Walt was simply a "vocational misfit" and recommended that Walt be reinstated in a desk job.

The Workers' Compensation hearings continued for three years, during which time Walt obtained an A.A. degree and nearly completed his B.A. With Dr. Morris' assistance he stopped drinking but made no progress with his work-related anxieties, although Dr. Morris kept insisting he would some day be able to return to work.

The department, outraged at subsidizing Walt's college career while seeing no change in his attitude toward policing, demanded that Walt be ordered to undergo six more psychiatric evaluations. The consensus of these six opinions was that Walt's ability to give up alcohol and attend school were indications of mental stability. One psychiatrist, new to the case, suggested that both Walt and Dr. Morris were engaged in a profitable fraud. All the evaluators, including Dr. Morris, recommended that Walt return to work in a non-street capacity, although this violated a department policy that all officers be fit for hazardous duty.

Three years after his disability leave began Walt was fired. He was not fit to return to work, nor was there any consensus that his condition was work-related. Most crucially, his department and their insurance carrier felt they had met all their obligations by supporting long-term treatment that produced few work-relevant results.

Walt passively accepted his termination by mail. He quickly found work as a counselor for teenage alcoholics, dropped out of college, and terminated therapy with Dr. Morris. His wife, worn down by Walt's blamefulness, inertia, and depression, left him within the year.

Shortly after this separation, Walt began drinking again. His two reasons for abstinence, Dr. Morris and his marriage, were gone and he was beset with additional problems concerning his first wife. He had a brief episode of suicidal ideation, was psychiatrically hospitalized by his employer, and began a period of what he terms "authentic sobriety." His life now revolves around his work and his duties as a half-time parent. He holds little animosity towards his former department, and considers himself to be a pioneer who paved the way for others who suffer job-related stress.

DISCUSSION

The purpose of this discussion is to create a context for viewing and explaining the process that ends in job-related stress disability. The bottom line is that individual symptoms are reflective of systemic or organizational practices and that these practices support, encourage, or exaggerate individual symptoms.

What links these three cases is a fundamental error in attribution: the individualizing of an ecological problem. This error is commonly made because it is often easier in the short run to focus on an individual than it is to examine the elusive relationship between person and organization. Mental health professionals, because of their training in individual psychodynamics, are vulnerable to making this same error, or being pressured into activities that support a too limited perspective.

Granted that hindsight is the luxury of retrospective research, the following discussion attempts to illuminate some of the ecological issues raised by these three cases in the hopes that systemic interventions will modify the alarming rate at which such disability retirements have recently occurred. The major issues to be discussed are: (a) the impact of organizational structure on the use of discretion; (b) the resonance of individual personality traits with organizational and cultural norms; (c) problems of role termination and career development; and (d) problems in the Workers' Compensation process, particularly the relationship between mental health and law enforcement.

The Impact of Organizational Structure and the Use of Discretion

One of the most critical realities of law enforcement is that police officers work in bureaucratic organizations and the operation of these bureaucratic organizations is an unanticipated source of stress that exceeds the expected stress level of line of duty danger (Danto, 1979; Kroes et al., 1974; Kroes & Gould, 1979). Furthermore, police bureaucracies are traditional hierarchies—bottom-heavy structures in which the most numerous group of employees possesses the least personal power. Accountability and culpability often filter down from the highest level of responsible governance to the lowest, coming to rest at the most malleable and expendable level: the individual.

Some forms of bureaucracy concentrate authority, visibility, action, discretion, and responsibility in the organization's administrative component. Lower ranked employees simply follow direction. In police organizations, the lowest ranked, least powerful, least prestigious group, patrol officers and detectives, are the most visible and active employees. They incur the most responsibility as a result of their activity and the fact that they rely on the use of discretion to make critical decisions about ambiguous situations while under duress, scrutiny, and the pressure of time.

Middle management and administration, on the other hand, base many of their discretionary decisions on policy. The consequences of these administrative decisions are generally less serious than those of a patrol officer whose daily responsibilities involve protecting the safety and constitutional rights of both criminals and non-criminals. Administrative responsibilities are largely internal to the organization and less visible to the public and the context in which administrative decisions are made is decidedly more controlled with respect to privacy and the luxury of time.

The individual officer is caught in a bind. He/she literally has the worst of two worlds. He/she is both powerful and powerless, possessing ultimate authority on the street and minimal authority within his/her organization. The inherent risk of initiating discretionary street activity, therefore, leaves the officer vulnerable to criticism and discipline from administration, middle management, and the public (Johnson, 1972).

Kyle's dilemma best exemplifies this problem. He was alone at night in a dark area, uncertain of the gravity or danger inherent in the situation. Past experience told him the situation was most probably not volatile, yet present circumstance made him uneasy. He had to balance concerns for his own safety with presenting a confident, authoritative stance to the suspect, and he had to balance

personally and socially derived needs for independence with a more cautious, conservative approach involving a request for backup assistance. In other words, he had to exercise discretion by making a complex, multi-level decision in the dark with inadequate information concerning the status and intentions of the suspect. Under such circumstances, there is no way anyone could make such a decision with certainty.

Discretion is defined as the "liberty or power of deciding or acting without other control than one's own judgment" (*Webster's New Twentieth Century Dictionary, 2nd edition, s.v. "discretion"*). Using his discretion, Kyle expected support for his evaluation of the situation. Instead, he was confronted with an impossible dilemma. His discretionary judgment was acceptable only if he made the right decision, and the "rightness" of his decision could only be determined *after* the decision was formulated and reviewed. His department mythologized the existence of discretionary power by suddenly treating it as rule-bound activity when it was in fact context-bound and without stable rules.

The impetus for such opportunistic reclassifying was the increased environmental pressure brought about by intense public scrutiny and media interest. Departmental administrators misinterpreted the actual threat to organizational survival, and in a reflexively self-protective move, deflected blame to Kyle, going to great and probably unnecessary lengths to save face. The cost of such an unreasonable response was ultimately prohibitive, financially and emotionally, especially in light of the eventual outcome in which money was allotted to purchase additional walkie-talkies and the practice of suspending radios for disciplinary reasons was finally ended.

Kyle responded to the administrative actions with confusion, humiliation, and anger which eventuated in a lawsuit. Colleagues, noting his dilemma, declared they were wary about using initiative and tempted, in the future, to "look straight ahead" during their shifts.

Charlie, too, had difficulties relating to the use of discretionary power, although his difficulties were the result of a chronic misuse of discretion promoted by conflicting directives that restricted his police authority while demanding an increase in his productivity. Throughout his career Charlie exceeded the limits of his discretionary powers, stretching them into quasi-legal activities. He sometimes believed that the apprehension of criminals took precedence over the enforcement of due process. At other times, he rationalized abrogating individual rights on the grounds that the individual in question had dubious social value in the community.

It appears obvious from the case data that Charlie's own inflated self-image and need to excel prompted some of his behavior. But it is also clear that his department

underwrote and even exploited his personal needs of achievement. Charlie could not have acted as he did without covert administrative approval. It is difficult to imagine, for example, that his Chief was totally unaware of the discretionary enlargement in which the narcotics unit engaged, although he sought to deny his own responsibility by reassuring himself that he could rely on Charlie's supervisor, however, was neither reliable nor in control. He believed human rights were a lot of "crap" and spent much of his energy trying to "outfox" his own superiors. He also shared Charlie's preference for pragmatic law enforcement.

When the work scandal erupted, the ensuing investigation focused on individuals and neglected some of the complex issues previously mentioned. After the investigation, the system "righted" itself with the induction of a new Chief and the initiation of psychological services for officers and their families.

The act of deflecting blame to obscure administrative responsibility is made easier by the organizational structure of most police departments in which the lowest ranked individuals have the least authority and the most visibility. Blame deflection is a damaging, *de facto* form of governance that protects the survival of the agency at the expense of its individual members. It occurs under special circumstances requiring the combination of the following three elements: a threatening intrusion from the environment that reveals or has the potential to reveal covert or improper action on the part of top or middle level administrators regarding the discretionary actions of an individual officer.

Blame deflection obscures the occasional failing of supervisory and administrative personnel and conceals ruptured relationships between patrol and administrative subcultures when they exist. It blurs the envy created by administratively isolated sub-units and camouflages the lure that street discretion holds as an antidote for the lack of participatory management accorded to adults who work in an authoritarian or arbitrarily administered agency.

The Resonance of Individual Personality Traits with Organizational and Cultural Norms

Police work belongs to that category of service professions that *Hochschild (1982)* calls "emotional labor." These are the professions in which on-the-job feeling is estranged from one's off-the-job self, and a major component of the work is to obscure job stress. Emotional laborers utilize an occupational person to cover feelings that are at odds with the occupationally required presentation of self. The establishment of a competent, authoritative appearance, for instance, may or may not be congruent with how an officer feels, but is nonetheless

necessary to command respect, cooperation, and to offer reassurance.

The occupational persona can be deceptive for those who have strong unconscious needs to deny or compensate for weakness, fear, and low self-esteem. It is as though the persona becomes more pleasing than one's own genuine, yet imperfect self. This is the juncture where institutional and personal needs overlap.

The stoicism inherent in emotional labor reflects the cultural conditioning of males in the larger society. As such, it is a task subscribed to by individual officers, their organizations, and the society in which these individuals and organizations exist. As a consequence of these unified attitudes, emotional labor is a pervasive ideal of the police culture, the violation of which has a potent impact on the individual and his/her agency. The police field, in particular, discourages the expression of weakness, dependency, or emotionality. Thus, officers with difficulty in these areas find support for denying or hiding from these issues, as did Charlie and Walt.

Individuals are predisposed in a variety of ways to make certain productive or unproductive adaptations to their occupational journeys. When predisposing elements synchronize with organizational and cultural factors, an employee's problems are amplified while the opportunities for confronting his/her problems are diminished. Predisposing personal elements are "soft spots," areas of vulnerability most resonant to the influence of the work environment. It is within this resonant relationship between individual and environment that the etiology of job dysfunction begins. Among the personal elements affecting Charlie, Kyle, and Walt were excessive needs for achievement, control and approval, counter-phobic behavior regarding intimacy and dependency, and drug and alcohol abuse.

Excessive reliance on work-related achievement, to the exclusion of other areas of personal development, gives the individual a false sense of self-worth, making him/her overly vulnerable to disappointments in the work sphere and distracting him/her from resolving internal conflicts or setting more realistic standards for him/herself. This vulnerability is increased when the work culture encourages compensatory activity at the same time it discourages exploration and resolution of areas of psychological conflict. Charlie's addiction to work was considered an "admirable flaw" signifying commitment to law enforcement. His use of alcohol and drugs provided the stamina needed for prolonged investigations and his aggressiveness harmonized with agency needs by producing, even exceeding, desired statistics. Walt's stoicism was regarded as manly and his inability to ask for help from his supervisors was actually a relief to his over-taxed and under-trained superiors.

Preoccupation with success in the work place masks failures in the personal sphere, particularly the establishment of satisfying intimate relationships. This is most easily accomplished in policing because the task lends itself to counter-dependent behavior: action takes precedence over relationship and the need to control others can be easily gratified. One can deny unacceptable weakness, or, like Charlie, Kyle, and Walt, confine the expression of vulnerability or dependency to an ambivalent and hostile relationship with a dependency-tolerant wife.

Problems of Role Termination and Problems in the Workers' Compensation Process

These are no easy ways to leave the police culture. Law enforcement is rife with problems of "role-termination—failure to provide permissions, procedures, and processes to allow members guilt-free exit from the organization" (*Carroll & White*, note 1, p. 140). The only proper exits are retirement following a 20-year career (*Swanson*, note 2), physical injury and illness, or death incurred in the line of duty.

Rigid expectations about career longevity leave little room for a maturing officer to acknowledge or act upon the known developmental changes in his/her career objectives, since premature retirement can be costly to the individual in terms of benefit losses. By equating eligibility with longevity, civil service and retirement systems force themselves to keep apathetic, burned-out, disgruntled or mismatched individuals in their employ. By equating eligibility with longevity, civil service, retirement systems, and some police associations blindly ignore the existence of adult development and the fact that a decision made at 21 may no longer suit the individual at 40, particularly if he or she is frustrated at the lack of promotional opportunity while burdened with accumulated financial responsibilities that do not permit a free exploration of other occupational alternatives. When premature resignation is punished by a loss of retirement benefits, the disillusioned, angry, or desperate employee is actually encouraged to seek a disability retirement. This was true for both Walt and Kyle.

The drive for financial compensation attached to the disability process seems neither solely practical nor solely mercenary. Money is one of the most powerful forms of acknowledgment and status in American culture. The granting of a large disability award has both practical and psychological benefits. A large award holds promise for restoring a feeling of potency to an ego-injured plaintiff, especially when the plaintiff, like Kyle feels humiliated by the culturally sedimented lack of compassion and understanding towards his emotional problems. A sound ecological intervention would encourage agen-

cies to develop career paths that both provide alternative rewards to traditionally scarce promotional opportunity as well as conceive of career paths in distinct phases that have non-punitive opportunities for vocational redirection and guilt-free exiting.

The Workers' Compensation system has apparently become that which it was designed to avoid—a tortuous adversarial process of mutually escalating hostilities and defensiveness. A particularly sour note was the relationship between law enforcement agencies, their insurance companies, and mental health professionals. Agencies manifested ambivalence and resentment about cracks in the occupational persona with recurring problems over fee payment and the credentialing of therapists. Apprehension, mistrust, and blatantly conflicting values (*Stratton*, note 3; *Berg*, note 4) confused the clients and made a sham of impersonal, accurate psychodiagnosis.

One of the best examples occurred during Walt's hearing in which Dr. Morris and Dr. Zucker (an evaluating therapist), testifying for opposing sides, presented a stunning conundrum from which there appeared to be no logical escape. Morris, pushed by an attorney to make a specific diagnosis of his client, stated that Walt "had a phobia, which is an irrational fear." He then went on to state that he thought it was "irrational" for *anyone* to be a policeman! In a similar vein, Dr. Zucker found Walt to be "too nice a guy to be a policeman," thus insinuating his own values and stereotypes about police officers and their tasks into a supposedly objective procedural evaluation. He then went on to state that Walt was not "mentally ill" because "one is not mentally ill to be repelled by violence...." According to the testimony of these two "experts," Walt's irrational fear was in fact rational and it was healthier for him to be disabled by his fears than it was to overcome them! He was at once too disturbed to work and not sick enough to function as a police officer! Such a confusing picture creates a double bind from which there is no relief, as the therapists involved confused occupationally determined behavior with the impulses that *appeared* to inspire it (*Bateson*, 1972).

Walt's case also demonstrates how shopping for compatible testimony artificially polarizes medical testimony and obscures accurate diagnosis. While the three psychiatrists (including Dr. Morris) differed about issues of indemnity, liability for further treatment, attribution of cause and permanency of symptoms, they all agreed that Walt was symptomatic only in regard to street duty and they all recommended that he be retained by the city in another capacity: a recommendation which mirrored Walt's original request, made three-and-one-half years before, that he be retained on a desk position!

SUMMARY

The previous three case histories and discussion briefly illustrate the reciprocal impact of person, organization, and culture, suggesting that job-related emotional dysfunction is an ecological problem stemming from the relationship between the individual, the workplace, and the surrounding environment. Of special note is the passage of time and the conflicts that emerge between developing adults and rigid organizational structures. Specific issues, such as organizational structure and the use of discretion, were presented as examples of the complex origins of job stress and disability retirement. Mental health professionals were urged to adopt an ecological perspective as they seek to interpret events and intervene in the law enforcement community.

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BUILDING POSITIVE POLICE IMAGE FOR PEAK POLICE PERFORMANCE: ONE APPROACH TO STRESS MANAGEMENT

Rita Koppinger, M.S.W.

INTRODUCTION

Police stress is much more than the result of the inherent dangers of the job. The stress in police work is also the result of the conflicting demands of the job. One one hand, society including victims of crime and others in crisis encountered by the police, expects police officers to be all things to all people and to solve all of life's problems with concern and compassion. On the other hand, police must also maintain emotional control, objectivity and impartiality while receiving few rewards and little recognition for their work. Further, police are continually exposed to the worst society has to offer. Because of these demands the officer is often left felling frustrated and overstressed. Certain attitudinal and behavioral changes can take place in police officers often causing them to deny their feelings, to insulate themselves, to question their skills and abilities, to become critical of their own performance and to experience lowered self-esteem. This self-criticism and lowered self-esteem leads the officer to experience more feelings of stress and fewer and fewer of success and satisfaction in his work.

Course Description

The course I have developed is best described as a course in stress management and self-esteem building and is designed specifically for police officers. The primary purpose of the course is to help police officer participants develop a more positive attitude towards themselves and their work. This is done by helping them recognize and understand how the work affects their own attitudes and behavior, by helping them find new ways to deal with the stress of police work and by helping them recognize their personal strengths and abilities. In short its designed to build a "positive police image" to assure "peak police performance".

Goals of the Course

Specific goals of the course are:

1. To increase the officer' self-confidence and help promote a more positive attitude toward police work. To recognize the qualities of Peak Police Performance and

to develop a Positive Police Image.

2. To develop an understanding of the causes and implications of police job stress and the impact that it can have on the individual officers, his organization, his marriage and family, his work performance and his self-esteem.

3. To develop skills for the individual officers to effectively cope with stress.

Methods

The methods used in this class include lecture, small group discussion, brainstorming, problem solving (group and individual, self-analysis through a variety of evaluative instruments, goal setting exercises, visual aids, hand-outs and films). The methods used depend on who the participants are and on the length of the course which can vary from two days to five days.

Instructional Approach

The approach to presenting this course focuses on engaging the participants in the learning process. They are encouraged to examine their own feelings and experiences and to share their opinions and ideas. Group activities are geared towards promoting a felling of acceptance and a sense of community in the group. Individual exercises emphasize building officers' coping skills, self-confidence and self-esteem. Discussions take on a problem solving approach with the direction of the course being altered as it goes along depending on the issues raised. Emphasis is on those situations over which the participants have control. Class members are asked to lead group exercises to encourage members' participation and to increase individual investment in the process.

Participation by class members is rewarded and reinforced. For example: a large sheet of paper with "bright Ideas" written on it is used to record important ideas participants bring up. Another paper titled "Burning Issues" is used to record issues to be discussed later in the course.

Evaluative tools such as those that measure stress levels and identify stress symptoms are used to help participants identify with the material and lead toward the develop-

ment of insight. Stress reduction and esteem building exercises are incorporated throughout the course. Having class participants present some of the exercises increases class interest and compliance. Use of humor and informality is encouraged.

Course Content

The first phase of the course focuses on stress theory with an emphasis on the stress of police work. Lecture and discussion also cover police officers as victims and post-shooting trauma.

The second phase covers the psychology of self-esteem using "Positive Police Image" as a way of identifying how they would individually like to see themselves. Lecture and exercises borrowing from motivational psychology and tailored for police are used to help officers recognize their own unique strengths, abilities and potential. Exercises use goal setting, affirmations and visualization. "Peak Police Performance" exercises help identify specific behaviors they are proud of and also those they would like to alter. Cognitive restructuring, mental rehearsal and positive self-talk are some of the techniques presented.

The third phase focuses on identifying the stresses in participants' lives including personal, marital and departmental stress. Participants identify the major stresses, symptoms and causes in each of these areas and develop action plans to deal with them. Emphasis in this phase is on stressors over which the participant has control. Departmental stressors are dealt with by the entire group with the action plan presented to the department at the conclusion of the course.

The final phase of the course focuses on stress reduction approaches including progressive relaxation, self-hypnosis, diet and physical fitness.

SUMMARY

This paper presents one approach to teaching stress management to police. The uniqueness of the course is that it focuses on increasing the officers' self-esteem and confidence in his performance. The course combines general stress theory with motivational psychology and cognitive restructuring techniques and is tailored for police. It uses what is labeled as "Positive Police Image" and "Peak Police Performance" to help the participants to recognize their individual strengths, abilities and potentials and to set goals for themselves. Using these concepts as the core of the course, it can be altered in length from two to five days and varied somewhat depending on the participants.

THE RELATION BETWEEN STRESS AND MARITAL RELATIONSHIPS IN POLICE OFFICERS

Henry J. Madamba

Selye (1936) defined stress as the bodies response to any demand placed on it. He conceptualized the stress response as a three pattern syndrome. This syndrome, known as the General Adaptation Syndrome is the physiological response of the body to any stressor. However, he found that chronic stress may cause malfunctions in the bodies response system. This fact may diminish and deteriorate the ability of the system to function. It is at this stage of constant adaptation that may cause secondary related psychophysiological problems for the individual.

The police officer in the natural course of his working day must endure the stressors of fluctuating high and low emotional states, irregular and long working hours, poor diet, constant situations of danger and the ever present state of readiness Kores (1979).

Reiser (1974) found that a development system which helps fight stress and protect the young officer against their own emotions and outside dangers is a process of maturing through experience. The young officer identifies with his peers and then distances himself from his family to protect them from the negative aspects of his job. This self isolationism may affect the family structure by alienating him from his wife and children.

Conversely, Reiss (1970) found that because of the many effects of stress on the officer the family and social friends of the officer are effected secondary by the same stressors.

Combining the findings of Kores (1979), Reiser (1974) and Reiss (1970) one may perceive that stress levels effect an officer, through his peer groups beliefs and marital role relationship. The hypothesis to be tested is, do married police officers of the Atlantic City Police Patrol Division have harmful stress and does this stress effect beliefs of the peer group and marital attitudes.

METHOD

Subject

The subjects were 36 members of the patrol division of the Atlantic City Police Department. The officers were married, male and racially mixed patrolmen. The officers

were randomly selected from shift roll rosters of the Alpha (08:00 hours to 16:00 hours), the Bravo (16:00 hours to 24:00 hours) and the Charlie shift (24:00 hours to 08:00 hours).

Apparatus

The apparatus for this experiment was a self-administered questionnaire. The form consisted of a cover page requesting information on rank, years of service, race, married (number of times and how long), divorced or separated (number of times).

The next part of the questionnaire consisted of forty questions. Questions one to ten asked for responses to peer culture beliefs. Questions eleven to twenty asked responses to concepts of role relationship satisfaction in the marriage. The final questions asked, twenty-one to forty were modified to demonstrate response of symptomatic chronic complaints of the effects of psychophysiological indicators of stress overload.

The subjects response mode of the questions asked was through a linear coding of point scales. The officer selected his response to "How often would you say that,"...Almost always (5 points); most of the time (4 points); some of the time (3 points); almost never (2 points); and never (1 point).

The point totals for each subject were logged and rank ordered according to question variable. These ranks were then tested for significance using the Spearman Rho correlation co-efficient test.

RESULTS

As Table 1 indicates, a significant correlation coefficient was found between stress indicators and the combined cultural beliefs and marriage role relationship satisfaction variable ($r_s = .47$ (30); $r_s = 10$ significant at $P < .01$).

However, there was no significance found by an independent correlation of role relationship satisfaction and stress indicator levels ($r_s = .47$ (30), $r_s = .05$ significant at $P < .01$).

Conversely, there was no significance found by the

Table 1. CROSS CORRELATION OF VARIABLES AND SIGNIFICANCE FOUND

Correlation	A	B	C	D	E*	F*	G	Variable Index
A & B			$r_s = .10$					A. Role Relationship Satisfaction B. Peer Cultural Beliefs C. Stress Indicators D. Years of Service E. Veterans N= 18 5 years-over F. Rookies N= 18 0-5 years G. Years of Marriage
A			$r_s = .05$					
B			$r_s = .15$					
A & B				$r_s = .19$				
A				$r_s = .10$				
B				$r_s = .14$				
C				$r_s = .15$				
A					$r_s = .02$			
B					$r_s = .90$			
C					$r_s = .98$			
A						$r_s = .78$		
B						$r_s = .86$		
C						$r_s = 2.31$		
A							$r_s = .01$	
B							$r_s = .32$	
C							$r_s = .20$	

Rho Correlation Coefficient tested at $r_s = .47$ (30) $P < .01$

$r_s = .60$ (18) $P < .01$

*Rho test for Veterans and Rookies at N of 18

independent correlation of peer cultural beliefs and stress indicators ($r_s = .47$ (30), $r_s = .15$ significant at $P < .01$).

Secondary correlations combined and independently tested for significance were years of service, stress indicators, cultural beliefs and marriage role relationships.

The first correlation found that there was no significance between total years and combined correlation of role relationship satisfaction and cultural beliefs ($r_s = .47$ (30), $r_s = .19$ $P < .01$). The total years of service equals 208, $\bar{x} = 5.78$ years, and S.D. = 1.84 years.

The second correlation found no significance between the independent correlation of marriage role relationship satisfaction and total years of service ($r_s = .47$ (30), $r_s = P < .01$).

The third independent correlation indicated no significance between peer cultural beliefs and total years of service ($r_s = .47$ (30), $r_s = .14$ $P < .01$).

The final correlation was between the combined variables of years of service and stress indicators with no significance ($r_s = .47$ (30), $r_s = .15$ $P < .01$).

Subdivisions of the years of service variable was the correlation of veterans (5 years and over) and rookies (0-5 years) and role satisfaction, cultural beliefs and stress indicators.

There was no significance found for veterans years of service and role relationship satisfaction ($r_s = .60$ (18), $r_s = .02$ $P < .01$). Total years of service of an N = 18, 148 years for veterans, $\bar{x} = 8$, S.D. 1.75 years.

However, there was significance found between veterans and peer cultural beliefs ($r_s = .60$ (18), $r_s = .90$ $P < .01$).

There was also significance found for veterans and stress indicators ($r_s = .60$ (18), $r_s = .98$ $P < .01$).

The second subdivision of the years of service variables tested was for rookies. The N = 18 total years of service 48, $\bar{x} = 2.67$, and S.D. 1.21.

There was significance found between rookies years of service and role marriage relationship satisfaction ($r_s = .60$ (18), $r_s = .78$ $P < .01$).

There was also significance found between rookies years of service and cultural beliefs ($r_s = .60$ (18), $r_s = .86$ $P < .01$).

Significance was found between rookies years of service and the stress indicators variable ($r_s = .60$ (18), $r_s = 2.31$ $P < .01$).

The third cross correlation of variables tested was total years of marriage combined, veterans, rookie and role relationship satisfaction, cultural beliefs and stress indicators.

The first correlation indicated that there was no significance found between total years of marriage 256, $\bar{x}=7.11$, S.D. 3.33 and role relationship satisfaction ($r_s = .47$ (30), $r_s = .01$ $P < .01$).

The next correlation of years of marriage and cultural beliefs indicated no significance ($r_s = .47$ (30), $r_s = .32$ $P < .01$).

The final cross correlation was years of marriage and stress indicator levels. No significance was found ($r_s = .47$ (30), $r_s = .20$ $P < .01$).

DISCUSSION

The significance found of the combined scores of the variables role relationship satisfaction and cultural beliefs, correlated to the stress indicators level scores indicated a relationship between current stress levels, marital attitudes and cultural beliefs. This may only be viewed in relation to some of the married members of the patrol division of the Atlantic City Police Department.

However, the independent correlation between role relationship satisfaction, peer cultural beliefs and stress indicators demonstrated no significant value. This may imply the catalyst relationship between the variables of how one variable may effect the other as found by *Bennett* (1979).

Secondary correlations between the total years of service and the combined variables of role relationships and peer beliefs did not demonstrate any significance. This data may be insight to the findings of *Reiser* (1967). He found that the adaptability of the officer is within his control if he can learn to use past experiences to handle stressful problems. Therefore, as he matures stressful situations can be handled.

Subdivisions of correlations of years of service, veterans and rookies demonstrated no significance of role relationships and total years of service. This may imply

that as the officer matures within his police role, he is able to deal with his marriage problems as seen by *Anderson* (1978). Whereas, rookies had difficulty with the marriage in their first few years on the job. This demonstrates the findings of *Bennett* (1979).

Both veterans and rookies were correlated with their years of service. A significance was demonstrated in the relationship of cultural beliefs and stress indicators.

This data again, may give insight to the molding of the officer. The daily toil of duty and the need for loyalty, friendship and secrecy. *Kroes* (1980).

But, it must be remembered that any effect to generalize these findings to predict future phenomenon would be incorrect.

Although much insight and need for future study has been determined, it must also be remembered that because of the impact of casino gambling in Atlantic City, there is a large daily influx of persons, money and property. The crime index has also jumped drastically. Criminal activity and criminal services have kept up with the rise in crime and this in turn effects the officers stress levels according to job requirements. It is this variable that has gone untested and warrants future investigation.

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OFFICER PROFILE

Circle One

HOW OFTEN WOULD YOU SAY:

1. I try to keep my hours secret from my spouse:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
2. I attempt to keep my finances and money dealings unknown:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
3. I keep my social activities from my spouse:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
4. I try not to talk about other police officers on duty activities:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
5. I tend to limit my off duty social contacts to police officers and their spouses:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
6. I tend to stereotype any one who is not in law enforcement as a civilian:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
7. I try to maintain an open attitude about people I come in contact with but still remain cynical about most everyone:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
8. I attempt to keep my personal life out of knowledge of even the other members of the department I work with:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
9. I don't talk to my spouse about other officers off duty activities:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
10. I believe that only law enforcement officers truly can speak authorization about police and their problems:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
11. I devote a special portion of my off duty time solely to my spouse:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
12. I don't believe my spouse's daily activities are mundane and boring:
(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____

13. I see my spouse as a civilian:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
14. I talk to my spouse about the shift's daily activities or what I do:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
15. I take interest in my spouse's work activities:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
16. I attempt to share my emotional stress with my spouse whether good or bad:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
17. I believe that my career should be shared with my spouse:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
18. I take an interest in my spouse's special needs and problems:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
19. I believe that my spouse understands my problems and needs:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
20. I tend to show outward affection towards my spouse:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
21. I have a nervous sweat or sweaty palms:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
22. I have a hard time feeling really relaxed:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
23. I have severe or chronic headaches:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
24. I have severe or chronic lower back pain:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
25. My stomach quivers or feels upset:
 (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____

26. I have problems with my bowels (constipation or diarrhea):
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
27. My weight is *more* than ten (10) pounds higher or lower for a person of my height and build:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
28. I don't really plan my meals for balanced nutrition:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
29. I can't fall asleep easily:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
30. When I do sleep, I awake feeling tired:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
31. I have trouble remembering things:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
32. It is important for me not to show affection:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
33. I find it hard to talk when I'm excited:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
34. I feel extremely sensitive and irritable:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
35. I feel like I can't trust anyone:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
36. I feel very tired and disinterested in life:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
37. Impulsive behavior had caused me problems:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____
38. I am constantly anxious about problems I can't really describe:
- (5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____

39. I don't feel good about my work or accomplishments:

(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____

40. I enjoy working late:

(5) Almost always (4) Most of the time (3) Some of the time (2) Almost never (1) Never _____

Total _____

Physical Indicators Questionnaire adapted from Jack Seltzinger, Ph.D (Police Stress Indicators) from the research of Thomas Holmes and Richard Rahe (1967)

SHIFT WORK

Paul S. O'Neil, M.Ed.

Since the establishment of the Commission on Law Enforcement and Administration of Justice 19 years ago, a great deal of interest has emerged in the criminal justice system in general, and in police organizations in particular. During the first five years (1965-1970) the focus on police was primarily aimed toward increasing the educational level of police officers, acquisition of new material, implementation of advanced technology for the prediction of criminals, and evaluation of the traditional organizational tenets of police departments.

The 1970's heralded a new era of exploration of the criminal justice system. *Reiser (1970)* presented a paper to the American Psychological Association, delineating the particular effects of stress on police officers. The focus on the man behind the badge produced an immediate response by police administrators throughout the country. The resultant stress reduction programs, modeled after employee assistance programs, originally focused upon alcoholism and were staffed by peer counselors (*Donovan, 1968*). As more literature appeared in the mid-70's indicating the debilitating effects of stress and the inordinate amount of stress endured by police officers (*Matthews, 1979*), police administrators started employing clinical psychologists for the remediation of stress management programs have focused upon the symptoms of stress (e.g., alcoholism, suicide, divorce), amelioration of the stress symptoms exhibited by police officers, and have attempted to isolate specific stressors.

The job specific stressors that *Kroes (1980)* identifies as having grave impact on police officers can be divided into three categories. The first category includes all the stressors that neither the police officer nor the police department has any control over, such as periods of inactivity, inadequate resources, inadequate pay and job status, job overload, court duties, level of responsibility for people, negative public image, racial situations, and crisis situations. The second category includes the stressors that the individual has moderate degree of control over, for instance, job conflict, conflict of attitudes and values, and amount of part time work. The third category includes the job stressors that the police department administration can exert some control over, e.g., administrative policies and decisions, organizational territoriality, job ambiguity, and patterns of shift work.

Shift work appears in all the literature on police stress as a contributor to the job specific stress of law enforcement (*Matthews, 1979*). The preponderance of jobs within a police department are routine patrol functions, necessitating shift work. With mandatory night work ingrained in the history of police work, the tolerance and adaptation problems have been viewed as a necessary requirement of the job. Traditionally, most managers in police department, having "worked up through the ranks", have accepted night work as a facet of the job. They develop shift plans with major emphasis on maximum police coverage during peak crime periods, with little regard to the social, psychological, and physiological impact on the individual patrol officer. There have been no published controlled experiments conducted within a police department reviewing advantages and disadvantages of the many different shift plans that could be adopted. Some minor research on the effects of shift work indicate that many officers resign due to their inability to adapt to rotating shift work (*Kroes, Margolis, and Hurrell, 1974*). Many researchers, including *Kroes (1980)*, have found that most officers report physiological adaptation problems in readjustment to eating and sleeping patterns as their hours of work rotate. *Horstman (1978)* discovered a significant direct and positive correlation between the sequential number of nights worked and allegations of police brutality.

All the research on fatigue, especially *Kroes' work* on occupational stressors and *Horstman's work* on police brutality, appear to concur that a good number of police officers seem to be suffering from signs of chronic mental fatigue. Fatigue is directly attributed to shift schedules and the social, psychological, sleeping and eating pattern, and physiological disruption associated with night work.

The necessity for shift work is also accepted by the officers performing patrol functions. A few precursory surveys (*Sheehan, 1980, and Robinson, 1979*) indicate that the officers who participated in the survey did not feel that their present shift schedules were a major stressor. Both investigations report that their post-hoc survey instrument had little validity because the schedule the officers reported upon was a new schedule affording more time off and fewer consecutive work days, a considerable improvement upon the previous schedule.

There has been extensive research conducted focusing upon many aspects of shift work since the early British studies in munitions factories during World War I (Vernon, 1921). The research escalated dramatically as Europe was re-industrializing after World War II. The preponderance of the literature focuses on shift work adaptation in the European industrial worker. This specific subject population probably effects the generalizability of the research to American police officers. The impact of the socio-cultural differences upon the research has not yet been evaluated, however, there is a developing trend which urges researchers to look at the individual working shift and night work, as opposed to the aggregate data.

The studies, analogue and field, which explore the effects of shift work on employees can be divided into six categories. In order to synthesize the impact of shift work, each category will be explored separately.

Nyctohemeral Variable Confabulated Studies

An area of study which has received a great deal of attention over the past 15 to 20 years is that dealing with "jet lag" (Hauty and Adams, 1966; Hildebrandt, Rohmert and Rutenfranz, 1974; Nicholson, 1972). Unfortunately, these studies have a major confabulating independent variable whose interactive effects have not been isolated. This variable is the altered nyctohemeral rhythm of a new time zone. There has been some research (Aschoff, 1969; Colin, Timbal, Boutelier, Houdas, and Siffre, 1968) which studies the variation of diurnal and nocturnal periods on the sleep patterns and circadian adaptations of an organism to artificial light conditions. Research by Cloudsley-Thompson (1961), Kawahanic, Yahacha and Yamaguichi (1972) and Kleistman (1949) indicates that the rhythms of lower level animals, such as lizards, fish and rats, are primarily controlled by the pineal gland, which is a light sensitive organ in the brain. Hollwich and Dieckhues (1971) have found in studying the circadian rhythm patterns of blind individuals that the visual stimuli of light and dark periods effect the rhythms of humans. Moore-Ede (1980) states that a chronosynchronizer is located within the suprachiasmatic nuclei which lie in the hypothalamus. The suprachiasmatic nuclei reset an individual's biological clock each day by photosensitivity. In the absence of external cues, the free-running timing of the suprachiasmatic nuclei is approximately 25 hours with the potential of resetting chronocity backwards by approximately one hour. Thus, the synchronization mechanism of the circadian rhythm patterns of humans is not exclusively linked to diurnal-nocturnal variation, however, photo periods play an important part in the maintenance of circadian rhythm synchronization.

The jet lag studies by Gerritzen, Strengers and Esser (1969); Klein, Bruner, Holtmann, Rehme, Stolze, Steinhoff and Wegmann (1970); Klein, Wegmann, and Hunt (1972); Preston and Bateman (1970); Strughold (1952) and Lewis and Lobban (1957) indicate that an individual must travel across a minimum of five time zones to realize the impact of circadian desynchronization. The mean period to resynchronize and adapt to a new circadian pattern is approximately one week for pilots and approximately four to six weeks for individuals over forty.

Another major study in which photo periods were artificially controlled consisted of the isolation of a research team in a cave for three months (Mills, 1964). At the conclusion of the study the subjects had adapted themselves to a 24½ hour day. There were no significant synchronization differences between the men and women subjects. However, resynchronization of temperature (a circadian rhythm indicator) took approximately four to five weeks. The research by Aschoff, Hoffman, Pohl, and Wever (1975) indicates that periodicity is maintained independent of the environmental photo periods and that periodicity of humans is determined by social factors.

Sleep Patterns

Research indicates that a major disruption of sleep patterns occurs in night workers (Agnew, Webb and Williams, 1968; Webb and Agnew, 1967; Weitzman, Kripke, Goldmacher, McGregor, and Nogueire, 1970; and Forest and Benoit, 1974). The sleeping state as defined by Webb (1972) is divided into five stages: Stages 1 and 2—light sleep, Stages 3 and 4—heavy or deep sleep, Stage 5 (often called paradoxical or REM Sleep)—sleep for recuperation of mental fatigue.

The concept of fixed night work is illusory (Aschoff, 1967). In an individual works five nights followed by the weekend off, and sleeps at night during either day off, he resynchronizes immediately to being awake during days and asleep at night (Van Loon, 1963). Physiologically, he is working five nights and two days, the circadian rhythm of a rotating (5-2) plan. Thus, the length of time it takes to adapt to working nights has not been determined. Researchers speculate that night work adaptation is never possible (Halbert, 1976).

The most recent investigation of recuperative sleep indicates that the Stage 3 and 4 sleep provides essential recuperation for physical fatigue caused by manual work. Stage 5 sleep is crucial for recuperation of mental fatigue. Further investigation shows that day and evening sleep is of a shorter duration (by the average of two hours) than night sleep (Masterson, 1965; Morgan, 1977; Astberg, 1973; Weitzman, 1976). The later an individual

goes to bed, the shorter the sleep duration. Duration of sleep is inversely proportional to the preceding duration of wakefulness. Therefore, people who sleep during the day or evenings suffer from chronic sleep deprivation which contributes to emotional and physiological fatigue (Carpentier and Cazamian, 1977).

The sleep pattern of night workers is more fragmented than that of day workers. The sleep pattern has identifiable stages. For recuperative purposes, Stages 3 and 4 sleep are not as totally disrupted as is Stage 5 sleep. Therefore, tolerance for night work which entails physical labor is much higher than the tolerance for night work entailing boring, routine physical activities or any form of mental work.

In addition to the fatigue engendered by the work itself, attempting to sleep during periods of activation and work during periods of deactivation increases fatigue. After three to eight days of night work, the amplitude of the circadian rhythms becomes suppressed towards the average of the two extremes (Carpentier and Cazamian, 1977). That is, an organism is no longer capable of hypo- or hyper-circadian activity, which in turn contributes to fatigue. However, the frequency of the rhythms remains the same. There is no research which indicated more specifically where in the three to eight day range this suppression phenomenon occurs.

Night work is more deleterious for individuals over 40 years old. These individuals normally experience a diminution of Stage 4 and 5 sleep. Night work further disrupts and diminishes these critical recuperative sleep stages and exacerbates their fatigue state (Ehret, Groh, and Munert, 1978).

Most of the researchers conclude that nervous and physiological disorders found in night workers are not a function of the work itself, but are a reflection of chronic sleep disturbances (Webb and Agnew, 1970). It is presently estimated that over 60 percent of night workers have sleep disturbances, compared to approximately 11 percent of day workers. It has also been found that sleep disturbances increase in proportion to the longevity of night work.

Pathological Effects of Night Work

The field of chronopathology has grown with the recognition that an individual's ailments take a turn for the worse during particular periods of his circadian rhythms. Some ailments that may appear in night workers with have been dormant before the disruption of their circadian rhythms include epilepsy, diabetes and coronary problems. The digestive disorders most often associated with shift workers include dyspeptic disorders—two to three times more frequent or shift workers (Andersen, 1958),

intestinal disorders (Mott, 1965) and gastric and duodenal ulcers. There appears to be a higher rate of ulcers for rotating shift work. Research in these areas is focusing on hypothalamus disorders (Sergean, 1956).

Andersen's studies (1964) indicate that shift workers also have 64 percent more nervous disorders than day workers. With nervous disorders it has been found that night work, not the rotation of shifts, is the contributing factor. Inasmuch as night work is attributed to be the causal agent of sleep disturbances (Andersen, 1958) and sleep disruption is viewed as a causative factor if nervous disorders, it is hypothesized that night workers have a higher frequency of nervous disorders. Rutenfranz (1977) states that nervous symptoms do not seem higher in shift workers than in the population at large. Mott (1965) also found no relationship between nervous disorders and work schedules.

One of the major forms of neurosis which has been isolated as resulting from night work is called "situational pseudo-neurosis" or "night work neurosis" (Carpentier and Cazamian, 1977). This diagnostic label is no longer applicable, but is probably comparable to "adjustment disorder with mixed disturbance of emotions and conduct" (D.S.M. III 309.40) or "intermittant explosive disorder" (D.S.M. III 312.34) categorization. This neurosis is not due to any prior endogenous conflicts, however, certain personality characteristics may effect its behavioral manifestations. The usual symptoms are general weakness, insomnia, and character disorder of the aggressive type.

Work Performance

There is general consensus among shift work performance researchers that there are only six studies which adequately explore the effects of shift work upon performance (Folkard and Monk, 1979). The results of these studies are in agreement that major impairment of performance occurs during the night shift.

Performance of physical tasks which require a moderate to extreme expenditure of labor suffers the least during night work, while performance of routine mental tasks seems to suffer the most (Telchy, 1943). The focus of this area of research has been performance evaluation of switchboard operators (Browne, 1949), meter reading (Bjerner and Swennson, 1953), automobile driving ability (Prohop and Prohop, 1955), spinners (Wojtczah and Pawlowsha, 1967), railroad engineers (Hildebrandt, et al, 1974) and night nurses in a hospital (Folkard, et al, 1978).

The author's definitive conclusions are:

1. Work performance at approximately 0300 hours and at 1500 hours (post lunch dip) (Hockey and Colquhoun, 1972; Colquhoun, 1971) is lowest in the 24 hour cycle;

2. Somewhere between the 11th and 13th hour of shift work, work performance declines drastically (*Industrial Fatigue Research Board, 1940; Vernon, 1921*);

3. Work performance peaks in the late evening (*Folkard and Monk, 1979*);

4. Work performance on nights increases from the first night through the fourth, but drops significantly on the fifth night (*Colquhoun, 1971*);

5. If rotations last longer than one week, the second week's performance level is lower than the first (*Carpentier and Cazamian, 1977*);

6. Overall night shift productivity is lower than that of day shifts (*Browne, 1949*);

7. Night shift performance has been found to be slower (*Browne, 1949; Wajtczah and Pawlowsha, 1967; Colquhoun, 1976; Rutenfranz, 1978; Folkard, 1980; Winget, Hughes and LaDou, 1978*);

8. Accuracy is impaired during night work (*Bjerner and Swensson, 1953*); and

9. Color naming and vigilance suffers on night work (*Klectman, 1963; Colquhoun, 1976*).

The research on work productivity and night work is very questionable. The points outlined above are general trends. There is contradictory research on items 1 through 7.

Accident Rates

There is a great deal of conflict in the literature exploring the effects of night work in accident rates. As *Surry (1971)* discusses, *Kubler*, after studying 11,000 work related accidents in a group of industrial night workers, concludes that the rate of *serious* accidents during the night shift is higher than the *serious* accident rate for day work or evening work, but that the general accident rate is lower than the average during the night shift and highest during the morning shift. *Surry* also notes that *Farmer and Chambers (1970)* claim that the accident rate does significantly increase during the night. (*Kubler, Farmer and Chambers'* work reported in Polish.) *Mouton's (1960)* research in the Sahara desert with oil field drillers indicates that the air temperature has a tremendous effect on accident rates. If temperature deviates in either direction from a critical range, serious accidents occur more frequently than if the temperature is between the upper and lower boundaries. *Wanot (1962)*, on the other hand, noted higher accident rates occurring at night among Polish mine worker, despite working within a fixed or constricted temperature range. The morning shift had fewer and less severe accidents in this study. *Wanot's* study conflicts with *Mouton's* conclusion that ambient temperature variation is the critical factor in accident prediction for shift and night workers.

Pradhan (1969) and Quaas and Tunch (1972) support the theory that the frequency and severity of accidents among night worker is significantly greater than among day or evening workers.

Harrington (1978) points out that a great deal of the variance between studies of accident rates stems from the researchers' errors in failing to control for three separate variables: the work differences between day and night workers; the frequency of reporting accidents (usually the infirmary is not open during the night shift); and the fact that reporting of "near misses" is probably much less during the night shift. *Harrington* concludes that to alleviate conflicts ensuing from methodological error, accident rates should be studied by occupational categories of physical labor, mental labor, or physical and mental labor combines, controlling temperature variables and work performance variables between day and night work.

Absenteeism

The early absenteeism studies of shift workers were an attempt by researchers to investigate the health differences between shift workers and day workers as inferred from the use of sick leave. Unfortunately, not all sick leave can be directly attributable to illness.

Rogers (1976), Smith and Vernon (1928), and Colquhoun, Blake and Edwards (1968) suggest that there is no difference in absenteeism between shift and non-shift workers.

Ward and Dagnell (1977) and Taylor (1967) have found that not only is there lowered absence due to illness in shift workers, but that on rotating shift schedule the rotation to the morning shift is more likely to lead to absence than the other two shifts. *Walker and de la Mare (1971)* have found that in shift schedules which do not rotate, night workers had more frequent absences than the other shifts. However, the duration of absence for night workers was considerably shorter than the length of absence for the other shifts.

In summary, all the research reviewing leave records is in conflict. There are a number of studies that indicate that night workers use more sick leave, and there are also studies which indicate night workers use less sick leave than other shift workers.

CONCLUSION

There have been a great number of studies of night work and night workers since 1918. Many of these studies are contradictory. Further, many, if not the majority, have major design flaws which make interpretation of the results very difficult and unreliable. The vast majority

of the studies are "post hoc" correlation studies, and many assumptions are made, including the assumption that night work is an independent variable. The studies which use the analogue method of research and exert control over confabulating variables are the studies which focus upon sleep patterns and disturbances. The field studies which appear to be controlled have a major independent variable (nyctohemeral variation), which cannot be factored out to make the studies relevant to police shift patterns. The research into the effects of night work upon police officers is nonexistent. We must rely upon "expert opinions" and subjective extrapolation.

Note should be taken of the previously outlined design flaws in evaluating their conclusions. Every contemporary researcher studying the effects of night work holds: 1) night work should be outlawed, and 2) if night work must be performed, no more than two consecutive nights should be worked without 48 hours off. If an individual is working a rotating shift pattern, these same researchers contend that unless a person maintains his sleep pattern during his days off, adaptation to night work does not occur. There is also some evidence which indicates sleep cycles are markedly different for some people, and that they should work nights and sleep during the day or evening. There is also general agreement that adaptation to night work does not take place, there is no habituation to night work, but a growing intolerance of it over the years (Carpentier and Cazamian, 1977), and that when viewing night work a tolerance model should be proposed.

The interactive effects of a tolerance model for night work should be taken into account when devising a new shift model. The factors which comprise this tolerance model include:

Biological Rhythms

There are many independent biological rhythms known, including deep body temperature, pulse rate, blood pressure, electroencephalographic rhythms, breathing rhythms, vital capacity, oxygen intake, blood cell chemical composition, cellular metabolism, hormones dissolved in plasma, hormones dissolved in urine, sleep patterns, reticulohypothalamic activity (Carpentier and Cazamian, 1977), each interfacing and affecting the others. Ideally they should be synchronized, however, night work disrupts different rhythms at a different rate.

Sleep Patterns

Different individuals have different sleep cycles and tolerances for cycle change.

Social and Environmental Rhythms

An individual's family, school, church, and hobbies are usually not compatible with the body's attempt to tolerate night work, and thus act as a major disrupter to synchronization.

Work Rhythms

The individual's ability to tolerate rotating shifts and adjust to work performance expectations and working conditions (e.g., temperature) will effect synchronization.

Several reviewers, Akerstedt and Froberg (1976), Rutenfranz, Colquhoun, Knauth and Ghata (1977), Sergeant (1971) and Walker (1977) have stated that no conclusive answers about the deleterious effects and viable remediation can be promulgated without controlled, carefully planned longitudinal studies. There is also a need for research which explores individual differences between workers and their tolerance for shift work.

OPERATIONAL DEFINITIONS

Circadian (L. circa about, dies day: about 24 hours) This term refers to the biological processes that are controlled and described by the 20 hour biological rhythms of an organism.

Diurnal Pattern Diurnal refers to patterns during the daylight period. For example, diurnal sleeping patterns are those patterns associated with daytime sleep which are considerably different from night sleep patterns.

Fatigue A proprioceptive stimulus, indicating the level of physiological and/or psychological decay in response to work load.

Nyctohemeral (Alternating day (Gr. hemera) and night (Gr. nyx) The alternation between light and dark; in relation to circadian rhythms, it is the alternation between night and day. (Carpentier and Cazamian, 1977).

Nyctohemeral Rhythms See nyctohemeral—act only as a synchronization force for the genetic predisposition of a species circadian rhythms.

Situational Pseudo-Neurosis Intermittant Explosive Disorder (subcortical or limbic system dysfunction) or Adjustment Disorder with Mixed Disturbance of Emotions and Conduct (D.S.M. III 309.40).

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A PROCEDURE FOR SIMPLE INSIGHT-ORIENTED STRESS REDUCTION

David A. Parker, Ph. D.

Life in the sprawling cities of the '80s is stressful, and the life of a police officer in these cities is more stressful. As the budgets of other public agencies are trimmed, the demand for services from law enforcement increases.¹ To make matters worse, most officer's training has not yet caught up with their new duties. Seventy to ninety percent of their training is devoted to crime control, laws, and police procedures,² but these activities only comprise from 10-30% of their work.^{1&2} The majority of their work involves interaction with citizens, for which they are just beginning to be trained. Another increase in stress comes from the manner in which most officers handle their emotions. Most officers "bury alive" all the undesired feelings that arise in their lives, both on and off the job.³ Depending on the officer's physical health, these various sources of stress can contribute to serious illness or even death.⁴

Many law enforcement agencies have recognized these problems and now offer programs for stress awareness and management. These programs usually focus on physical conditioning, relaxation training and problem solving. This training will enable the officers to handle more stress without breaking down, but few of the programs include methods for the reduction of emotional stress. In many departments, a therapist may need to be involved if there is to be significant stress reduction. Many officers, believing that only crazy people see therapists, put off asking for help until their problem has reached crisis proportions.

A Typical Scenario

Officer X is a 42-year-old married man with two children. Two months ago, his spouse told him that she wanted a divorce. One month ago, he moved in with an old partner. Over the past two months, Officer X's work performance has deteriorated. He is sometimes late for his shift. He is not sleeping much, looks haggard, and he is often forgetful. He suspects that his wife has a lover, and he has been following her whenever he can find the time. He is also spending more time at the local "watering hole". He hopes that his wife will change her mind and let him come home.

If Officer X follows the dictate of stress management, he may begin an exercise program, watch his diet, and possibly learn some form of relaxation to help him get to sleep. This program has serious shortcomings. Officer X is hurt, angry, suspicious, and he feels betrayed. He is trying to bury these feelings. He hopes his wife will change her mind, but his behavior is more likely to drive her farther away. Officer X is beginning to bear a startling resemblance to a time bomb.

Exercising, watching his diet, and periodic relaxation will help Officer X to withstand more stress for longer periods of time, but none of these activities will *reduce* his stress. At this point, one option is to arrange for Officer X to receive appropriate medication. This is not my treatment of choice. To reduce his stress, without medication, he will need to become aware of and experience his feelings, otherwise he will continue to act out. He needs to talk to his wife and determine whether there is any chance for a reconciliation. If there is, it is time to start making positive steps. If there is no chance, he will have to accept his losses and do some grief work. If he refuses to deal with his wife and, instead, buries everything, there is a good chance that he will continue to act out. In other words, in order to reduce his stress, Officer X must put aside his own phenomenological perspective and put energy into:

1. Acknowledging the new and probably undesired circumstances that now exist;
2. Identifying and experiencing his feelings about these circumstances.

Now let us take a closer look at this process.

A Procedure For Simple Insight-Oriented Stress Reduction

1. Become aware of upset or disequilibrium. This occurs whenever our circumstances are not what we want or need them to be.

2. Stop activity and ask:
 - a. What am I feeling?
 - b. What or who is this feeling about?

Simply labeling the feelings, reduces their intensity and the probability of acting out. Finding their object, reduces the chances of reacting to someone or something other than the real object.

3. What are the new, undesirable circumstances?
4. Can I, or is it wise to, change these circumstances in the direction of what I want or need?

- a. If the answer is yes, then initiate information gathering and problem solving.

- b. If the answer is no, put energy into acknowledging the new, undesired circumstances. This is one of the more difficult steps in the method. Magical thinking, denial, suppression, distortion and other defenses must be overcome. In many cases, people will be aware of the new circumstances, but they diminish their reality by experiencing them in one of many negating contexts, such as "It's not fair", "It shouldn't be this way", "It's not right", "I couldn't stand it if...", etc.

One way to achieve the acknowledgment is to accept both the need to negate the undesired circumstances, and the undesired circumstances—that is, some form of, "I don't want it to be this way, but the reality is..."

5. Once these undesired circumstances have been acknowledged, there is one more important step. "How do I feel about this?" At this point in the procedure, officers may find themselves living in circumstances not of their own choosing. It is helpful to spend some time living in these new circumstances and to concentrate on experiencing the feelings that arise. As these feelings surface, his/her options become clearer and, often, new possibilities present themselves.

Once officers learn this procedure, they can use it often or infrequently, depending on their tolerance for stress.

Emotions And Acting-Out Behavior

Now let us go through this process again, but this time attending to emotions and acting-out behavior.

1. Become aware of upset (hurt, fear, annoyance, frustration, anger, etc.).
2. Stop activity and ask:
 - a. What am I feeling?
 - b. Who or what is this feeling about?

Officers, who are able to tolerate insight, can learn to do this. Often they do not initially relate to (experience) the situation which is causing disequilibrium until they have this information.

If these two steps are not carried out, many act out their predicament. It is important to note, as many other

have,⁴ that emotions do not leave us just because we do not want to experience them. Rather, they seem to join with other similar, unexperienced emotions. Once officers exceed their capacity to contain these emotions, they act out. Some common acting-out behavior are:

Exploding—An officer controls a feeling, usually over a series of incidents, until the summed total of the energy contained finally explodes. Anger is a commonly observed example. An officer with a bad temper, afraid of the consequences of his/her anger or rage, will control anger until it exceeds his/her capacity to contain it. Then he/she will explode into anger or rage. What is then expressed is close to the sum total of the angers that they have not expressed since the last explosion.

Covert Behaviors—Common examples are: veiled verbal attacks, sarcasm, passive aggressiveness, etc. If one observes such an officer, it becomes clear that the real feelings are seldom, if ever, expressed. The energy from these feelings (inadequacy, fear, betrayal, abandonment, etc.) fuels a series of behaviors, but since the underlying feelings are never made conscious, nothing can be done to change the situation.

Psychosomatic diseases—Initially these are experienced as pains in almost any part of the body. Most common are pains in the head, chest, stomach or back. If the underlying conflict cannot be uncovered and, at least partially resolved, these progress to diseases or conditions that can result in early death.

Displacement—Feelings that cannot be expressed (or even let into consciousness) in the situation that elicits them, are often acted out in a safer place. Unfortunately, this means that many officers bring home their suppressed feelings and dump them on their family. Those who cannot acknowledge anger at others they see as powerful, or experience sadness or grief over a loss, can usually act out the feeling with someone adjudged to be less powerful. If they have no safe relationships, they can vent their feelings at a movie or a news event.

Nightmares or Flashbacks—Suppressed material can find outlet when control is weak. Often, the context or characters are changed, but the emotions come through relatively intact. For example, a detective under

Internal Investigation, dreams that the whole Department is chasing him and his wife. They come between him and his wife and chase him to the edge of a yawning chasm. He wakes, drenched in sweat.

There are other forms of acting out, but the above few should suffice to make the point that police officers, and others, act out their suppressed feelings in many inappropriate and ineffective ways.

3. What are the new undesirable circumstances? Significant results can be achieved by taking a more objective look at one's circumstances. For example, Officer Y has been seeing a married man, Mr. Z, for three years. Mr. Z is always going to be leaving home, soon. Officer Y believes that they will be married within a year of his leaving. Officer Y has had problems at work due to poor concentration. She cannot understand how her future husband could possibly treat her the way Mr. Z does. He stalls, lies, and promises, but he remains at home. As long as Officer Y saw herself as Mr. Z's future bride, she remained upset. Once Officer Y realized that she was a woman who was having an affair with a married man, and *not* a potential bride, her upset decreased markedly.

4. Can I change these circumstances?

a. If the circumstances can be changed, most officers are quite capable of the necessary problem-solving, once they cease acting out.

b. If the circumstances cannot be changed, considerable relief can be found from acknowledging the new circumstances and accepting one's inability to change them.

A problem often arises at this point in the procedure. Many officers have great difficulty accepting the idea that important circumstances in their lives are beyond their control. They often feel that if they can figure out the right move, or say the right thing, they will regain control. In some cases, officers attempt numerous strategies until they have exhausted themselves and all possible ways of overcoming the new circumstances.

During the process of trying to regain control, officers are likely to run afoul of Departmental policy. If they are disciplined, it is very likely that they will transfer their anger and frustration to the Department. It is impor-

tant for Commanding Officers to refer such an officer to a therapist who can contain the officer's acting-out behaviors. For this to happen, Commanding Officers have to come to see officers like X and Y as an "Officer down" rather than a discipline problem.

If the officer has the capacity for, and is tolerant of, insight, an exhausted, distressed, or even panicked officer will calm down and stop acting-out once he or she accepts the fact that their spouse is divorcing them, or that ten days off without pay is inevitable, or even that his/her job is lost.

5. Now, as a last step, the officer needs to ask, "How do I feel about this?" Identifying and experiencing his/her feelings reduces emotional scarring and helps minimize future acting-out. An officer who can experience his/her hurt, loss, loneliness, etc., is less likely to be angry, vengeful, and spiteful.

Once officers have been exposed to this procedure, many are capable of using it without the help of a therapist. The use of this procedure need not be limited to sworn personnel. It should be effective for anyone who has the capacity for simple insights and is tolerant of the process.

SUMMARY

An effective Stress Reduction procedure has been described. It has been used, in lieu of medication, with many officers in crisis. The procedure utilizes simple insights: the acknowledgment of undesired circumstance, and the recognition and experiencing of emotions. Officers who have the capacity for insight, and are able to tolerate the procedure, have found relief from distress and a reduction in acting-out behavior.

Footnotes

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THE ANATOMY OF STRESS

Vincent E. Parr, Ph.D.

This will not be a very popular paper. It is, nonetheless, how I see police work as it exists today.

My basic contention in this paper is one that I am sure will rock you back on your heels:

POLICE WORK IS NOT STRESSFUL!

Now, you are probably thinking that this guy has got to be some kind of nut. Well, try to have an open mind to the basic notion I am going to present.

I have heard over and over again *ad nauseam*, that police work is very stressful. I see it in print everywhere and hear psychologists expounding on how stressful police work is, and how it is a most unique field. First of all, unique comes from the Latin work *uno* which means one, sole, or single. If you can substitute these three words, then you can correctly use unique. Most unique would mean the only one of its kind in the world. Since police work encompasses many areas, e.g. city police, highway patrol, secret service, FBI, CIA, private detectives, night watchman, etc., then it can hardly be a unique (meaning one) field. Police work, just like any other work or job, has an element of stress related to it; it is very often difficult but the work ITSELF is not stressful. People are stressful at times in police work as they are in being an air traffic controller, a banker, a teacher, or a short order cook at McDonalds. If police work were stressful, then we would have the following situation:

POLICE WORK = STRESS

If we state that police work is stressful, then this becomes the "is" of predication and is commensurate with an equal mark in mathematics, as in $2+2$ is $(=)$ 4. This would mean that EVERYONE involved in police work in the past or in the future would have no option but to feel stressed. It would also mean that you could not feel stressed, and not stressed in doing police work. How could a job be both stressful and nonstressful at the same time? Two plus two is either four or it isn't. Therefore, the statement that police work is stressful, is either true or it isn't. This becomes a hypothesis subject to verification. The burden of proof is on the person that makes the assertion since he states it as a fact. If, however, I wanted to disprove this hypothesis, how would I

go about doing it? This is very easy to do since the statement "police work is stressful" is what we call an "all crows are black" hypothesis; that is, it is an absolute. How could we disprove the hypothesis; that all crows are black? Do I have to go out and round up all the crows in the world? (I hope you did not say yes.) All I have to do is find one crow of a different color and the weight of the hypothesis collapses. Therefore, all that is necessary to disprove the hypothesis that police work is stressful, is to find one police officer not undergoing stress. If there is one police officer in the world who is not undergoing stress at this very moment, then police work is NOT stressful! Either it is or it isn't.

I think there is a real disadvantage to viewing police work in this manner. If we define police work as stressful then what is the natural result? If we are involved in police work, then we MUST feel stress. This reinforces the irrational notion that we are not responsible for the way we feel—"It's not me, it's the job." This then becomes a self-fulfilling prophecy in which the person feels trapped. The result—more stress.

If we continue to think of police work in the same stereotypic fashion, then change, if any, will be minimal. Old beliefs have to be challenged if we are going to make significant progress in the field. A police officer who thinks that his job is unique and that the emotions he feels are the direct result of his job, has built in excuses for all of his behavior. If we want change, we must make changes—what a revolution! Doesn't it make sense to begin by changing our beliefs? I tell the officers (and all my other clients), that if you want to change you have to change two things: beliefs and behavior. Without this, change is impossible. What most people want is for the problems to magically disappear. They want to continue thinking and behaving the same way they have all of their lives and for their problems (or stress) to go away. Their basic position is: "Fix it, Doc, I'm fine."

How do we begin changing beliefs? What beliefs are significant in bringing about the desirable changes we seek? Throughout the remainder of this paper I will address these two issues.

First, how do we begin changing beliefs? The answer of course is education; but wait, is this an answer or the well conditioned response we give to difficult questions? The following are the desirable steps in bringing about significant changes in police work:

1. First of all, do away with Gestalt, Psychoanalytic, Primal Scream, and "go on your feelings" psychology within police work.

2. Establish a basic philosophy toward police work based on reason, logic, and the scientific method. One of the therapies from the Cognitive Behavioral area covers this best.

3. Stop defining police work as a unique field and police officers as "special" people.

4. Have a national standard on shift rotation, seniority benefits, psychological testing, polygraphing, training, etc.

5. Redefine the over-used word—stress.

The first and second steps above, obviously show my own personal bias. A system rooted in logic and science appears a far better choice in dealing with police officers, than a feeling or analytical approach. Let me squelch any beginning misconceptions. A rational framework from one of the Cognitive Behavioral approaches (e.g. Albert Ellis' Rational-Emotive Therapy, Maxie Maultzby's Rational-Behavioral Therapy, Arnold Lazarus' Multi-Modal Behavior Therapy, Donald Meichenbaum's Cognitive Behavioral Modification, William Glasser's Reality Therapy, or Harold Greenwald's Decision Therapy) is not a non- feeling approach. It is one whose base is reason instead of emotion. I have heard many people, including professors, say that rational means unemotional or without feelings. On the contrary, the more rational an individual is, the MORE feelings he has. These feelings, however, will be in two major areas: appropriate feelings to the situation and the more positive feeling associated with acceptance, love, compassion, tolerance, patience, understanding, joy, etc.

Labeling feelings as good and okay just because they exist is, I believe, a very harmful mistake and one in which understanding of and dissolving of the emotions is almost never learned. I have seen patients come into my office over the past fourteen years from a Gestalt or other feeling-based approach and tell me that they have been in treatment for years for depression, anger, etc. without change. I ask, "How do you make yourself depressed?"; and guess what they tell me: "I don't know." I wonder what in the hell have they been doing for the past two years in therapy. The psychoanalytic approach spends far too much time in the past with the same result, not knowing how to change emotions or behavior. In ten sessions or less my patients can outline all the major emotions on a blackboard and tell me exactly how they got depressed and what they have to do to get out of it. An approach in which police officers can do the same,

is one that I propose we adopt. I believe a national committee (or position) be formed comprised of cognitive scientists that help local police departments in the selection of psychologists to work with their department. This has two distinct advantages: a national philosophical approach based on the scientific method in dealing with the problems that arise in police work and the ability of the different practitioners across the country to communicate more effectively with each other.

In step three above, I mentioned to stop defining police work as a unique field and police officers as "special" people. Every field is a unique (meaning a single or one) field and police officers are no more or no less special than anyone else. These definitions are scientifically unsound and lead to misconceptions. The philosophically sound position that I think we would be wise to adopt, is that ALL human beings are basically the same! If they are not, then there is no such thing as the science of the human condition.

The common perception of police officers is that there are two kinds of people in this world, police and assholes. This is reinforced by the belief in "specialness". Popular police jargon toward others of whom they disapprove are: "dirt bag", "scum bag", etc. This is a natural but irrational position influenced by the area of society in which they usually work and by others rejecting them. Since they have so much rejection and criticism from society in general, they ban together in a united front to protect themselves. This works for several years until they begin to distrust many of their fellow officers and often develop the attitude that in the final analysis, there are only assholes.

The real danger in rating others is that this becomes a double edge sword (i.e. if you rate others you also rate yourself). Given our very powerful tendencies to think in a negative self- defeating direction, we set standards that we will not be able to live up to and the real loser is the one who does the rating.

In step four, I mentioned having a national standard for police departments in the following areas:

1. Shift Rotation: I think this is one of the most important problems facing police work today. Administrators do not like to hear the term circadian rhythms. Most of them believe it is a condition invented by psychologist to give them a hard time. If the administrators happen to have come up through the ranks, they often have the sabertooth notion, "If I did it and it did not kill me then you can do it."

Circadian cycles refer to the 24-hour rhythmic fluctuations observable in the activity and metabolic processes of plants and animals. Circadian comes from the Latin works meaning "about a day" Normal functioning for all

living creatures on earth appears to follow a biological clock; and an upset in this cycle, caused by changes in schedules may cause malfunctioning in the form of somatic or psychosomatic complaints. Thousands of experiments with lower animals have established the relationship between biological clocks and normal functioning. Humans have revealed similar cyclic fluctuations in activity and sleep, body temperature, chemical constituents of the blood, etc. These cycles have remained essentially the same even for human subjects who have lived in caves for months at a time, cut off from all means of knowing whether it was day or night (Coleman, 1980).

To ignore circadian rhythms is to deny a basic biological function of nature and for an administration to refuse to take this into account in planning the shift rotation of its employees is not only wrong but immoral. They are risking the physical and emotional health of their employees for their own convenience. As far as shift rotation is concerned, I recommend the following order of preference.

A. No shift rotation at all (i.e. permanent shifts). If you have three shifts, you hire new officers to work a specific shift. Senior officers can have a 1-2-3- preference (bid system) for the shift they want to work. As soon as new officers are hired, senior officers can be changed to their chosen shift. I'm aware of the idea that exists which states that one can not be a well-rounded officer unless there is shift rotation. Therefore, have specialized officers. Do I have to rotate every few months through psychoanalysis to be a well-rounded psychologist? If this is so-please, keep me flat!

B. Only rotate the day shifts. Take volunteers for these shifts and hire for the midnight shift. In this way, no one's sleep pattern has to change.

C. Rotate through all shifts no more than twice a year.

D. Rotate every four months. (However, I have had police officers state that they would rather be dead than be stuck on four months of midnights.)

E. Anything less than four months is not acceptable.

The best solutions are A and B above. Even though C and D are better for circadian cycles, you will have many personal problems with the midnight shift.

2. Seniority Benefits: Quantity does not equal quality, however, these two can be examined together to allow for privileges within the organization.

3. Psychological Testing. I feel that there should be a national standard for psychological testing that would include the tests used, scoring, and interviewing techniques. This would increase the probability that all departments across the country would be selecting the best officers possible for the job and community. Psychologists would know the tests used and that the criteria for selecting police officers was based on nationwide data.

4. Polygraphing: I first think a decision could be made whether or not to use a polygraph since it is mainly a stress test and not a lie detector. If polygraphing is to continue, national standards could be established similar to those used in psychological testing.

5. Training: National standards could be set for training that would include the teaching of the major components of stress as well as job specific behaviors.

Now, let's redefine the over used work - stress. Stress can be defined in two ways:

1. Physiologically
2. Psychologically

Physiologically stress has been defined as the internal responses caused by the application of a stressor (i.e. any adjustive demand that requires coping behavior on the part of an individual or group). As is well known, strong emotions are accompanied by various internal bodily changes - such as elevated heart rate, dumping of stored sugar into the bloodstream, and secretion of hormones from the inner core of the adrenal glands. Under stress, one individual may develop peptic ulcers, another hypertension, and still another migraine headaches. In 1955, *LeShan and Worthington* hypothesized that the development and cause of malignant tumors might be influenced by psychological factors. *Schmale (1971)* suggests that an attitude of passivity and hopelessness in the face of life stressors encourages the proliferation of cancerous cells.

It would also appear that severe stress and heart attacks tend to be related. In a study of 229 men from Finland, Sweden, and the United States, who had recently survived a myocardial infarction, it was found that common background factors included heavy work responsibility, time urgency coupled with hostility when slowed by others, and dissatisfaction with the achievement of life goals (*Romo, Siltanen, Theorell, and Rahe-1974*). The Type A person, originally described by *Friedman and Rosenman (1959)* as an individual who is eager to compete, has frequent engagements with self-imposed deadlines, has an intense desire for recognition, is mentally and physically alert, is quick, and has strong drives toward self-selected but poorly defined goals, runs a risk of coronary heart disease that is six times that of Type B individuals who are less impatient and exhibit traits

that are otherwise opposite to those of a Type A person. This indicates that a change of life style may be as important as a change of diet in preventing coronary disease. Unfortunately, both of these are very difficult and resistant to change because of cognitive and behavioral habits.

Psychologically, I do not feel that stress has been adequately defined. In the preceding paragraphs stress was defined as being "caused" by an external stressor. As stated previously, I think this is an erroneous conclusion. Stress may be "influenced" by an external situation but it is not the cause; if it is caused by an external stimulus, then individuals have little or no control over their emotions and the situation has to change before they can feel better.

I suggest that we adopt the following philosophical base that I have used at the St. Petersburg Police Department for the past five years as a means of defining stress. These, I believe, are psychological laws of human nature as solid and unchanging as the physical laws of the universe.

1. All human beings want the same thing in life - happiness, satisfaction, contentment, or piece of mind.

2. We all have the same four blocks to satisfaction in our lives:

- a. How we deal with anger
- b. How we deal with anxiety
- c. How we deal with depression
- d. How we deal with guilt

3. In order to change you have to change two things:

- a. Cognitive habits (beliefs)
- b. Behavioral habits

4. We are all FHBS (i.e. fallible human beings). This means that we have a real talent for screwing up.

5. We can rate our behavior and deeds, but never our worth, self, or ego.

6. There are three major insights into the human condition:

a. That we create and maintain 100% of our emotions. No one has ever made us feel anything, but ourselves.

b. How we create these emotions (anger, anxiety, depression, and guilt).

c. How to get rid of these emotions rapidly.

The anatomy of stress would, therefore, be divided into the four major blocks to one's life goals. My contention is that stress has not changed since the beginning of man's consciousness; it is merely a new term for basic psychological process that have existed since Homo Erectus.

Psychological stress is therefore four basic emotions - anger, anxiety, depression, and guilt. Because of

biological predispositions and environmental conditioning to react in certain ways, every individual has what Transactional Analysis calls a racket. This is your favorite bad feeling; it is not your favorite because you like it so much, but the emotion that you choose most often when you upset yourself. One person's racket may be anger while another's would be guilt. Each individual that you see in therapy whether police officer, housewife, or surgeon would have a rank order from one to four in terms of how they will experience these emotions. The emotion that is in the number one spot would be their racket and therefore, their most difficult block to overcome in their quest for satisfaction.

Now this is a very important point: each major block to one's contentment is created in exactly the same way! For example, anger is caused the same way in you as it is for a Russian, a South American, a woman, or an Eskimo. If it is not, then there is no science and you might as well talk to your neighbor whose opinion would be just as valid as any psychologist or therapist.

This is why I think it is very important that we use a Rational-Emotive or Rational-Behavioral approach in working with police officers. Rational-Emotive theory has an A-B-C approach that is commensurate with most of the points that I have mentioned. It states simply that it is not the event (A) that causes our emotions (C), but what we tell ourselves (B- our beliefs) about the event that truly causes us to be upset. Therefore, when someone is under stress (i.e. experiencing anger, anxiety, etc.) we do not agree with them that the Department is a crummy place (which may in fact be true) but to show them how they can change their cognitions so they do not continue to upset themselves about this unpleasant reality, or to take an active part in trying to change the system through rational means.

To break down stress further, I now want to discuss the anatomy of each emotion. This is a system that can easily be taught to police officers so they can understand their emotions and then do something about them.

Anger can be outlined in the following manner:

1. Egocentric thinking
2. Should

All anger contains an element of egocentric thinking (i.e. the world revolves around me and anything that I do not like or find inconvenient SHOULD not exist.) These are two irrational ideas that are behind all anger. A thorough disputing of these irrational ideas is necessary in the therapeutic process and can be taught to each police psychologist. This analysis, however, goes far beyond the scope of the present paper due to time and space requirements. I have just finished a program I wrote for

a computer that goes into this analysis in detail and I am half way through a book related to this program called "How to Practically Never Upset Yourself About Anything". For now, however, you can ask yourself the questions, "Why should anything be the way that you say just because it would be more pleasant for you?"; and "Is there some law of the Universe that says that I SHOULD have my way?" Breaking these cognitive processes down for police officers and showing them how to dispute these irrational ideas helps them to understand the emotion of anger and how to control it. You also help destroy the myth that anger (or any other emotion) is "caused" by events outside of your body.

There are three cognitive components behind anxiety:

1. What if.....(something very bad, dangerous, or threatening happened to me)
2. It would be AWFUL.
3. I could not stand it!

Anxiety is an irrational emotion because you are making up something that has not happened yet (non reality) and then scaring yourself about it. Being concerned may be rational because it allows you to prepare for a probable event, but awfulizing and catastrophising about the possibility that an event may occur is only self-defeating. By the way, you stand everything until the point of death. The fact that you are still alive is proof that you have with-stood everything that has ever happened to you. You may be standing it poorly, but if you are breathing and blinking, you are standing it. Depression is the most complicated and has the following cognitive processes:

1. Hopelessness (I give up #1)
 - a. A pessimistic outlook toward the present
 - b. A pessimistic outlook toward the future
2. Helplessness (I give up #2)
 - a. Self-pity
 - b. Self-rejection
3. "NEED"

All depression starts with an underlying "perceived" need (e.g. a need to change jobs, a need to be promoted, a need to be accepted, and a need to be understood). When these needs are not being fulfilled, you throw in the hopeless and helpless attitude. The primary goal here is teaching police officers the difference between needs and wants and how to go after the things that they want. If what they want is highly unlikely, you show them how

to accept the situation as it is instead of developing a defeatist attitude toward reality.

Guilt has two major cognitive components:

1. A concept of wrongness
2. Self devaluation

It is impossible to have guilt without these two cognitive processes. First, you accept a concept of wrongness (i.e. "I've done something wrong.") Then you put yourself down for doing the wrong thing—"I'm a louse; a bumb; a worthless person for ding this wrong thing. This is what I call the BS equation (i.e. behavior = self). This is the worse BS we can tell ourselves. The ultimate goal in a rational philosophy to life is to never rate yourself at all. This is what we call the ELEGANT solution! It is the most desirable position to have and the hardest to obtain. This, along with other rational concepts, can be taught during training and follow-up workshops with police department personnel.

These four emotions are the psychological components of stress. When a police officer says: "I'm under a lot of stress", he does not know anything more about his bad feelings then he did when he was a child. He only has a new way of talking about them. This is why I think it is essential for us to adopt a rational approach; we can teach officers to understand stress and how to handle it and as professionals we can communicate with one another much more effectively.

In summary, I believe it is best to use a cognitive behavioral approach in the field of police psychology. This will give us a strong foundation to which to teach and communicate. Eclecticism across the field, is equivalent to having both feet firmly planted in mid air.

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CORRELATES OF ALCOHOL USE BY POLICE PERSONNEL

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There is a popular impression that police personnel are heavy users of alcohol, as epitomized in the police tales of Wambaugh (for example *The Black Marble*, 1976). Actual information on use of alcohol by police personnel, however, is sparse and conflicting.

A review of literature on alcohol use among police personnel by *Unkovic and Brown (1978)* cited a meager four reports, only one reported any estimate of incidence of alcohol abuse by police, and the comparison with other occupations was lacking. Three reports describe or recommend treatment programs (*Reiman, 1983; Dunne, 1973; Territo and Vetter, 1981*), which indicates that experienced police administrators have concern about alcohol use among police personnel (see also *Hurrell and Kroes, 1975*).

In a survey with a poor response rate of 15%, *Van Realte (1979)* found that 5 of 80 police respondents were daily drinkers and that 8 reported drinking on duty. One respondent felt job performance was affected by alcohol. In an examination of suicide among police personnel, *Wagner and Brzeczek (1983)* found an unsettling connection between alcohol use and suicide; of 20 suicides in the Chicago Department of Police between 1977-1979, there was alcohol or drug involvement in 13.

On the other hand, in a study by *Fell, Richard and Wallace (1980)* of 26 police officers who comprised part of a sample of 8,450 individuals seeking treatment at a mental health center, only 4% were diagnosed as alcoholic. Police were 70th among occupations in admissions, and did not differ in incidence of alcoholism from the general center population.

A typical explanation for heavy use of alcohol by police personnel is the stress of the job (*Hurrell and Kroes, 1975; Territo and Vetter, 1981*). Because of the traumatic events to which the officer is exposed, as well as daily pressures of poor supervision, shifts, frustration with functioning of the court system, and other sources of stress, the officer is believed to be vulnerable to use of alcohol for its sedative effects.

In general considerations of alcohol abuse non-specific to police, there are two other major competing theories of development of alcohol abuse. One is that the personality of the user, perhaps especially dependent or anxious,

predisposes the individual to abuse of alcohol. Recent development studies of personality and alcohol use indicate, however, that personality problems appear more likely to result from abuse of alcohol rather than precede it (*Pattison and Kaufman, 1982, Vaillant and Milofsky, 1982*). In policing, the careful selection procedures of many major departments (*Pendergrass, in press*) would lead to the expectation that police populations are quite well-adjusted and therefore under this theory not susceptible to alcohol abuse. Another potential explanation of heavy alcohol use is that social and cultural patterns encourage or discourage use of alcohol (*Cahalan, 1970*). In settings and subgroups where heavy alcohol use is tolerated or encouraged, higher consumption and more problems would be expected. This has been found to be the case, for example, in the military (*Clark and Midanik, 1982*). Cahalan found that upper class males experienced fewer drinking problems than lower class males, but that males overall had more problems than women. Policing, as a male-dominated paramilitary setting, may tolerate or encourage higher levels of consumption than in the general population.

In this study, survey information obtained from sworn and civilian employees of a major suburban department on exposure to stressful events, health behaviors (including alcohol use), and personal descriptive information were examined. The first purpose was to describe extent of alcohol use among sworn and non-sworn personnel in a major suburban police department. It was hypothesized that use of alcohol would be more frequent among police personnel than in a general non-police population and that use would be more frequent among sworn than civilian police personnel. The non-police standard for comparison was the percentage of abstainers and lighter drinkers, moderate drinkers and heavier drinkers in a sample of U.S. citizens in a NIAAA 1979 national survey (*Clark and Midanik, 1982*).

A second purpose of the study was to examine correlates of alcohol use. It was expected that heavy use of alcohol would be correlated with exposure to stressful events; those individuals more frequently involved in personal or police-related trauma were expected to be more frequent users of alcohol.

METHOD

Study Setting

The site of the study was a major suburban police department with approximately 724 sworn and 198 non-sworn employees. The department has a relatively low rate of serious injury or death incident, in all districts but one, the incidence of serious crime is also comparatively low. The department allows officers personal use of patrol vehicles on off-duty hours according to seniority, and prohibits the transport of alcohol in the vehicle or use of alcohol within four hours before driving the vehicle. Positive departmental policy toward treatment for alcohol problems was demonstrated by retention of successfully treated employees. Alcohol treatment was 100% reimbursable under the prevalent insurance plan.

Questionnaire

Questionnaires were distributed to all department employees with paychecks. Respondents were assured complete anonymity. The 11-page questionnaire consisted of five sections which queried respondents regarding Correlates of Alcohol Use....

- demographic information,
- impact and frequency of stressful police events,
- exposure to organizational stressors,
- frequency and severity of health consequences of stress,
- and perceived need for psychological services.

The questionnaire and procedure are more fully described in previous reports (*Ostrove and Pendergrass, 1982; Pendergrass and Ostrove, 1984*). The information presented here deals with demographic data, reported consumption of alcohol and alcoholism, and exposure to selected stress events.

Demographic data included sworn or civilian employee status, sex, rank, and whether the respondent had served in the military. To contain the length of the questionnaire, the simplest possible measure of alcohol consumption was used. Consumption of alcohol was reported as number of drinks per day, with a drink defined as 1½ oz. of liquor, 12 oz. beer or 5 oz. wine. No time period for recall was specified.

In a separate item in another section of the questionnaire, respondents were asked to indicate whether alcoholism had been diagnosed as a health problem.

Respondents were also asked to indicate whether or not they had been exposed to the following stress events during the previous year:

- harassment by a supervisor,
- not being backed up on a potentially dangerous

call, or

- light duty assignment for over three months.

The highest-rated stress events in policing, such as "killing someone in the line of duty" and "fellow officer killed in the line of duty" (*Spielberger, 1980*) were not used because of their infrequent occurrence in the department studied. A previous study had shown that there was only a low to moderate relationship between these high-impact events and reported stress (*Ostrove and Pendergrass, 1982*), presumably because of the infrequency of the traumatic events.

Two other items used as indicators of stress were whether the respondents had divorced or been investigated by internal affairs since joining the department.

RESULTS

Response Rates

An overall response rate of 49% was obtained. Police officer candidates and civilian males tended to respond at a slightly lower rate (33.3 and 32.55% respectively) than other categories of employees. Otherwise, the sample resembled the population in distribution by age, sex and rank. Because of non-response on selected items, for any one analysis only about 34% of the department population was represented.

Reported Diagnosis of Alcoholism

Two percent of police employees reported that they had received a diagnosis of "alcoholism" as a health problem. Not all of these had received treatment for the condition. Consumption of 5 or more ounces of ethanol per day is usually considered indicative of a diagnosis of alcoholism (*Armor and Polick, 1982*). This approximates, in the present study, 9 or more drinks per day. Only one respondent reported consuming 9 or more drinks per day.

Reported Alcohol Consumption and Demographics

Respondents were classified into categories of Abstainer/Lighter Drinker, Moderate Drinker, and Heavier Drinker as follows:

- less than 1 drink/day = Abstainer/Lighter
- 1-1.9 drinks/day = Moderate
- 2 or more drinks/day = Heavier

This classification system produced categories of ethanol consumption per day which corresponded as closely as possible to the categories in the NIAAA 1979 national survey as described by *Clark and Midanik*

Table 1. NUMBER AND PERCENTAGES OF POLICE EMPLOYEES IN THREE CATEGORIES OF DRINKERS COMPARED TO NIAAA 1979 NATIONAL SAMPLE.

		Sworn Police		Civilian Police		NIAAA 1979 National Survey*	
		Male	Female	Male	Female	Male	Female
Abstainer/Lighter	n (%)	118 (40)	16 (62)	10 (48)	33 (69)	(54)	(78)
Moderate	n (%)	67 (23)	4 (15)	7 (33)	11 (23)	(31)	(18)
Heavier	n (%)	107 (37)	6 (23)	4 (19)	4 (8)	(14)	(4)

* may not equal 100% due to rounding

Police Employee Status χ^2 (df = 2) = 15.76, $p < .01$, significant $C = 0.20$

Employee Sex χ^2 (df = 2) = 17.99, $p < .01$, significant $C = 0.21$

(1982). The police measures, however, only roughly approximate the NIAAA measures, and therefore fairly large variations in consumption patterns between the police and the NIAAA samples should be required before being considered meaningful.

Table 1 shows the numbers and percentages of sworn and civilian police employees by sex who were classed as Abstainer/Lighter Drinkers, Moderate Drinkers and Heavier Drinkers. Table 1 also shows percentages of the NIAAA 1979 national sample classed in each category by sex.

Civilian police employee consumption patterns do not appear to be very different from those of the general population in 1979. Both male and female sworn officers, however, report higher levels of consumption than the general population. Male police employees, both sworn and civilian, reported higher alcohol consumption than female employees in their employee class. Chi square analyses revealed a significant relationship between sex and alcohol consumption, and also between sworn or civilian employee status and alcohol consumption in the police sample.

Table 2 shows male and female police employees by alcohol consumption class and by age group. Table 2 also shows consumption by age in the NIAAA 1979 national sample. In this table, categories of Abstainer/Lighter Drinker and Moderate Drinker were collapsed for males because the NIAAA data reported by Clark and Midanik (1982) used this format. Note also, that the higher age category used for police employees (36+) is compared with the limited national sample category of 35-49 years. Because of early retirement options, very few police officers continues in employment beyond 49 years old.

Sworn males appear to be heavier users of alcohol at all ages than those in the NIAAA 1979 national sample. The use of alcohol by older sworn males does not appear

to diminish, as has been found in the general population. Chi square analysis showed no significant relationship between age group and alcohol consumption; this analysis could not be performed separately for males and females because of the small expected frequencies in some cells.

Table 3 show sworn employees classed by reported alcohol consumption and rank. There was no significant difference in consumption by rank, according to Chi square analysis. History of previous military experience (see Table 4) was also not significantly related to reported alcohol consumption.

Reported Consumption of Alcohol and Stress

Tables 5 and 6 show sworn employees classed by reported consumption of alcohol in relation to a variety of life and police career stressors.

In Table 5, the number and percentages of sworn officers in each alcohol consumption class are shown by whether the officer was divorced, or whether investigated by internal affairs since joining the department. Chi square analyses showed no significant relationships between alcohol consumption and either divorce or being investigated.

In Table 6, number and percent of sworn employees in each alcohol consumption class is shown by whether, in the previous year, the officer experienced 1) harassment by a supervisor; 2) lack of back-up on a potentially dangerous call; or 3) light duty assignment of more than three months. Chi square analyses showed no significant relationship between consumption and harassment or lack of back-up. There was a significant relationship between extended light duty assignment and reported alcohol consumption. Those on extended light duty reported less alcohol use than those on full duty.

Table 2. NUMBER AND PERCENTAGES OF POLICE PERSONNEL IN CATEGORIES OF DRINKER BY AGE COMPARED TO NIAAA 1979 NATIONAL SAMPLE.

	Age	<i>Police Sample*</i>		<i>Males</i>	
		21-35	36 +	21-34	35-49
Abstainer/Lighter/Moderate	n	130	71	(81)	(84)
	(%)	(65)	(63)		
Heavier	n	69	42	(19)	(16)
	(%)	(35)	(37)		
	Age	<i>Police Sample*</i>		<i>Females</i>	
		21-35	36 +	21-34	35-49
Abstainer/Lighter	n	39	10	(69)	(73)
	(%)	(65)	(71)		
Moderate	n	12	3	(26)	(19)
	(%)	(20)	(21)		
Heavier	n	9	1	(5)	(8)
	(%)	(15)	(7)		

* may not equal 100% due to rounding
 Age Group (male and female) X^2 (df = 2) = 2.66, $p > .05$, n.s. $C = 0.08$

Table 3. NUMBER AND PERCENTAGE OF SWORN PERSONNEL IN CATEGORY OF DRINKER BY RANK*

		<i>Below Sergeant</i>	<i>Sergeant</i>	<i>Lt. and Above</i>
Abstainer/Lighter	n	113	15	6
	(%)	(43)	(38)	(35)
Moderate	n	53	11	7
	(%)	(20)	(28)	(41)
Heavier	n	95	14	4
	(%)	(36)	(35)	(24)

* may not equal 100% due to rounding
 Rank X^2 (df = 4) = 4.89, $p > .05$, n.s. $C = 0.12$

Table 4. NUMBER AND PERCENT OF SWORN MALES IN CATEGORY OF DRINKER BY PREVIOUS MILITARY EXPERIENCE.

		<i>Previous Military Experience</i>	
		<i>Yes</i>	<i>No</i>
Abstainer/Lighter	n	62	56
	(%)	(38)	(43)
Moderate	n	33	34
	(%)	(20)	(26)
Heavier	n	67	40
	(%)	(41)	(31)

Military X^2 (df = 2) = 3.66, $p > .05$, n.s. $C = 0.11$

Table 5. NUMBER AND PERCENTAGE OF SWORN PERSONNEL BY TYPE OF DRINKER EXPERIENCING TWO STRESSORS DURING POLICE CAREER.

		<i>Internal Affairs</i>		<i>Divorce</i>	
		<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Abstainer/Lighter	n (%)	73 (39)	60 (47)	16 (29)	117 (45)
Moderate	n (%)	39 (21)	30 (23)	17 (31)	52 (20)
Heavier	n (%)	74 (40)	39 (30)	22 (40)	90 (35)

Internal Affairs $X^2(df=2)=3.08, p>.05, n.s. C=0.10$
 Divorce $X^2(df=2)=5.63, p>.05, n.s. C=0.12$

Table 6. NUMBER AND PERCENTAGES OF SWORN PERSONNEL BY TYPE OF DRINKER EXPERIENCING THREE STRESSORS IN LAST YEAR.

		<i>Supervisor Harrasment</i>		<i>No Backup Danger Call</i>		<i>Light Duty 3+ Months</i>	
		<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Abstainer/Lighter	n (%)	44 (51)	90 (39)	70 (41)	63 (44)	15 (65)	117 (40)
Moderate	n (%)	16 (19)	52 (23)	39 (23)	29 (20)	1 (4)	67 (23)
Heavier	n (%)	26 (30)	87 (38)	61 (36)	52 (36)	7 (30)	106 (37)

Harrasment $X^2(df=2)=3.63, p>.05, N.S. C=0.10$
 Danger Call $X^2(df=2)=1.07, p>.05, N.S. C=0.06$
 Light Duty $X^2(df=2)=6.8, p<.05, significant C=0.15$

DISCUSSION

The popular impression of police officers is that they are heavy users of alcohol for recreational and/or sedative purpose. One of the aims of this report was to compare reported alcohol consumption in a sample of police officers with national survey information on alcohol consumption. It should be kept in mind that different data collection and sampling methods were used in the two studies, and conclusions must be regarded tentatively. This comparison of police officers' reported consumption with estimates of consumption in the general population, however, suggests that police officers may indeed be heavier consumers of alcohol than the general population.

Male police personnel were also found to be heavier consumers of alcohol than females. This is also typical of the general population. Women entering sworn roles, however, appear to be moving toward the heavier drinking patterns of sworn males.

Heavier alcohol consumption by military personnel has been found in other research. This has been explained,

however, as a consequence of the fact that the military is composed primarily of young males of lower socioeconomic status. Young males of low socioeconomic status in general are known to be heavier users of alcohol than other groups (Clark and Midanik, 1982).

No significant relationships were found in this police sample between rank, age or military background and reported alcohol consumption in the police sample. Since police employment itself is a paramilitary activity, any effect of military background may be obscured by the continuation of military-like conditions in civilian police life.

In the police sample, it might have been expected that alcohol consumption would decrease with increasing age or rank (as an indicator of socio-economic status). This was not found to be the case. This finding raises the possibility that whatever conditions support heavier use of alcohol continue throughout the police career, and that age and socioeconomic status are not primary determinants.

Most stressful job conditions (internal affairs investigations, harassment and lack of back-up) were *not* found to be predictive of alcohol consumption. Nor was the highly stressful life event of divorce (*Holmes and Rahe, 1967*) found to be related to alcohol consumption. This lack of relationship between stressors and reported alcohol consumption should be confirmed in future research, since relationships may have been diluted by the crude nature of the measure of alcohol consumption used in this study or the indefinite time periods in which stressors occurred. If this finding is confirmed, however, it suggests that use of alcohol as self-medication for stressful life or police events is not adequate as an explanation for heavier use in police populations.

One alternative explanation which cannot be examined with the present data is that alcohol is an integral part of police social exchanges. There was a significant relationship between *reduced* alcohol consumption and the presumed stressor "light duty of more than three months." It is possible that light duty depressed alcohol consumption because it removes the employee from usual after-shift parties, celebrations or other drinking occasions maintained by the work group.

Another possibility which cannot be examined here is that alcohol is used as a sedative to deal with disruptive physical effects of rotating shifts. Those on light duty are also usually removed from rotating shift schedules.

The percentage of employees who reported a diagnosis of "alcoholism" was about 2%, less than that found by *Fell, Richard and Wallace (1980)*. It is not possible to determine from the *Fell et. al.* report whether mental health service recipients were fully informed about diagnoses during treatment or whether the recipient in fact accepted this label. If the client does not know or rejects the diagnosis, it would not be recorded in a self-report study. Diagnoses are in any case probably a significant underestimate of life and health problems stemming from alcohol use, since not all individuals seek help. Only one employee reported consumption of 9 or more drinks per day. This is no doubt an underestimate of serious alcohol problems, since it is believed that those suffering from severe problems with alcohol are prone to deny abuse.

"Alcoholism" is a concern of employers interested in productivity and health costs (*Quayle 1983*). But heavy use not diagnosed as alcoholism should also be a prime concern of officers themselves. As consumption of alcohol increases, so do reported life and health problems (*Clark and Midanik, 1982*). The quality of police life is already under close examination because of its suspected adverse impact on the well-being of police employees (*Kroes and Hurrell, 1975*). Every effort should be made in ensure that the police environment does not enable or

encourage heavy alcohol consumption.

The levels of alcohol use reported here were found in a department with a benefit program which discouraged alcohol use; the personal use of a patrol vehicle as a first or second family car represents a significant employee benefit to many. The department also had a fairly low frequency of traumatic events (police officer shootings, injuries and deaths). Departmental police on use of alcohol was fairly clear and treatment alternatives were available. More information is needed about volatile urban police settings, and departments with differing alcohol policies and health insurance programs.

In future research, it is recommended that a standard measure of consumption, such as those described by *Armor and Polich (1982)* be used. In addition, stratified samples across departments to assure adequate representation of minorities and women, and differing departmental policies and insurance programs, would be desirable. Finally, measures of shift schedules and police social patterns should be added to future research.

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FOOTNOTES

¹The authors performed the study described here as part of a needs assessment in the establishment of a stress management program for police officers. Dr. Pendergrass is currently employed as a research psychologist at the Naval Training Equipment Center, Orlando, FL 32813. Dr. Ostrove is a consultant with Needham, Porter, Novelli, correspondence to her may be addressed to 747 Sligo Ave., Silver Spring, MD 20910.

TRAINING HOSTAGE NEGOTIATORS WITH PSYCHIATRIC PATIENTS: A "HANDS-ON" APPROACH

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The involvement of police officers with the mentally ill is well documented. *Snibe and Snibe (1973)* estimate that one-fourth of the hospitalization of mental patients in this country include some police involvement. This role in police work is often seen as inappropriate, as *Bittner (1967)* states "the [police] say they lack training pertaining to psychopathology and do not feel competent in this area" (page 536). Several authors (*Bull, 1983; Reiser, 1982; Snibe and Snibe, (1973)*) propose training guidelines for law enforcement personnel on how to deal with the mentally ill. Some departments have set up special units to deal with police intervention in cases where the subject is mentally ill (*Snibe and Snibe, 1973*).

According to *Culley (1974)* hostage incidents have been on the increase since 1972. Several authors note the importance of communications training for hostage negotiators (*Bolz, 1981; Culley, 1974; Fitzpatrick, Fuselier, 1984; Hassel, 1975*). Usually some attempt is made to provide a general overview of the three major diagnostic categories; psychotics, personality disorder, and neurotics. *Fueslier (1984)* estimates that "52 percent of all hostage incidents involved persons classified as 'mentally disturbed', (page 2)". He provides a brief explanation of paranoid schizophrenics, manic-depressives, inadequate personalities, antisocial personalities, and criminals. These training exercises are usually conducted in a classroom lecture format with possible role playing and discussion sections.

The author joined the New Orleans Police Department (N.O.P.D.) in May of 1983, as the police psychologist. Part of this role is to provide training on the psychological issues involved in dealing with hostage taker/barricaded subjects. Since 1979, there have been 86 incidents in which the tactical unit dealt with Hostage/Barricaded suspect situations. Of those, two necessitated the use of deadly force (one involving an emotionally ill subject who could not or would not communicate with the negotiators). Fifty-seven of the incidents concerned barricaded suspects (66%), twenty-seven involved hostage takers (31%) and two were sniper incidents (2%). Since no statistics are currently available, it is estimated that from 60 to 80% of the incidents were precipitated by subjects who were suffering from some form of emotional disturbance. Often these individuals have a history of psychiatric hospitalization and/or contacts with a local

mental health center. Frequently psychotropic medications were prescribed but the subject did not take them on a regular basis.

After several months of observation, in which the hostage negotiators were assisted by the police psychologist during tactical unit operations, several areas of difficulty became apparent. These included: (2) subjects who would not or could not communicate with the negotiators (b) obviously psychotic subjects who were actively hallucinating or delusional, and (c) subjects who were under the influence of alcohol or unknown chemical substances. The negotiators tended to view the noncommunicating subjects as "stubborn" and resistant of any offers of assistance. Those subjects who were actively psychotic often seemed to frustrate the negotiators or thwart their efforts to establish rapport. The intoxicated suspects often approximated disturbed behavior and were difficult to manage from a negotiation point of view. In light of the above, a day-long training session was instituted for the hostage negotiators. Alcohol and alcohol intoxication were the topics of the morning session. Drug abuse and mental illness were presented during the afternoon session. A focus on the behavioral characteristics of each category of individual was attempted in order to facilitate a better understanding of the influences exerted by chemical/alcohol intoxication or mental illness upon the barricaded subject/hostage taken. During the discussion portion of the section on dealing with the mentally ill it became apparent that the negotiators were having difficulty understanding and/or accepting the effects of psychotic symptomatology. More specifically, the hallucinatory and delusional phenomena were perceived to be confabulations on the part of the subject in order to "fool" the police. The negotiators were skeptical of the incapacitating effects upon the ability to communicate that a thought disorder might engender. They also appeared to doubt the judgement of mental health professionals concerning the diagnosis of a mental illness. Role playing did not seem to be a solution at this point since it might tend to verify the suspicions of "play acting" on the part of the mentally ill subject. A decision was made, in conjunction with the consulting psychiatrist, to institute an *in vivo* training program. Actual contact with psychiatric patients outside of a tactical situation and within a treatment setting was thought to be an ideal

training mode for the hostage negotiators. The purpose of the training was to effect a learning experience and an attitude change among the negotiators within an environment where they could observe the manifestations of mental illness on a first-hand basis. The goals were to: (a) increase their understanding of emotionally disturbed individuals; (b) demonstrate the reality with which the mentally ill individual experiences his/her hallucinations and delusions; (c) give the negotiators a personal view of the tasks confronting a mental health professional during an actual intake interview.

METHOD

There are four black and three caucasian male negotiators on the tactical unit hostage negotiation team. Age ranges from 23 to 35 years. They averaged 10.2 years on the police force, 3.5 years on the tactical unit (i.e., SWAT Team), and 3.1 years as hostage negotiators. Each negotiator was assigned to the psychiatric emergency room of a large public hospital. Prior to the training, they were briefed on the strict requirements of confidentiality, required to wear civilian clothing and asked to leave their weapons in their vehicles. They were provided with an outline of a psychiatric interview and asked to conduct intake interviews and evaluations on acute psychiatric patients who entered the emergency area. Each interview was conducted under the supervision of the staff psychiatrists. Due to the hospital setting, the emphasis of the interview focused on the chief complaint, present illness, and a mental status examination. When possible, family members were also brought in for the gathering of additional information.

Following the interview, each patient was discussed in detail with the negotiators in terms of the patient's psychiatric diagnosis, presentation during the interview, the actual conduction of the interview, and various clues and subtleties that became apparent during the interview that may have helped the negotiators to evaluate the situation and to formulate an opinion as to the patient's psychological state. An attempt was made to vary the type of patients that the negotiators interviewed including blatantly psychotic individuals, severely depressed patients, and patients who were acutely drug toxic. The staff endeavored to correlate the patients presentation in the hospital with the recent history at home and the potential problems that the officer could conceivably run into with that particular type of patient on the street. An effort as made to relate the presentation of those patients with previous lectures on the various types of psychiatric illnesses so that the officers would understand, in a broad sense, the specific difficulties in establishing rapport and

ongoing communications with acutely disturbed individuals.

A self-report questionnaire was developed by the police psychologist to assess the effects of the training upon the negotiators (see Appendix I). Within a period of two weeks after the training ended each negotiator was asked to anonymously fill out a rating form and send it to the police psychologist through the department mail system. The seven rating forms were averaged on the first four scales, and the comments on items 5 through 8 were summarized.

RESULTS

On a five-point scale ranging from "not valuable" to "very valuable" the average rating of the training experience was 4.8. In terms of the effect of the training on the understanding of emotionally disturbed individuals, on a five point scale ranging from "not improved" to "improved dramatically", the average rating was 4.2. A 4.2 average rating was also reported, on a five-point scale ranging from "very difficult" to "very easy", relating to the relative ease with which the negotiators thought they had communicated with the patient. On item number 4, with a five-point scale ranging from "not changed" to "changed dramatically", the negotiators rated the change in their approach to hostage negotiations with an average of 3.6. When asked what was most valuable about the training the responses were as follows: (a) "I was allowed to observe the problems and reactions of the patients"; (b) "Inability of the patient to form relationships" and: (c) "How incapable patients are of rational thought". Responses to what was least valuable about the experience only included "not enough time spent in the program" and "not enough officers exposed to program".

When asked how the training influenced the negotiators perception of hostage negotiation with an emotionally disturbed individual, the responses were as follows: (a) "I realize how real these individuals perceive their problems [to be]"; (b) "That you can talk to those people and have a chance to reason with them about their problem;" (c) "The mentally disturbed believe what they perceive, time and patience is important in working with them"; (d) "I became more sensitive to their problems; and (e) "Not any significant changes in my perception". In terms of future training procedures that were desired concerning hostage negotiations the following responses were elicited: (a) "I would like to continue the [interview] sessions and role playing"; (b) "Dealing with psychotics and the potential for violence"; (c) "along the same lines as this problem, over the phone would make the officer listen

better;" (d) "Group discussion of each SWAT roll, training of SWAT team on scene;" and (e) "more follow up on individuals after the arrest".

DISCUSSION

The ratings reflect a very positive attitude toward the training experience by the hostage negotiators. There was a definite perception of improved understanding of the mentally ill individual. In contrast to previous experiences while on tactical operations, the negotiators found their efforts to communicate with mentally ill patients relatively easy. While this effect could easily be attributed to the change in settings and the "helper" role of the negotiators versus a police function, the positive reinforcement value of the experience is still salient. A moderate change in the negotiators approach to hostage negotiations is a reasonable expectation since this is just one facet of the varied situations faced during tactical operations.

The comments elicited from the negotiators indicate an enhanced understanding of the psychological functioning of a psychotic hostage taker. This should enable them to: (a) "Administer lay psychological first aid to

the hostage taker" (*Bolz, 1981, page 29*); (b) "Assess the hostage takers mental status"... "talk the hostage takers language...strive for personal contact" (*Fuselier, 1981, page 7*); and (c) "accept the thoughts and feelings of the subject" (*Fitzpatrick, page 11*). Some of the suggestions for further training (e.g., group discussions of each incident, follow up of subjects) provide the basis for a more comprehensive approach to the evaluation of tactical unit operations from a psychological point of view. The possibility of postincident interviews with hostage takers/barricaded suspects presents an opportunity to verify the presence of a mental illness or drug toxicity and may allow for the determination of the precipitating factors to the incident. The subjects reactions to specific police actions while on the scene may also be a value in future tactical operations. Further training modes and research on the effectiveness of hostage negotiation techniques need to be accomplished in the future. This could include developing a rating system based on Fitzpatrick's communication techniques, taping actual negotiation dialogues, and having independently trained judges rate segments of the tapes. The author acknowledges that the self-report measures in this report are highly subjective and that a more empirical approach is warranted in future studies.

Appendix I—Rating Form—Hostage Negotiator's Training at the Charity Crisis Intervention Unit (CCIU)

Your reactions to the recent training exercise at the CCIU are necessary so that we can properly evaluate it's value. Please respond in an open, honest manner. *DO NOT* put your name on the form.

1. I considered this training experience to be:

1	2	3	4	5
NOT VALUABLE		MODERATELY VALUABLE		VERY VALUABLE

2. My understanding of emotionally disturbed individuals was:

1	2	3	4	5
NOT IMPROVED		MODERATELY IMPROVED		IMPROVED DRAMATICALLY

3. I found my effort to communicate with these individuals:

1	2	3	4	5
VERY DIFFICULT		MODERATELY DIFFICULT		VERY EASY

4. Because of this experience, my approach to hostage negotiations has:

1	2	3	4	5
NOT CHANGED		CHANGED SOMEWHAT		CHANGED DRAMATICALLY

5. What I found most valuable about this training was: *(Please print)*.

6. What I found least valuable about this training was: *(Please print)*.

7. How has this training influenced your perception of hostage negotiations with an emotionally disturbed individual?

8. What kind of future training experiences would you want concerning hostage negotiations?

DEMOGRAPHIC

Number of years with NOPD _____ . Number of years on SWAT _____ .

Number of years as Hostage Negotiator _____ .

Past assignments before SWAT (i.e., Districts, Traffic, EMS, etc.).

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POLICE BURNOUT—INCREASING DURABILITY TO STRESS ILLNESS THROUGH THE BODY'S OWN CHEMISTRY

Edward S. Rosenbluh, Ph.D.

Police officers are required to handle a variety of delicate crisis situations and must do so quickly and efficiently (Oney, 1981). But these situations are often interspersed with lengthy periods of boredom. It is expected that the police officer will act in situations which occasion confusion and distress, threaten one's sensibility, peace and the safety of the community as well as that of the officer, and to do so without notice or time for preparation.

Police officers find themselves spending a part of their duty dealing with families in conflict and these problems are increasing as the economy cannot meet citizen needs and social problems increase. Several years ago, our society was not as complex or mobile as it is today. Families and individuals in conflict or stress could call upon parent, close relatives, or neighborhood sages to mediate disputes or counsel with individual problems. These helpers had the interest of the family and its immediate social extensions in mind. This is seldom possible or likely now.

While mental health and social service systems have, in some areas, developed 24 hour a day crisis services, the police must still bear the brunt of many social ills for some very valid reasons (Oney, 1981).

The police officer is constantly on patrol and able to respond anywhere in the jurisdiction on short notice. Family or friend disputes may involve violence and only the police are prepared and legally able to handle such problems. When a situation involves fear, the police officer is most likely to be called in, since he or she is the most likely "peace maker."

The patrol method of policing does not usually lend itself to consideration of relaxed meals and the choices of restaurants are often severely limited to "fast food" purveyors whose wares in no way approach a balanced diet. With the long hours often spent in a patrol car, many officers rely on much coffee or other caffeine supplying beverages. There is also a high likelihood that nicotine may become 'essential' to keep one going. In some cases, 'diet' pills may be used to keep one awake.

Shift differentials and weekend and holiday work may keep many families separated during periods when mutual support is needed.

The chain-of-command method of management often precludes officers from feeling any sense of support or understanding from "the top." In such a hierarchical system, compliance with directives often is achieved by

threats of "disciplinary action" for those who do not comply.

Police officers have one of the highest suicide rates of any profession, right up there with physicians (Rosenbluh, 1980a). Divorce and alcohol abuse have also been significant factors for many years (Nevin, 1976).

Considering the above, the police officer is an excellent candidate for 'burnout.'

Burnout

In war, the following symptoms have been noted as related to stress (Baker, 1975). Police officers facing 'burnout' are likely to have experienced many of them.

1. Increase in muscular tension and an ability to relax.
2. Tension headaches—often appearing as a pulling or pressure over the top and back of the head and neck.
3. Temporary immobilization—freezing—so that no self protective action can be taken.
4. Shaking and tremors, which, if they persist over an extended time, in the absence of any stressor, and become exaggerated, may be indicative of the development of pathology.
5. Excessive perspiration.
6. Inability to eat or nausea.
7. Vague abdominal distress, sometimes with mild diarrhea.
8. Urinary frequency and urgency.
9. Excessively rapid heartbeat (tachycardia) and palpitation.
10. Breathlessness and sensations of faintness and giddiness.
11. Sudden drop in blood pressure leading to fainting.
12. Aches and pains.
13. Unfocused fears of mortality related to physical distress.

During the First World War, these symptoms were called "Shell Shock." It was believed that the high air pressure caused by the exploding cannon shells created physiological damage that led to the many symptoms (Goodwin, 1980). When Psychoanalysts started to treat the problems, they called the symptoms "War Neuroses" (Glass, 1969). Futerman and Pumpian-Mindlin (1951) and Archibald and Tuddenham (1965) reported that, during the Second World War, some veterans who had

apparently not suffered symptoms by the end of the war later developed extreme anxiety, battle dreams, depression, relationship problems, explosiveness, etc. After Vietnam, we call the symptoms "post-traumatic stress syndrome" (Goodwin, 1980). Similar symptoms have been noted by this author and others for many problems of a traumatic nature, such as lengthy imprisonment, tornadoes, floods, fires, among others.

Whether following war or years on preventive patrol, the symptoms are real, just as those of all others who suffer, some of whom are told they are just "imagining them." For the police officer, as with many other professionals, the term is 'burnout.' The tendency is to look to the job or situation as the 'cause' of the emotional distress. This seldom answers the questions of 'why?', since, to be a cause, a situation should be able to create the symptoms in all who share it, but in neither the post-traumatic stress syndrome nor burnout is this true. However, this should not be taken as inferring that the situations have no relation to the symptoms. It is quite likely that the situations did precipitate the problems, but in bodies unable to handle them. It has long been accepted that each of us has a greater or lesser degree of 'immunity,' without defining what 'immunity' is.

Williams (1971; 1975) has noted that each of us, including identical twins, has an individual body chemistry and an individual heredity (although the latter is identical in identical twins). These individualities create differing abilities to utilize certain of the 40 odd nutrients required daily for our bodily cells to operate at peak efficiency (Rosenbluh, 1980b; Rosenbluh & Bluhm, 1982). When any of these nutrients is absent or in short supply, the ability to handle stress is reduced (Rosenbluh, 1980c). The amount of lost durability is based on the degree of deficiency and the added burden of poisons and toxins such as smoke, solvents, chemical pollutants and situational factors as noted above. With the possibility of hereditary predispositions toward a need for higher amounts of some nutrients in certain individuals, the state is set for stress illness, regardless of the source (Rosenbluh, in press a).

In discussing the effects of body chemistry, Williams (1971, p.155) asked "What is nature's way of preventing mental disease?" He answered that, if one has never been afflicted with mental illness, "it is not because...[one has] undergone shock treatments or...[has] consumed the right tranquilizers...." He adds that one's 'immunity' or resistance is "because ...[one has] received in...[one's] food enough all minerals, amino acids, and vitamins that brain cells need to maintain...[one] in reasonably good working order."

Police departments have become vitally concerned with efficiency of line personnel. Vigorous exercise is often encouraged. Cardiovascular fitness and "weight control" have assumed paramount importance.

The goals and philosophy are sound. The ability of law enforcement agencies to meet the exigencies of their missions is dependent on the ability of the individual officer to meet his/her potential, both physically and mentally.

Recent evidence and observations lead, however, to the conclusion that one important factor has been left out of the equation: nutrition. The American dietetic program has not been able to meet the needs of all of its clients and an argument may be able to be made that it does not meet the needs of many.

Williams (1971; 1975) has noted that it is the microenvironment of the cells which will determine the ability of the tissues and organs to meet the needs of the body. Rosenbluh (1980b, p. 7) pointed out that the microenvironment of the cells "can be inadequate for two basic reasons: too little of certain essential nutrients or the presence of some substance which precludes what is present from being properly utilized." Mandell (1977) indicated that one can react badly to one's environment because of an inability to tolerate certain substances from the macroenvironment. In fact, Schauss (1982) reports several research projects which found that apparent sensitivity to common food artifacts (sugar, white flour, pasturized milk, chocolate, etc.) are highly correlated with behavioral and emotional disorders. Edwards (1982) reported similar findings with institutional foods, including common breakfast cereals made with sugar.

The dietary program of most police officers mirrors that of the general population and there is a growing recognition that this approach is creating many of our problems. Common is what Salzer (1965) called "Relative Hypoglycemia," something that is generally denied, without sound scientific evaluation, by the dietetic and medical establishments. Miroff (1983) indicated that his research found that as much as 66% of those with mental health symptoms will demonstrate hypoglycemia on a six hour glucose tolerance test. This has been noted, in various ways, by many others (Rosenbluh, 1980b). The major source of energy for the brain is glucose. The blood stream carries about one teaspoonful at all times. If this is cut in half, one can go into a coma. Any drop will produce a neuroglycopenia (loss of essential energy to the central nervous system). When this happens, any number of symptoms can occur (see Figure 1). As has been noted by Sanders (1983) and others, the only effective way to create the proper glycogen stores in the liver is through whole grains.

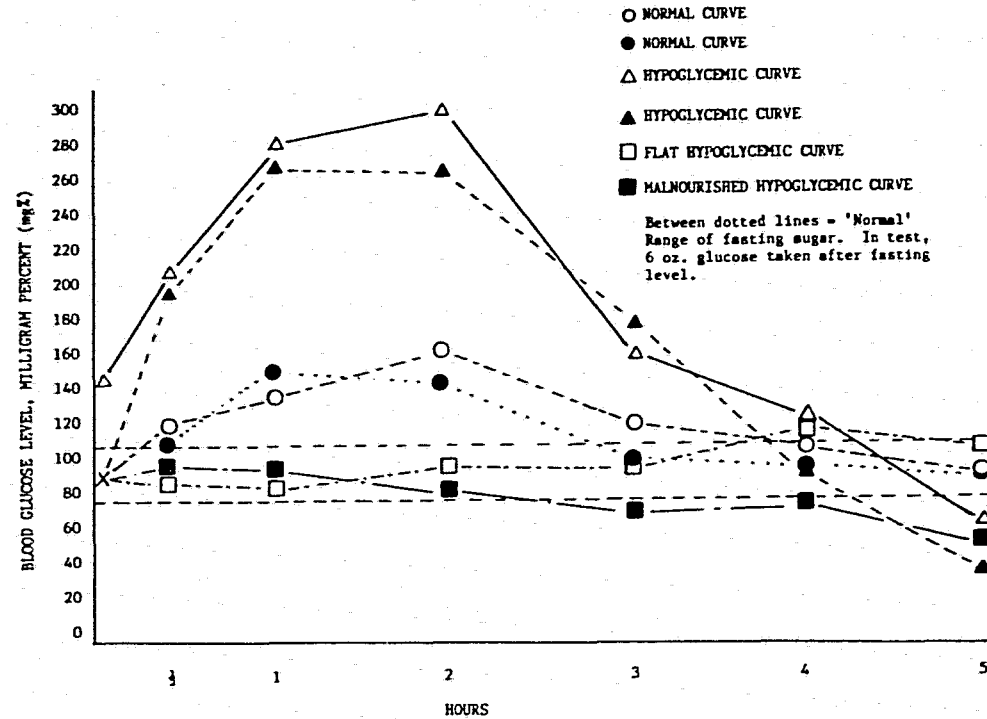
SOME SYMPTOMS

- | | |
|------------------|-------------------|
| NIGHTMARES | UNSOCIAL |
| TENSION | NERVOUSNESS |
| CRYING SPELLS | FORGETFULNESS |
| YAWNING, SIGHING | SUICIDAL THOUGHTS |
| DIZZINESS | SLEEP WALKING |
| TICS | TWITCHING |
| ANTISOCIAL | HYPERACTIVITY |
| HYPERVENTILATION | SPOTTERING |
| FAINTNESS | DRUG |
| BEHAVIOR | CONCENTRATION |
| HEADACHES | DEPRESSION |
| FATIGUE | SWEET CRAVING |
| INSOMNIA | PHOBIA, FEARS |
| COORDINATION | BED WETTING |
| TREMORS | FAINTNESS |
| LOW SEX DRIVE | INDECISIVENESS |
| PALPITATION | WEAK SPELLS |
| IMPOTENCE | ALCOHOL |

DIAGNOSES

- MENTAL RETARDATION
 NEUROSI
 "SLIGHTLY NERVOUS"
 CHRONIC URTICARIA (HIVES)
 NEURODERMATITIS (ITCHING, RASH—FROM
 NERVOUS CAUSES)
 MENIERE'S SYNDROME (LOSS OF HEARING,
 DIZZINESS ASSOCIATED WITH IT,
 NOISES IN EARS)
 CEREBRAL ARTERIOSCLEROSIS
 CEPHALALGIA, HEMICRANIA (PAIN IN
 HEAD, OR HALF OF HEAD)
 PSYCHONEUROSIS
 CHRONIC BRONCHIAL ASTHMA
 RHEUMATOID ARTHRITIS
 PARKINSON'S SYNDROME (SENILE PALSY)
 PAROXYSMAL TACHYCARDIA (RAPID HEART BEAT)
 HYPOCHONDRIA (IMAGINARY
 ILLNESS)
 MENOPAUSE
 ALCOHOLISM
 DIABETES

BLOOD SUGAR INSUFFICIENCY



NOTE: The slight rises at the half hour and at 4 PM in the malnourished curve may be due to the effort of the adrenal glands to compensate for the lack of sufficient blood sugar by extracting stored sugar (glycogen) from the liver, thereby bringing feelings of anxiety and/or depression, among other 'neurotic' symptoms. The Flat Curve is also hypoglycemic, usually representative of boredom in life.

HYPOGLYCEMIA = Drop of 20+ mg % from fasting during 5 or 6 hour test; Double peak after second hour; Glucose level that fails to rise at least 50% above fasting after ingestion of glucose; Any blood sugar that falls more than 50 mg % in one hour; Suspect any glucose level that falls at or below 65 mg %; Regardless of curve, if symptoms develop during test.

Figure 1. Symptoms of neuroglycopenia (low blood sugar which deprives the central nervous system of needed sources of energy). The diagnoses at the bottom of the figure are some of those assigned to people whose problems did not fit traditional blood or urine tests and, therefore, did not lend themselves to recognized medical treatment.

Many agencies have developed elaborate programs to bring personnel down to their appropriate weights, relative to measured fat content. This is an admirable approach, but it is doomed to fail with many personnel because the nutritional program does not fit with current research on both energy development and fat reduction. The aerobic approach to exercise is an extremely useful program, but the directions being taken nutritionally are often counterproductive. As *Pritikin and McGrady (1979)* have noted, complex carbohydrates provide the most appropriate source of energy. They note that the Tarahumara Indians of Mexico live on a diet that is only 10% animal protein, 10% fat and 80% complex carbohydrate. These indians can run a 500 mile roudtrip in only five days; transport a 100 pound pack for 100 miles in 70 hours; play a kickball game, running continuously for 48 hours, covering 175 miles. The Tarahumara Indian women have been found to run continuously for as much as 50 miles at a time, in this game. They eat meat only about once a month and are apparently free of many diseases plaguing American police officers, such as cardiovascular disease, diabetes, hypertension and obesity. Eimer (*Airola, 1977*) found that athletes improved in performance after switching from a 100 gram per day animal protein diet to a 50 gram per day vegetable protein diet. Chittenden (*Airola, 1971*), in extensive experiments on athletes and soldiers, found that physical performance in sports and heavy physical work is performed to a higher level of efficiency on a low animal protein diet. Several researchers, over the years (*Airola, 1971*), have found that the Seventh-Day Adventists, who tend to not eat meat on religious grounds, present with 40% less coronary disease, 400% lower death rate from respiratory disease, 100% lower mortality from all causes; 1000% lower death rate from lung cancers (they do not smoke either); 50% less dental caries among their children.

If one studies the research literature instead of just listening to the 'experts,' one will find that too much protein (especially animal protein) in the diet can lead to serious problems. Such material cannot be stored once the small need has been met and will be burned as fuel for energy. Unfortunately, protein is inferior to complex carbohydrates or fats as a source of energy. The digestion of these proteins in excess of need leaves residues of toxic metabolic waste products which have been found to contribute to self-intoxication and disease. *Airola (1977)* reports on research from the Max Planck Institute for Nutritional Research which found that toxic residues were deposited in the tissues from excess protein, leading to biochemical imbalances and over acidity, accumulation of uric acid, urea and toxic purines, diminished strength and endurance (uric acid, urea and purines from excess meat interfere with muscle and nerve function);

intestinal putrefaction and resultant constipation and auto-toxemia. Other negative results were vitamin B₆ deficiency, atherosclerosis, heart disease and kidney damage. Arthritis has also been found to be connected to excess meat intake.

There is a mistaken belief in our country that only animal protein (beef particularly) is an appropriate source of protein. Proteins are composed of 22 amino acids. Most are synthesized in the body, but eight are not and must be ingested. Foods that contain all eight of the *essential* amino acids are known as complete protein foods. Meat does contain each of these eight (as do cheese, yogurt and eggs), but it is fallacious to believe that the quality of the protein in meat is higher than that in vegetable protein. Research at the Max Planck Institute has found that many vegetable proteins are at least as good, in biological quality, as animal proteins, and some are better. Vegetable matter containing all eight essential amino acids are soybeans, peanuts, almonds, buckwheat, sunflower seeds, pumpkin seeds, potatoes, avocados and all green leaf vegetables, according to the International Society for Research on Diseases of Civilization and Environment (*Airola, 1977*).

Some advantages to increasing the intake of complex carbohydrate are (*Ross, 1981*):

1. Helps eliminate excess fat in the diet.
2. Cuts down on sugar consumption (in large part by maintaining the appropriate blood sugar [glucose] levels over time).
3. Helps eliminate excess animal protein from diet.
4. Increases the levels of energy for extended and heavy work.
5. Increases the amount of fiber in the diet, aiding in the proper digestion of all foods, cutting down on the likelihood of gastrointestinal forms of cancer and other digestive and bowel problems.
6. Complex carbohydrates are rich in the vitamins and minerals necessary for the healthful and efficient carrying out of daily and heavy tasks. Whole foods (complex carbohydrates and vegetables bring with them all the nutrients needed to process them in the body, thereby not adding to the depletion experienced by eating meat, which does not bring its own needed chemicals).
7. Complex carbohydrates will help one to achieve and maintain the appropriate weight. All studies on calorie-related diets show significant failure since calories are only peripherally related to fat retention (*Bailey, 1978; Colgan, 1982*).
8. Complex carbohydrates have the lowest level of toxic pollutants of any other foods available to us.
9. Complex carbohydrates are less expensive.
10. Complex carbohydrates can be stored longer in their whole state and can be carried easier for future use.

There is a mistaken belief on the part of most persons, and some Dieticians, that sugar is an energy food. It can be demonstrated that sugar will create a loss of energy almost immediately and, in many, a hyperactivity form of energy which can be very destructive (Hoffer & Walker, 1978; Pfeifer, 1975). These researchers and many others draw the same conclusion relative to white flour and white rice.

However, glucose is not the only element missing in

sufficient supply in the American diet. As has been indicated by *Rosenbluh and Bluhm (1982)*, bread and all other products made with flour (whether called 'white,' 'rye' or 'wheat') are deficient in several key nutrients necessary, not only to metabolize the products, but for a healthful life, in general (see Table 1 and Figure 2). In fact, the entire Nutritional Chain of Life is necessary, as first described by *Williams (1971)*. (See Figure 3.)

Table 1. MISSING NUTRIENTS IN WHITE BREAD

Nutrient	% Missing	Partial Purpose of Nutrient in Health
Fiber	78	Maintains functioning of digestive system. Necessary to avoid bowel problems, including cancer.
Magnesium	72	Aids in controlling high cholesterol, alcoholism, depression, kidney stones, anxiety, tooth decay. Necessary for calcium absorption and blood pressure.
Zinc	62	Helpful for skin problems, alcoholism, hardening of arteries, diabetes, high cholesterol, infertility, fatigue, prostate problems, ulcers.
Chromium	72	Necessary for sugar metabolism. Helps prevent hardening of arteries.
Copper	55	Deficiency implicated in general weakness, skin sores and diarrhea in infants.
Managanese	88	Essential for carbohydrate and fatty acid metabolism. Useful in treating allergies, asthma, diabetes, fatigue and joint problems.
Potatssium	62	Useful in treatment of acne, alcoholism, allergies, diabetes, burns high blood pressure, heart disease, nervousness and weakness.
Pantothenic Acid A B Vitamin	44	Antistress factor, stimulates production of cortisone. Fights fatigue, infection, graying and loss of hair, depression, irritability and constipation.
Folate	50	Works with B ₁₂ in building red blood cells, Necessary for growth and division of body cells, Aids in protein metabolism. Helps build antibodies to prevent and heal infections. Implicated in neural tube defects (spina bifida, etc.)
Pyridoxine (B ₆)	78	Necessary to prevent morning sickness, carpal tunnel syndrome, depression, water retention, kidney stones, tooth decay, migraine, senility
Vitamin E	96	Oxygenates tissues, dilates blood vessels, and improves circulation. Prevents scar tissue formation in burns and sores. Protects lungs from pollution. Protects against embolism, strokes and heart disease.

The breakdown above is based on research reported by the Center for Science in the Public Interest (*Rosenbluh & Bluhm, 1980*) to demonstrate that Wonder Bread was not as nutritious as 100% Stone Ground Whole Wheat Bread, as had been suggested in commercials. Your body needs these nutrients, many just to process the bread. When the food eaten does not bring its own nutrients, as supplied by nature, the body will have to steal from its reserves, thereby lowering its defenses against stress. You are making up for these deficiencies by use of pain killers, sleeping aids, tranquilizers, heart, blood pressure and ulcer medication, arthritis drugs, antacids, laxatives, antibiotics, cigarettes, etc.

THE BIOLOGICAL REACTION TO STRESS

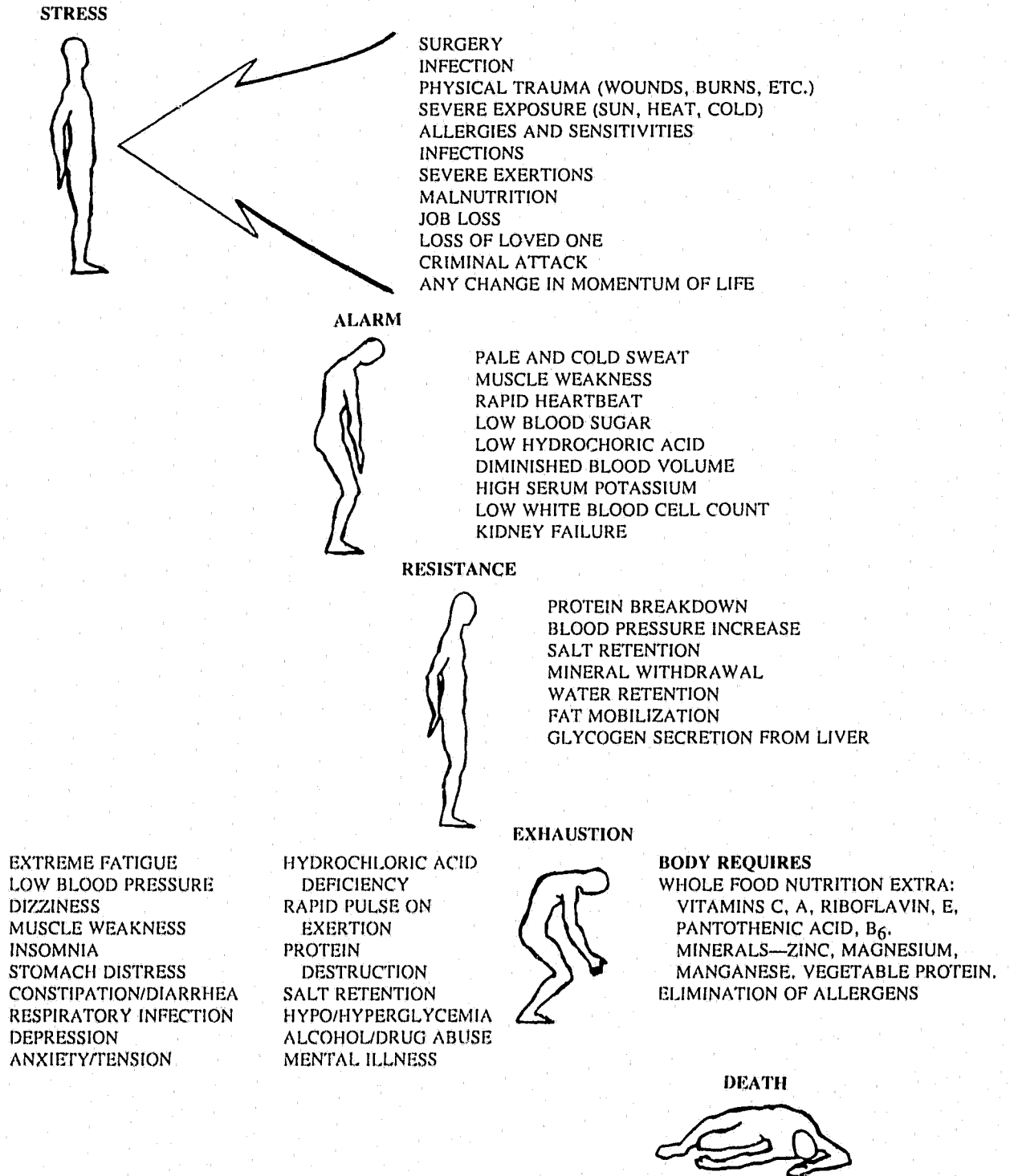


Figure 2 The stages of the stress response through which one passes: The General Adaptation Syndrome

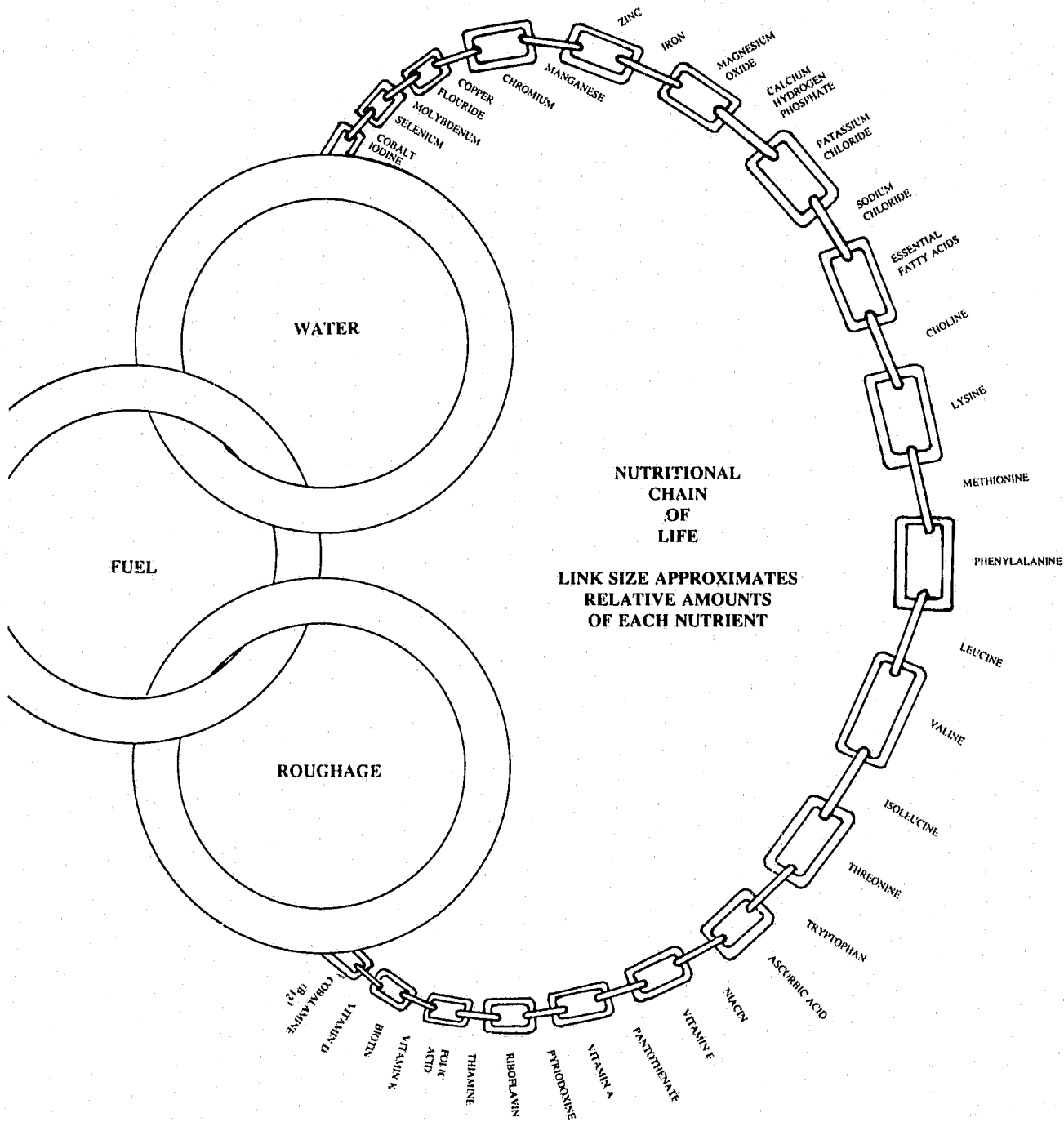


Figure 3. The Nutritional Chain of Life. The nutrients essential to the optimum working of the cells and the tissues and organs they make up.

Yakovlev and Rogozkin (1975) suggested that the inclusion of a full complement of vitamin and mineral supplements has played a significant role in the growing dominance by eastern block countries in world sports competition. *Colgan (1982)* has demonstrated this in double blind studies on weight lifters and runners. While a case could be made for supplementing a police officer's diet, a significant first step would be to change the basic foods used by the officer during a patrol shift to those that contain sufficient amounts of the Nutritional Chain of Life to help meet the needs of vigorous exercise, emotional stressors, physical hardship and creature comfort losses. One of the health problems faced by many in the general population and by a significant number of police officers is Essential Hypertension. *Kurtzke (1969)* found that one is just as likely to die of a stroke in this era as in 1900. In populations that exist on whole foods and not westernized food artifacts, there is no significant hypertension, regardless of age (*Holman et al., 1958; Henry & Cassel, 1969*). Weston Price, D.M.D., found this over 50 years ago, relative to teeth and orthodontia problems and *Smith (1981)* supported this more recently.

Evans (1965) and Henry and Cassel (1969) have noted that, where there is hypertension, atherosclerosis is probable. After Vietnam, it was found that about 50% of the American servicemen killed in that conflict (average age 22) were already developing atherosclerosis (*Colgan, 1982*). Autopsies in Japan on similar age group young people find little such damage. G.I.'s of the Second World War demonstrated far less atherosclerosis, suggesting that, as our mass food processing accelerates, our bodies and minds deteriorate (the same chemicals make the brain work as make the rest of the body work), thereby decreasing our abilities to handle stress. This is to say "It is not the situation that causes the stress illness, but the inability of the body to withstand the pressure"! *Keys (1970)* found the fatty streaks and intermediate lesions that are the precursors of atherosclerosis in almost all children of age 10 or older in a New Orleans study. Findings of *Prior (1978)* and others suggest strongly that it is the Westernized diet which is the culprit since Pacific Islanders suffered little or no hypertension, until a few years after moving to New Zealand and adopting the western processed foods and methods of bodily pollution. *Williams (1971)* reports that when rats are fed the equivalent of our American diet, which conforms to the Recommended Dietary Allowances, they developed less than half as quickly as should have been expected. In another study, rats fed commercial enriched white bread did not thrive as did those on more appropriate bread. "After ninety days, about two-thirds of them were dead of malnutrition and the others were severely stunted" (*Williams, 1971, p. 206*). The reason that the baking

industry likes white flour is twofold: it does not turn rancid because it is missing the germ, which contains many of the health giving nutrients; it does not attract insects as readily as whole grain flour because the insects know they cannot survive on it—of course, neither can we! We would not consider feeding our pets white bread, doughnuts, coffee, cola, waffles, syrup or candy, but we feed ourselves these substances in wholesale amounts and then wonder why we suffer from stress illness.

Of course, extensive relaxation training and biofeedback treatments can lower blood pressure, but this is not practical for a department, except in individual cases. However, there is a more practical solution: avoiding bodily pollution and nutritional awareness and commitment. Cigarette smoke contains lead, arsenic, mercury, nickel carbonyl and cadmium, as well as nicotine and carbon monoxide. These are highly correlated with atherosclerosis and hypertension. They are also related to lowered I.Q. (*Colgan, 1982; Schauss, 1982*). *Yudkin (1957) and Yudkin and Morland (1967)* demonstrated in an unrefuted 20 year study that four ounces of sugar a day over a long period will significantly increase the risk of heart attack and atherosclerosis. Many police officers eat more. Unfortunately, the very vitamins and minerals that will help the body control these pollutants are in short supply in the American diet: chromium, calcium (in usable form, as measured in tissue analysis), zinc, magnesium, vitamins C, E, B₆, B₁, B₂, B₃ and the Omega 3 Essential Fatty Acids (*Rosenbluh, in press b; Rudin, 1981, 1982, 1983*), among others. Whole wheat grain contains 20 times as much zinc as cadmium; 66% of the zinc, which balances out the cadmium (present in the white flour), is removed with the bran. A low ratio of zinc to cadmium is associated with medicine resistant hypertension (*Pfeifer, 1975; Schroeder, 1973*). Chromium, present in potato skins and the germ of the wheat (removed to make potato flakes and white flour), has been found useful in controlling atherosclerosis and its deficiency is important in the development of glucose intolerance (*Colgan, 1982; Rosenbluh & Bluhm, 1982*). Restaurant (and many home-cooked) vegetables have been observed to be highly boiled and, therefore, their nutrient content must be suspect. Oranges from storerooms and markets have been found to have as little as zero milligrams of vitamin C (*Colgan, 1982*). In a study reported in the *Journal of Nutrition Education* of Penn State University (*Guthrie & Scheer, 1981*), it was found that the four food groups did not insure adequate intakes of any essential nutrient, particularly vitamins E, B₆ and Folate and the minerals Iron, Zinc and Magnesium.

It should be noted that the same deficiencies and toxicities which produce physical problems (headaches,

hemorrhoids, asthma, sinus, arthritis, atherosclerosis, etc.) also produce depression, anxiety, schizophrenia, burnout and many more problems.

The Disease

The disease, which manifests itself in 'burnout' or "post-traumatic stress syndrome", has one basic foundation: the severe depletion of essential chemicals due to inappropriate diet and the required dealing with highly pressurized situations. These deficiencies usually begin before birth, but job situations and years of poor eating intensify the problem.

There is, of course, a difference between the burnout of the police officer and the post-traumatic stress of the Vietnam veteran, however, the difference is one of degree, not substance. The human body has only one thing with which to fight stress—its chemicals. An enlarged picture of a single cell membrane being attacked by a stressor (smoke, bullets, fights, sugar, noise, fear, overwork, etc.) would show the membrane throwing off small amounts of vitamins and minerals, as well as enzymes and other chemicals. When the cell membrane has divested itself of its entire supply, the cell will die. If we do not supply the body with the replacements that it needs, for its daily and genetic differences, the body will fall victim to stress illness.

It was the trauma of Vietnam that took its toll on many young G.I.'s whose early nutrition was very poor, considering they ate the "typical teenage food". When their diets during the war could not replace what they lost fast enough, they developed their "war neuroses". It is likely that if they have continued to eat typical American food, they have continued to be deficient and are often prepared to go into a state of depression or anxiety. In such a 'set', any stimulus can trigger the reaction and the brain, like an organic computer, will seek out the most depressing events from the past to settle on. Had they never been to Vietnam, or in combat, another depressing memory from life would substitute.

For the police officer, the American diet has left little to fight the pressures of handling the problems and failures of life they must deal with. Since they seldom have Vietnam experiences to recall (although some do), they blame the job and call it burnout.

The Prescription

Rebuilding the body's natural defenses can be a fairly

simple task, if one learns what supplies the body with its chemicals and what denies the body its due. A simple rule to consider "If it wasn't available in the Garden of Eden, don't eat it" (*Rosenbluh, in press a*)! The human body developed to exist on what was available at the time it developed. The more we remove from the natural state of food, the less it provides the body. Enriching of food comes only after deluding it and what is put back is nothing like what was removed. If one must use over-the-counter drugs, prescription drugs, tobacco, alcohol, caffeine in order to cope, one's body is becoming depleted. But, they will further deplete one since their destructive effects must be overcome by the body's protectors—its nutrients.

It is suggested that if law enforcement agencies would incorporate body chemistry education and pilot research projects into their stress reduction programs there will be a measurable change in a number of criteria.

The addition of significant amounts (up to 50% of one's diet) of whole grains, unsalted nuts and seeds (the latter as between meal snacks) will likely make noticeable changes. If one also adds up to 30% of fresh or frozen vegetables, 10% fruit and 10% animal protein (fish, fowl, eggs, hard white fermented cheeses, plain yogurt), with minimal red meat (beef and pork), the results should be enhanced.

The criteria that should show positive change are:

1. Disciplinary Actions
2. Sick Days
3. Injuries (barring major accidents)
4. Level of Efficiency
5. Use of Prescription Drugs
6. Purchase of Over-The-Counter Drugs
7. Alcohol Abuse
8. Drug Abuse
9. Cigarette Smoking
10. Emotional Problems

CONCLUSION

The job of police officer is, by definition, stressful. Many useful techniques of handling stress are already in use, but prescription and non prescription drugs (including nicotine and caffeine, as well as alcohol) still as major sources of treatment. By zeroing in on the body and its natural defenses, the officer will be able to increase the level of durability in resisting stress illness.

Table 2. SOME OF THE PROBLEMS THAT CAN BE CAUSED BY BODY CHEMISTRY IMBALANCE

<i>Disorder</i>	<i>Anxiety</i>	<i>Depression</i>	<i>Fatigue</i>	<i>Agitation</i>	<i>Irritability</i>	<i>Dizziness</i>	<i>Memory Problems</i>	<i>Weakness</i>	<i>Delusion</i>	<i>Hallucinations</i>	<i>Headache</i>	<i>Psychosis</i>	<i>Other Symptoms</i>
NUTRITIONAL DEFICIENCY													
Thiamin (B ₁)		X	X		X	X						X	Sleep disorder, anorexia, confusion, gastric distress, weight loss, visual disturbances.
Riboflavin (B ₂)													Visual disturbances, cracking of corner of lips, skin disorders, cataracts.
Nicotinic Acid (B ₃)		X	X	X			X	X	X	X	X		Appetite loss, aches, pains, disorientation, confusion, mania, delerium.
Pyridoxin (B ₆)		X	X	X	X	X							Lethargy, intestinal distress, premenstrual syndrome, carpal tunnel.
Cobalamine (B ₁₂)		X	X				X				X		Abdominal pain, nausea, diarrhea, shortness of breath, vision blurring, loss of superficial skin sensation.
Ascorbate (C)		X	X	X	X	X							Deficiency affects many other disorders, particularly B ₃ problems. Bleeding gums, easy bruising (black & blue marks), rundown feeling, loss of appetite, slowdown in activity, sponginess of gums, anorexia, poor muscle function, susceptibility to infection, intestinal disturbances, anemia that does not respond to iron.
Calcium		X	X		X								Palpitation, insomnia, muscle cramps, arm & leg numbness, tooth decay, osteoporosis, rickets, brittle fingernails, bone pain, "charley horses."
Zinc		X	X										Delayed sexual maturity, loss of taste, poor appetite, prolonged wound healing, retarded growth, sterility, smell disturbance, ulcers, white spots on nails, stretch marks, enlarged prostate.
Potassium		X					X						Acne, continuous thirst, dry skin, constipation, insomnia, weak reflexes.
Sodium			X				X						Apprehension (sometimes bizarre, undefinable feeling of impending doom), cramps, convulsions, lethargy, confusion.
Lithium		X											Unipolar and bipolar depressive illness.
Magnesium		X		X	X								Confusion, disorientation, easily aroused anger, rapid pulse, tremors (Magnesium necessary for calcium absorption and utilization.)
Phosphorous		X	X										Appetite loss, irregular breathing, overweight, weight losses.
Protein		X	X				X						Pallor, flabby muscles, anorexia, lethargy.

Table 2. SOME OF THE PROBLEMS THAT CAN BE CAUSED BY BODY CHEMISTRY IMBALANCE (cont.)

<i>Disorder</i>	<i>Anxiety</i>	<i>Depression</i>	<i>Fatigue</i>	<i>Agitation</i>	<i>Irritability</i>	<i>Dizziness</i>	<i>Memory Problems</i>	<i>Weakness</i>	<i>Delusion</i>	<i>Hallucinations</i>	<i>Headache</i>	<i>Psychosis</i>	<i>Other Symptoms</i>
EXCESSES													
Potassium				X									Nausea, colic diarrhea.
Copper									X	X			Behavioral changes, tremors, drooling, incoordination.
Lead	X	X	X	X	X	X	X		X	X			Listlessness, pallor, abdominal discomfort, constipation, confusion, disorientation, hyperactivity.
Mercury	X	X	X	X	X	X	X		X	X	X		Loss of appetite & weight, severe emotional disturbances, tremors, blood changes, inflammation of gums, loss of sense of pain, convulsions, multiple sclerotic type symptoms, manic depressive illness.
OTHER													
Malabsorption	X	X	X	X	X	X	X	X	X	X	X	X	Diarrhea, weight loss, poor appetite, protuberant abdomen, pallor, loss of superficial skin sensation, anorexia. (This is impaired absorption from small intestine.)
Candida Albicans	X	X	X	X	X	X	X	X	X	X	X	X	Systemic yeast infection which often follows extensive use of antibiotics and/or hormones. Negatively effects immune system and body develops sensitivities to increasing numbers of foods and inhalants.
Hypoglycemia	X	X	X	X	X	X	X	X	X	X	X	X	Tremor, faintness, confusion, tingling, blackouts, exhaustion, drowsiness, narcolepsy, muscle pains, cold hands & feet, numbness, cramps. insomnia, nightmares, night terrors, bed wetting, violent & rage behavior, crying spells, restlessness, inability to concentrate, excessive worry, forgetfulness, suicidal behavior and thoughts, tremors, cold sweats, inner trembling, incoordination, convulsions, fast and/or noticeable heartbeat, blurred vision, allergies, itching & crawling sensations, neuro-dermatitis, arthritic pains, gastrointestinal upsets, loss of appetite, loss of sex drive, impotency, dry or burning mouth, ringing in ears, temper tantrums, noise or light sensitivity, shortness of breath peculiar breath or perspiration odor, nausea, hot flashes, alcoholism, obesity, drug addiction, smothering spells, gasping for breath, staggering, sighing, yawning, hyperactivity, learning problems, dyslexia, among others.

Table 2. SOME OF THE PROBLEMS THAT CAN BE CAUSED BY BODY CHEMISTRY IMBALANCE (cont.)

Disorder	Anxiety	Depression	Fatigue	Agitation	Irritability	Dizziness	Memory Problems	Weakness	Delusion	Hallucinations	Headache	Psychosis	Other Symptoms
AMINO ACID IMBALANCE													
Tryptophan	X	X	X					X	X				Sleep problems, pain, migraine, obsessive-compulsive.
Tyrosine (Phenylalanine)		X				X							Alertness, attention span, appetite control.
Glutamine	X		X	X	X	X	X		X	X			Alcoholism, craving for sweets.

(Chouinard, 1979, Garrison, 1982, Gelenberg, 1980; Goldberg, 1980; Rosenbluh, 1980b; Shive, 1965; Snyder, 1980)

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SPECIAL STRESS FACTORS IN HOSTAGE/BARRICADED SITUATIONS WHEN THE PERPETRATOR IS A POLICE OFFICER

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Since the introduction of the Hostage Negotiations Unit of the New York Police Department in 1972, many law enforcement agencies have instituted their own hostage unit or Crises Tactical Response Team.

Training for these sophisticated units has been extensive and has provided information and background for the trained negotiator. The success of these specialized units has been extraordinary. Unfortunately, the number of hostage/barricaded incidents has been on the increase and with this increase there has occurred a number of incidents involving a police officer as perpetrator.

Police officers who have had experience in dealing with hostage/barricaded incidents involving a police officer-perpetrator are emphatic in stating that there are marked differences in dealing with such situations versus the usual situation where John Q. Citizen is involved. As one veteran negotiator states: "It is a brand new ball game!" Unfortunately, there is little, if any, written information detailing these perceived differences.

The authors have had personal experience with six cases (see appendix) occurring in Arizona police agencies over the past two years. We too are convinced "there is a difference".

Hostage taking confrontations and situations involving barricaded subjects are among the most stressful incidents requiring law enforcement response. When an officer is involved, the stress is magnified to a significant degree.

What are some of the expected stressors on officers involved in such a situation?

STRESSORS

The Hostage Negotiator

First, let's look at the hostage negotiator. The hostage negotiator must accept responsibility for the conduct of the negotiations. At all times he must be alert and observant. He must literally "walk on eggs" with every statement that he makes to the hostage taker or barricaded subject knowing that the wrong word, even the wrong inflection, may turn the situation into one of violence. He must be in command of the situation at all times and simultaneously be concerned with the welfare of the hostages.

In some instances, the negotiator may have to deal with the hostages directly, particularly if the hostage taker is using one of the hostages to do his talking. While carrying on a conversation with the hostage or the hostage taker, the negotiator must receive and process information and intelligence from outside sources, then integrate this material with his negotiations approach. New information may necessitate a radical change in negotiating tactics. This may occur just as the negotiator is getting comfortable in the situation. We know of few other situations which place so much stress on one person; and this stress may be prolonged, (the average hostage situation lasts about 12 hours).

S.W.A.T. Members

The stressors on members of S.W.A.T. can be as great even though of a somewhat different nature. Getting into and maintaining a position from which they can take out the hostage taker is, in itself, a stressful operation. They may spend hours looking through a rifle sight trying to get a sight picture or to maintain a sight picture, on the perpetrator. When the target is a fellow officer, emotions and tension can run even higher than usual.

In one incident (Case #2) a S.W.A.T. member was given a green light to take out the subject. The subject had emerged from a car with a weapon. The S.W.A.T. member did not fire. As he later explained, the suspect had placed the rifle down and no longer constituted a threat. When this incident was recited to us by a Lieutenant who was present at the scene but did not have command responsibility, we were told that the S.W.A.T. officer refused to fire because it was a fellow cop. Later conversation with another lieutenant who had operational command, and who gave S.W.A.T. the green light, confirmed that the reason the S.W.A.T. member did not fire was because, as he was squeezing the trigger, he observed the officer-perpetrator laying down his weapon so that the subject no longer constituted an immediate threat.

The interesting aspect is that the Lieutenant and the other officers who told us the story apparently found no difficulty in accepting the first reason: he didn't shoot because he couldn't kill a cop. This may indicate the possibility that during such instances, some S.W.A.T.

officer may be unable to carry out his assigned duties because the intended target is a cop. This might be especially likely if the officer was personally known to the S.W.A.T. member. In some small rural areas, the perpetrator and his whole family may be known to every officer present.

Other Officers

These situations constitute a special stress for all officers involved not just the negotiator and S.W.A.T. Officers on the periphery, on the outer perimeter, on traffic control, and other officers hearing the incident over the police radio, are markedly affected by this situation. Some of the officers may know the officer involved; some may have worked with him, maybe as his partner; some may know him as a friend.

Police Dependents

Such situations are very stressful to the dependants of all law enforcement personnel, the so-called "police family". Media coverage may aggravate the problems. Immediate family members of the officers involved may be placed in an extremely severe and prolonged stress environment as a result of the incident.

THE EFFECTS ON THE MECHANICS OF HOSTAGE NEGOTIATIONS

In their book, *Understanding Human Behavior for Effective Policework*, Drs. Russell and Beigle note three common mistakes that negotiating officers involved in hostage negotiations must avoid: (1) To lose patience (2) To prematurely initiate tactical action and (3) To make valued judgments about the hostage taker. When the perpetrator of the hostage/barricaded incident is an officer, the extremely stressful nature inherent in the situation, makes it easier to make one or more of these three mistakes.

The Task Force Commander or the negotiator may feel the need to resolve the situation quickly. As one experienced negotiator remarked, "There is a tendency to get it over with as quickly as possible because it involves a cop". This same negotiator, looking back upon the incident he helped negotiate, realized that he had compromised his own safety because of his desire to "get the thing over with". He also remarked: "I really couldn't believe that another cop would ace me".

The danger on the other side of the coin is that necessary action, i.e. making the decision to give S.W.A.T. the green light, may be delayed because of the compelling

desire to give the involved officer "one more chance before--".

The remark of the negotiator who couldn't believe another cop would kill him illustrates the error in making valued judgments about the hostage taker based on the fact that he is a police officer. The negotiator may refuse to admit to himself that the officer-hostage taker presents a real danger. This is especially true if he has known the officer as a partner or a friend.

If the perpetrator is trained in hostage negotiation techniques, the negotiator faces another major problem. How does the negotiator appeal to this hostage taker/barricaded subject? This individual knows what the negotiator is trying to do. He knows what S.W.A.T. is doing, what the Task Force Commander is probable planning. In one incident, (Case #1) the negotiator said:

"The guy kept telling me, 'Don't give me that bullshit..., that's the bullshit I used out on the street' He kept trying to play games with my mind".

In hostage situations involving John Q. Citizen, we are taught time is in our favor. Is this true when the negotiations involve an officer-perpetrator? We are convinced that, in certain cases, this is false, that time actually works against us. For example, take the case of the officer who was presumed barricaded and suicidal (Case #5).

The situation started out with the officer making a phone call to his ex-wife, expressing his depression and telling her that he was really looking forward to spending Christmas Eve with her and the children. When his ex-wife informed him that this would not be possible since she would be with her new boyfriend on Christmas Eve, he made some remark to the effect that he might as well end it all and hung up.

This remark made her think he might be contemplating suicide. She then asked a Deputy friend (from another agency) to go by and check on the officer's welfare. When the Deputy came by, the officer did not wish to admit the Deputy into his home. The officer told us later, "I didn't want to see him..., I didn't want him to see me like this" (he had been crying). The Deputy, having been refused admission, and being concerned about the depressed and agitated state of his officer friend, notified the officer's commander. The commander tried to establish contact with his subordinate but was not successful.

Now the situation seemed to merit a maximum response. The commander called in the agency's negotiation team. The Team responded from another city 200 miles away. This necessitated diverting an airborne department aircraft from its original destination to pick up the agency's chief hostage negotiator. A request was made for a police psychologist to respond to the airport

to be transported by helicopter to the scene. You began to get the picture? Everybody is now in the act.

Information about the incident is being carried over the police radios of several agencies. The barricaded officer, who had a radio at his home, is monitoring the radio. He is embarrassed. He sees his job (the only thing he has left) being threatened as more and more law enforcement personnel are getting involved. The incident is now a major event. It is our opinion that in this case, time was working against a successful resolution of the case. As more personnel became involved, the threat to the officer's job increased (at least in his eyes) and he became more and more embarrassed to admit the true facts. Circumstances had painted the officer into a corner and it wouldn't have taken much more to have him decide that suicide was the only honorable alternative left. In fact he admitted these feelings to the psychologist after the incident was resolved.

PSYCHOLOGICAL EFFECTS

On Officers Involved

Officers involved in a hostage/barricaded situation in which an officer is the perpetrator, experience a number of emotions relative to their involvement. Some are angry that, by his actions, the officer is placing their lives and the lives of their fellow officers in jeopardy.

"It pissed me off that this officer would make me chase him Code 3 (Case #3) against heavy traffic, endangering my life in addition to his own. You get angry at the officer very much like when cops go to family fights that involve other cops. They don't like to be involved and they feel some anger towards the officer for creating the situation they now have to handle".

Such situations make the officers aware of their own vulnerability, very much as a police funeral makes every officer aware of the danger he faces daily. The officer who has gone "10-8" is not, in the eyes of his fellow officers much different from themselves. They too have had their share of family problems, work problems, etc.

"Well, it sort of upset me because I got family problems too. I have problems on the job. What if I would desert some day. If he broke under the pressure, maybe it will happen to me. I'm sure he didn't want to and I don't want to either, but it might happen".

And then there is the question of future trust:

"If he comes back on duty, I don't know that I could ever trust him again. Supposing he goes off the deep end when I need him".

On the Negotiator(s)

The psychological effects on the hostage negotiator can be tremendous, especially during the negotiations. In Case #1, the primary negotiator said:

"He was as familiar with what I was trying to do as I was. I found out later that he and I were in the same negotiation training class. He was trying to manipulate my mind and he knew what I was trying to do to his, and it was damn exhausting".

On S.W.A.T. Members

The psychological effects on S.W.A.T. members of an ordinary hostage/barricaded situation is considerable. Very often, in spite of the best preparation and plans, S.W.A.T. members are placed in extreme physically demanding and uncomfortable situations; too cold, too hot, no water, no cover, no room, dangerous conditions, etc. When the perpetrator is an officer there are additional strains.

One S.W.A.T. member said:

"When you are looking down the sights for a half hour or so, it's hard enough when the person in your sight is just John Q. Citizen, but if he's a police officer, there is lots of added stress there. It's an added stress that you don't need. Like you said about other officers getting angry. I get mad too, that there is a fellow officer making me go through this bullshit"!

On The Onscene Commander

In Case #2 a special psychological stress was observed. In this incident, the Lieutenant in charge S.W.A.T. gave the green light to take out the perpetrator. As noted above, the S.W.A.T. member did not fire because the subject laid down the weapon. In a private conversation with the Lieutenant several months later, he admitted to some guilt problems connected with the fact that he had made the decision and had given the order to kill a man which later proved unnecessary.

"Boy, how do you think I feel, knowing that I gave an order to kill a man and it wasn't necessary to do that. I've had a little guilt trip about that"!

On Other Police Commanders

We must also consider the psychological effects on other police commanders, including the Chief. They may

have to decide whether or not this individual can return to duty once he has received treatment. Like the subject's fellow officers, they may wonder if the officer can be trusted in the future. This becomes not only a personal problem for the chief or the administrator, but also one involving the question of negligent retention. If something happens in the future that involves this officer, the question may arise as to whether the officer should have been retained on the Force with such a past history of violence and emotional instability. Such decisions are not easily made.

On Officer-Perpetrator

We must also consider the psychological effects on the officer-perpetrator. An officer who creates a hostage/barricaded situation has gone farther in "crossing the line" than has John Q. Citizen under similar circumstances. Rightly or wrongly, much more in the way of maturity and self control is expected from a police officer. If he has been worried about his job in the past, he certainly has more cause to be worried now. Many officers are convinced that having gone this far there is no way they can retain their job with their agency or get a job with another law enforcement agency. Thus their future looks very bleak. The job may be the only thing they have left and now they have blown that. It is at this time that the potential for suicide (always an impulsive act) is high.

On Officer-Perpetrator's Family

Finally, we must consider the psychological effects on the officer's-perpetrator's family. They will have to endure the frequently distorted media presentation of the event. They will have to face other officers and their families, friends, and neighbors.

The police officer suffers from the same problem as any other person in uniform, in that what one officer does affects all who wear that uniform. This is especially true in these high visibility situations where the press likes to use such terms as "berserk cop", "runs amuck", etc. This kind of media treatment adds more stressors to a situation that is already stressful. In recent years, we have placed great emphasis on "the police family" and "taking care of our own". We have cultivated pride in the police family. Suddenly, people who are members of this police family find the actions of the officer-perpetrator has brought disgrace upon them.

They may feel isolated and alone. Such stress may create further problems in an already problem marriage. It may create problems with the children as they have to face the taunts of their classmates and friends. There may

be problems in dealing with the general public including threatening/obscene phone calls, letters and other harassments.

LESSONS LEARNED

Finally, we come to the lessons learned. Such incidents teach us there is a need to be sensitive to the special stressors in these situations and the various factors involved.

There is a need to contain the incident as much as possible, especially with regard to getting others involved. This would seem to imply that the police radio should be used judiciously and sparingly when an officer is involved. We should try to rely on the telephone whenever possible. We should be alert to keeping the mobilization of other police personnel as contained as possible. There should be an immediate de-briefing after the situation is over, not only for those officers directly involved (such as negotiators and S.W.A.T. personnel), but also for those officers on the inner and outer perimeter. A short briefing for the troops at each roll call might go far to minimize the adverse impact of the situation and prevent rumor and misinformation.

We must realize that the officers involved may need some help similar to officers involved in post shooting trauma. Don't forget the commanders! They have been under considerable stress too, especially those at the scene. Recall Case #2 where the commander gave the green light to take out the subject, later finding it was an unnecessary order. Any commander who has to give the green light to S.W.A.T. may need to talk about it.

The perpetrator's family is under special stress. As noted before, they may feel they are no longer part of the police family. They may be ashamed to face their friends and other officers' families, etc.

If the officer is to get help and return to duty, his fellow officers may need guidance on how to relate to him, and what to expect of him. The question of whether he can be trusted may have to be approached openly for some officers, particularly those who will be working closely with this officer in the future.

The most important question seems to be whether there is any way to prevent such occurrences. In all cases we are familiar with, the officer has given clear signs of depression, emotional instability, family problems, etc. This means that supervisors, particularly first line supervisors, must be alert to such clues so that the officer may receive help at the earliest possible time.

Although our sample (N=6) is small, a profile begins to emerge of the troubled officer:

- An older officer (late twenties to mid-thirties)
- Over five years on the department or in police work.

- Family problems (including problems with girlfriend)
- Often known to police who have had to respond to family fights at his residence.
- On the verge of divorce. Recently (1-2 years or less) divorced or separated (may have similar situation with live-in girlfriend).
- Generally known as a "good officer" but problems for the supervisor have begun to emerge because of the effect of his personal problems on his work.
- Loves police work and is very threatened by the potential of losing his job.
- His drinking has increased. Violent behavior (verbal and/or physical) is exhibited when drunk.
- In family fights there is an increasing tendency toward physical violence.
- Stressors in the life of this officer (on the job, at home, perhaps others) have a cumulative effect, and have come together to overwhelm him.
- He can't see any way out and, with judgement and inhibitions loosened by alcohol, resorts to violent, self-destructive behavior.
- Most could be diagnosed as an "Acute Stress Reaction"—a reaction occurring in a normally healthy person rendering him temporarily incapable of logical and effective functioning. Resembles definition of "Combat Exhaustion", a diagnosis frequently used in WW II and Korea, and "Post Traumatic Stress Reaction", the diagnosis associated with certain disturbed Viet-Nam veterans. Such a diagnosis does not excuse or justify this behavior. It simply tries to explain it.

This means that, like suicidal behavior, the behavior of the officer-perpetrator is preceded by prodromal clues that can be recognized. In fact the important lesson seems to be the necessity of training first line supervisors in the recognition of such clues (i.e. depression, excessive drinking, family problems, negative attitude, signs of burn out, etc.).

Preventive efforts should be like fire prevention. We don't run around all day worrying about fire prevention, but we have been trained to recognize certain danger signs which lead us to take preventive action (i.e. a pile of oily rags in a corner attracts our attention and we get rid of them).

So too, all of us, must be aware of the prodromal clues to violent behavior that might result in a troubled officer initiating a hostage or barricaded situation. These clues have been mentioned—depression, family problems, negative attitude, increased drinking. There may be other physical complaints (i.e. stomach disorders, headaches, etc.) and emotional signs (i.e. irritability, impatience, anxiety, etc.).

Further study will probably reveal many more. Like the syndromal clues to suicide (loss of weight, loss of appetite, loss of sleep, etc), each symptom may in itself indicate nothing serious, but taken together they may suggest a troubled officer on the brink of self-destructive, violent behavior. When we suspect this is the case, professional help should be immediately available for the officer and for those who might have to deal or live with him.

In summary, we have pointed out special stressors associated with hostage/barricaded situations when the perpetrator is an officer. All of us would be advised to acquaint our department with the admittedly little information we have to date. As we become involved in future incidents involving officer-perpetrator, we must note our observations so that they may be passed on and used judiciously in future incidents. More importantly, are the indications that many officer involved incidences could have been prevented if the need for help had been recognized earlier and professional help been made available to the officer in his time of need.

APPENDIX

Case Histories

October, 1981: Sidewinder, AZ

Officer Jones forced entry into a single-level residence and displayed a 9 millimeter automatic pistol. He fired several rounds into the ceiling and assaulted his father-and mother-in-law, and then held his sister-in-law hostage for 19 hours. She was released after a 19-hour stand-off at which time Officer Jones was arrested.

August 30, 1982: Sunbox, AZ

Patrolman Willis killed Officer Smith, robbed a Circle K store, riddled a pursuing police car with bullets, stole a Corvette after invading a Scottsdale home to demand the keys, and barricaded himself in his car when stopped by officers some distance from the city. He had in his possession a semi-automatic rifle, and other weapons, plenty of ammunition and his police body armor. He was captured after a 9-hour standoff during which negotiators failed to persuade him to surrender. His capture resulted from his falling asleep because of his extreme fatigue.

March, 1982: Farsum, AZ

Patrolman Zada made homicidal threats to his girlfriend and her parents and also threats of suicide. Officers were sent to check out the situation. He fled from the officers in his private vehicle, causing a pursuit through busy city streets during rush hour. He was finally stopped, and after a short period of sitting in his car, was persuaded to surrender his weapon. He then emerged from the car and was very agitated, loud, profane and

had to be hospitalized on a psychiatric ward as a suicidal/homicidal risk.

October, 1982: Buksom, AZ

Officer O'Riley whose divorce was about to become final, threatened suicide, and fled in his truck up a nearby mountain road. He was stopped en route by deputies. He barricaded himself in his truck with a rifle and a knife. The rifle was seized by an officer who managed to sneak up on the passenger side and reach in a grab the rifle while the officer's attention was distracted. It was decided to hospitalize the officer for his own safety. This required forcibly removing him from his truck and putting him into restraints.

October, 1982: Dewdrop, AZ

A patrolman barricaded himself in his residence after a telephone call to his divorced wife aroused her fears that he was going to commit suicide. She called a Deputy friend. When the Deputy came by to check his welfare, he refused to admit or talk to him. The Deputy's concern caused him to alert the officer's agency. The subject officer refused to talk to his supervisor to inform higher authorities who made the decision to send the S.W.A.T. and negotiation teams. The Police Psychologist from another agency was flown by helicopter to the scene. After several hours of negotiations, the subject decided to come out and talk. It appears that this whole incident was in truth blown out of proportion, although the officer admitted that he had felt suicidal, particularly during the first few hours of the event. The officer became increasingly upset when he realized all the people that were

(The names, dates and places are fictitious in respect to the privacy of the officers and agencies involved)

involved, realizing that this incident was threatening the only thing he had left that he cared about—his job.

December, 1983: Buckshot, Az

An officer who had undergone a detoxification program for alcohol abuse in July, 1983, became involved in a family fight with his wife who he accused of playing around. Local police were called and an off-duty police officer from the local force arrived on the scene and decided that he could resolve the situation. Without telling his fellow officers, he went to the back of the house under the impression that he could talk to the officer involved. Instead, the officer took this man hostage. During the ensuing 7 hours that the incident lasted, the hostage-taker several times threatened the local officer with a weapon, made him crawl on the floor and do other demeaning things. The situation was finally resolved when the perpetrator officer passed out from fatigue and drink. The on-scene Commander for the Hostage Negotiation Team states that the subject officer had also been trained in basic negotiation techniques plus several hours of S.W.A.T. training.

(The names, dates and places are fictitious in respect to the privacy of the officers and agencies involved)

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POLICE STRESS AND STRAIN AS INFLUENCED BY POLICE SELF-ESTEEM, TIME ON JOB, CRIME FREQUENCY AND INTERPERSONAL RELATIONSHIPS.¹

Ezra Stotland, Ph.D.

The stress and strain of police work was "discovered" about a decade ago. Since then it has received much popular and professional attention, as exemplified by Hill Street Blues, the novels of Joseph Wambaugh, conferences of experts, such as one conducted by Kroes and Hurrell (1975), scholarly work and the development of the role of the police psychologist. In addition, research, both formal and informal, has attempted to gain a better understanding of police stress. Nevertheless, little of the effort in dealing with this problem has addressed the problems of the causes and control of stress - most of the effort has gone into reducing the bad effects of stress, the strain resulting from the stress. Obviously, such efforts are humane and necessary. However, there is a need to develop a richer, fuller understanding of police stress, its causes, and consequences (cf. Terry, 1981).

This paper reports some of the results of a comprehensive study of stress among all officers of all ranks and specialties in the Portland, Oregon Police Bureau. In this study stress is defined as the state of the individual when in a situation whose demands he/she perceives he/she cannot meet. (This conception differs from that of Selye (1956) which uses the quantity of stimulation as the basic ingredient of his definition of stressor). In the current framework, the negative outcomes of stress are termed strain, e.g., illness, accidents, inappropriate violence, etc. The predictor variables in the current study can play either or both of two possible roles with respect to stress. They can reduce the degree of stress; or they can lessen the strain resulting from any given degree of stress. In the part of the current study reported here, these predictor variables are self-esteem, length of time on job, amount of crime faced by an officer, and the interpersonal relations of the officers. The ways in which each of the predictor variables is presumed to influence stress and strain will be described in more detail below. In general, however, the current approach is multi-disciplinary, dealing with personality variables and situational ones. The assumptions of this study were that no one approach can deal with all of the problem. (Other factors were also studied, but they cannot yet be formally reported here.) To measure the negative outcomes of stress, the strain caused by stress, a wide range of outcome variables was employed, as will be described below.

METHOD

This study was conducted in a large West cost city of over 400,000, predominantly white, with only 5-7% of the population being racial minorities. During the period of the study, the city was suffering from a nation-wide recession. The research plan was presented, critiqued, and revised by police administrators and by the police union.

The police as well as the community at large, were notified of the study in early January 1981 by a variety of public and inhouse communications. The team of two researchers solicited participation at each of the three buildings occupied by the police, leaving notices in boxes and appearing in person at roll call, in offices, etc., placing signs, etc.. The subjects participated for up to two hours on their own time, and were paid by the study for two hours at time and a half. The subjects filled out consent forms and the questionnaire, and gave blood pressure readings in designated rooms in the precinct houses. These rooms were as private as possible, to avoid distractions and to minimize the perception of official pressure to participate. The officers were assured that their questionnaire and other data were completely anonymous, and would be analysed statistically, not individually; that their superiors would not be informed as to whether they participated; and that the data were protected legally from subpoena. The researchers stayed at each site 2-3 weeks on the first cycle, working with all 3 shifts; they returned to each site for a second period of about five days to attempt to recruit more subjects. Finally, all subjects were mailed questionnaires to fill out at home so that those who had not yet participated would have a chance to do so.

These monumental efforts netted a sample of 376 officers or 62% of the total department. However, a computer consultant was able to compare the scores of the participant officers with those of the nonparticipant officers on available data, acquired by the Police Department independently of the study. These data included entrance psychological tests, current departmental physical fitness stress, age, sex, etc. This comparison was done in a confidential manner to protect the anonymity of the subjects. The participant and nonparticipant groups

of symptoms of anxiety, such as sweating, and the "jitters".

7. Cage Questionnaire. this is an alcoholism screening instrument used to measure covert problem drinking, and consists of four items of nonincriminating nature asking about problems in drinking. (cf. *Mayfield, McLeod, and Hall, 1974*).

8. Drinking Violence. three separate self-report items were included to determine the frequency of accidents, damaged property and violence incurred by the respondent while drinking. The score was the sum of the three items.

9. Blood Pressure Measurements. After the subjects had relaxed quietly in chairs for about five minutes at the beginning of each testing session the researchers took two blood pressure readings, five minutes apart, using a Labtronix sphygmomanometer. The two readings were averaged, giving Diastolic Blood Pressure and Systolic Blood Pressure scores. Initially and periodically during the research, the instruments were calibrated by a trained registered nurse using a standard blood pressure cuff and meter.

10. Disability Episodes, Days Lost to Disability, Official Sick Days...were all derived from Police Bureau records and averaged over the previous three years previous to the beginning of the study. (For these variables as well as those below corrections in the averaging were made for officers who were recruited during those years.)

11. Self-reported Sick Days...was based on a special questionnaire item about the subjects illnesses during the previous three years, the yearly averages being the data used. This variable correlated only with the official sick days.

12. Auto Accidents. The number of on-the-job auto accidents judged to be unavoidable by the Bureau were averaged over the previous three years.

13. Citizen Complaints. The number of complaints against officers were averaged for the previous three years.

RESULTS

In the space of this paper it is not possible to present the results in any detail. Instead, summaries of the hypotheses and results will be presented, one hypothesis variable at a time.

Self-Esteem. The first hypothesis was that self-esteem would be correlated negatively with measures of stress and strain, i.e., that officers with high self-esteem would experience less stress and thus less strain than those with lower self-esteem. The rationale for this hypothesis is as follows: stress can be conceived as a matter of an individual's perception of his/her inability to meet the demands of a situation. A person with high self-esteem

is likely to have a high sense of competence, and therefore would be expected to believe that he/she can readily meet the demands of a situation; i.e., experience less stress and therefore less strain.

The measure of self-esteem was the Rosenberg Self-esteem scale. It consists of self-ratings of oneself on ten scales, the ratings concerning such matters as self-worth, number of good qualities, degree of failure, relative competence, pride, positive attitude to self, self-respect and self-satisfaction, etc. Self-esteem was the sum of the ratings.

As predicted, self-esteem is negatively related to self-report of stress and to job difficulty - which is a key measure of stress. Furthermore, the results also lend great support to the hypothesis that self-esteem is negatively correlated with strain. Self-esteem is negatively related to the mental illness part of the Cornell Medical Index, the physical health part of that Index, State Anxiety, Trait Anxiety, Anxiety on the Job, Violence to Spouse and Children, Drinking problems. However, self-esteem is not related to any of the sick leave and disability variables, blood pressure, auto accidents, or citizen complaints. In short self-esteem is related to many physical and mental health strain variables, but not to strain variables which are more grossly behavioral, such as leaves, auto accidents, citizens' complaints. The lack of results on blood pressure is peculiar.

Time on Job. The next hypothesis concerns the effects of an officer remaining in the same assignment, same rank, or even remaining in police work. People who remain in the same position or rank were expected to increase their competence in dealing with the demands of the job, or at least increase their perception of their ability to perform. Furthermore, the readjustments required by the changes in the job, and therefore the potential stress, would be minimized. Thus longevity would be expected to reduce stress and strain.

Because these hypotheses concerned the effects of time, the effects of age and of health on entering the department were partialled out (i.e., partial correlations were used). The major hypothesis was that months in assignment and months in rank would correlate negatively with stress and strain. It received only minor support among patrol officers, detectives and staff. However, the hypothesis was supported among supervisors. Time in rank and/or time in assignment correlated negatively with self-ratings of stress, and with a number of measures of strain: Cornell Medical Index-Mental and Physical parts; Anxiety on Job, Trait Anxiety, State Anxiety, and Drinking Problems. However, measures of absences and sick leave, blood pressure did not correlate.

Because of the surprising lack of results among patrol officers, further analysis was done on this group. It was thought that, among officers of greater tenure on the job,

those with greater stress would show more strain than those with less stress. Among officers of shorter tenure on the job, stress would not be strongly associated with strain. The rationale for these speculations is first, that the effects of stress may take some time to manifest themselves as strain. Second, in general, officers may expect to increase in their competence over time, so that those who experience stress when first coming on a job may expect to overcome this stress with time. However, if time passes on the job and they perceive they still have more difficulty on the job than others perceive they still have more difficulty on the job than others perceive themselves to have; and if they perceive that the others are more competent, then they are in a double crunch: high stress and not much hope of reducing it.

These lines of reasoning led to a dichotomizing the sample of patrol officer into long term and short term groups. The results show very few correlations between job-difficulty and strain among officers with less time on job. However, among officers longer on the job, job-difficulty is associated with CMI-Physical and Mental parts, Systolic Blood Pressure, all measures of anxiety, Violence to Spouse and Children, and Citizen Complaints.

In short, stress—as measured by perceived difficulty of job—leads to strain predominantly among those patrol officers who have remained in the same rank or assignment for a relatively long period of time. Officers who perceive that they can do the job after being on it for a relatively long time suffer no particular ill effects from their jobs. Among supervisors, on the other hand, stress and strain decline with time on job - as originally predicted. Why this group reacts differently is unclear. They may expect continued success since they have been sufficiently successful to gain promotions.

Crime Frequency. Thus far in our discussion, we have focused on stress as an outcome of the officers perception of low ability to meet the demands of a situation. Another approach would be to examine the effects of the actual demands as the source of stress and the cause of strain. In police patrol work, the demands of the job could be indexed by the number of dispatches, or by the amount of crime.

Crime Per Officer is the first objectively defined measure of stress. The total number of Part 1,2,3 crimes for the three years prior to the time of the study were obtained for each of the three precincts separately for each of the three watches. For each of the nine precinct/watches, the average Total Crime frequency was calculated. Since there is minimal transfer among precincts and among shifts, it was assumed that the three year average was substantially valid for each officer. In any case it was a practical impossibility to obtain the exact assignment of

each officer for each of the previous three years. Furthermore, it was assumed that the crime frequency for a whole precinct area would reflect essentially the crime frequency encountered by officers, since they frequently responded to calls outside their patrol districts, either as the respondents to calls or as backups. Since precincts and watches differed in the number of officers assigned to them, the total crime frequency for each precinct/watch was divided by the number of officers assigned to that precinct/watch. This division produced a variable called Crime Per Officer. Each officer in a given precinct/watch was assigned the value of this variable for that group.

Dispatches Per Officer was the second objective measure of stress. Computations parallel to those for Crime Per Officer were made of the number of dispatches for each precinct/watch group. Each officer received a score of the average number of dispatches for his/her precinct/watch group. It is recognized that officers' work load also includes self-initiated actions resulting from their own observations and from citizen reports. Unfortunately, no measure of these self-initiated activities was practically available.

The data showed that Dispatches Per Officer and Crimes Per Officer were so highly correlated as to be interchangeable. Accordingly, the results will be reported in terms of Crimes Per Officer. It was correlated with Official Sick Days Lost, Number of Disability Episodes, and Auto Accidents. The last correlation in part reflects high levels of officer activity. Thus, high work loads do appear to generate strain as objectively measured, but not as indexed by self reports.

Inter-personal Relationships. Thus far we have reported the effects of Self-esteem, Time-on-Job, and Crime per Officer. We turn now to the last predictor variable, Interpersonal Relationships. The quality of the relationships which officers have with other people can influence stress and strain in a least two ways. First, poor or negative relationships can in themselves directly cause stress, and consequently cause strain. This direct effect would be especially strong among patrol officers because of the interdependence among them and the power of their supervisors. Second, when an officer experiences stress from some source other than interpersonal situations with a given person or group, the officer can receive psychological support from others with whom he has good relationships. Accordingly, it was hypothesized that positive relationships with patrol officers peers, partners (if any), supervisors, and the public would be associated with low stress and strain. The quality of these interpersonal relationships was measured by specially developed items derived from *Likert's (1967)* concept utilization of interpersonal relationships in organizations. The dimensions which the items were designed to measure are:

affect, cooperation, information sharing, agreement, competition, confidence in others, others confidence in subject, and contact. Different, but parallel sets of items were developed for relationships with peers, partners, supervisors, and the public. The scores on these items were factor analyzed, the analysis generating four or five substantial factors for each relationship. Those factors were loosely consistent with the Likert model, but did not show much independence among the dimensions derived from his model.

The hypotheses were tested by correlating factor scores with the various measures of stress and strain. The hypotheses were generally supported. The complexity of the results precludes detailed reporting here of the results for all of the factors for each of the relationships. Therefore they will be presented in summary form.

For peer relationships, four factors emerged and were named as follows: positive affect, disagreement, information sharing, and conflict. Stress, as measured by job difficulty was related to all the factors except information sharing. Stress-rating was correlated with none of the sets of factor scores. All four sets of factor scores were found to be correlated with a variety of measures of strain: Cornell Medical Index, physical and mental parts, the three measures of Anxiety, Drinking Problems, and Violence with Spouse and Children.

With respect to partners, no differences were found on any of the stress or strain measures between officers with and without partners, much to our surprise. The factor analysis of partner relationships produced four factors, "positive affect", "time together-for-disagreements", "cognitive and practical support" and "rejection". The hypothesis of a correlation between factor scores and stress received only minimal support. Only the last factor, "rejection", was correlated with stress-rating and with such strain measures as the anxiety measures. Thus, the tests for the hypotheses about partnerships showed only slight support, possibly because the worst of the partnerships simply do not last.

Relationships With Sergeants. The factor analysis with relationships with sergeants produced five factors: "Af-

fective Supportiveness", "Friendly Contact", "Lack of Confidence", (of sergeant in the officer), "Openness", and "Authoritarianism". With respect to measures of stress, Openness and Affective Supportiveness were both related to both measures of stress, while lack of confidence and authoritarianism were related just to stress ratings. All of the factors related to measures of strain, particularly both parts of the Cornell Medical Index, the measures of Anxiety, and to some extent, with Drinking Problems and Blood Pressure.

Relationships with Citizens. The factor analysis of the items dealing with officers relationships with citizens produced the following four factors: Friendliness, Open Affect, Friendly (with no traffic stops), and Conflict. Stress was found to be related to the two friendly factors. All of the factors are related to strain measures, but Conflict is the pervasively related factor, being related to the CMI-Mental, all three Anxiety measures, Violence with Spouse and Children, Auto Accidents and Citizen Complaints.

To summarize this report, stress and strain appear to be related to a variety of variables, individual, interpersonal, experiential, and situational. Further analysis is being done on a number of the predictor variables mentioned above – and on a number of other predictor variables.

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WORKERS' COMPENSATION, DISABILITY RETIREMENT AND THE POLICE

John G. Stratton, Ph.D.

INTRODUCTION

As the astronomical cost of workers' compensation and disability retirement continues to spiral, municipalities are taking a hard look at ways to provide fair treatment and save money at the same time. Police associations, labor lawyers and officers also continue to look at ways to reduce the physical and emotional toll to workers while protecting their legal rights.

About 11% of occupational disease claims during 1980-82 were for stress and in police work it is even higher. Employees have filed claims based on stress caused by work pressures, transfer, harassment, firings and layoffs. In an Oregon case, an employer was held liable for workers' compensation when an employee was fired for poor performance. In the eyes of his representative, "The firing put him over the brink psychologically, and now he cannot find a job" (*Zigil, 1984*). This article will examine the various issues facing labor and management, presenting some of their concerns and areas of possible agreements.

Workers' Compensation Law

Workers' Compensation Law was established to ensure that any employee who has an industrial injury as well as those who depend upon him will have a means of support while he/she is unable to work.

Officer Dick P. responded code 2 to a prowler with a gun call. He arrived at the location, followed appropriate surveillance methods and exited the car. As he moved from behind the door, he was shot several times.

This case is clear: The officer injured at work should be entitled to complete medical treatment, rehabilitative services and full salary until he is able to return to work or has to retire.

Physical injuries are fairly easy to measure but at the issues surrounding work related injury and illness become more complex, the injury, trauma and pain become more difficult to ascertain and measure. Bad backs for example, are notorious. A person's back can hurt immensely, and yet, if there are no objective findings, the individual can be seen as a malingerer or someone trying to take advantage of the system. If his career hasn't been going well

anyway, he may very well be attracted to seeking a disability retirement as a result of his injuries and also what he perceives to be unfair treatment by his supervisors.

Prior to the passage of the Workers' Compensation Law, an employee who got hurt had little, if any recourse against the employer. While this law protects the employee, there have been abuses in this system, e.g., the police officer who hurts his back while moving furniture at home and then reports it as work related as a result of driving in a car for many years. Or the individual who aggravates an initial work related injury at home and reports it as a work injury, or the officer who claims injury when there is none.

In recent years, stress has replaced the bad back as workers' compensations piranha, voraciously chewing up large chunks of benefit funds. As a result of the increasing discussion and awareness of police officer stress in the late 1970's and '80's, a steady rise in the number of workers' compensation and retirement disability cases related to stress has occurred in California. Decision-makers, cognizant of the dangers that a law enforcement career can create have awarded workers' compensation benefits to officers for stress-related illnesses ranging for heart disease to emotional or nervous disorders and alcoholism.

The Dispute

In addition to ensuring that an employee who has an industrial injury will have a means of support, the law also intended to provide a forum to decide disputed cases as quickly as possible—and this is what sometimes drives a wedge between offices, police administrations, and the governments for which they work.

The first issue is determining whether a person is really sick or injured. If so, then the second issue is determining the extent of disability, its cause or aggravation. In the macho world of law enforcement, people who are emotionally ill tend to be viewed as "candy asses", complainers, malingerers, phonies, etc. In the movie "Patton", a scene depicts a soldier brought into an infirmary for shell shock. Then General Patton enters and proceeds to yell and berate this crying man who has complained he "can't take it anymore". Is this man a coward? One not fit to wear a United States military uniform? A worthless

human being who is a disgrace to his family and country? Or has he simply, for whatever reasons, reached his breaking point?

The issues in many workers' compensation cases are similar. The contention that an officer "can't take it anymore" is frequently heard and is at the core of many stress-related cases. The claimants contend they are sick, even though there may be no physical signs of their illness, and, managers often respond that they are lazy, not hurt, and merely trying to "rip-off" the system, get as much money as possible, and skip town.

Unfortunately, with the continuing escalation of such claims an adversary proceeding develops, with the employees hiring lawyers and doctors who assert their clients are sick, while the municipalities hire attorneys and doctors who say they are well, at least not incapacitated or that their injury didn't occur at work. This disagreement is finally decided by the Workers' Compensation Appeals Board after a lengthy process. Too often at the end of the process no one is happy and the relationship between the employee and employer has been strained at best.

California Workers' Compensation Law states that injury may occur as the result of repeated insults to the body or psyche over a period of time. These insults are known as micro trauma: Minor incidents or events which over time culminate in injury. Law enforcement officers can make legitimate medical claims from numerous stress-related micro trauma. California law also provides for benefits if the job aggravates a pre-existing condition by injury or accumulated "stress and strain". It's easy to see how the work a police officer does could aggravate a stress condition, even if it didn't cause the condition. One applicant attorney stated that "we don't have to prove what caused it. And, it's not too terribly difficult to at least show aggravation. We can't necessarily prove the job has caused the condition, but almost always there's aggravation regardless of the cause".

Think of someone who periodically has minor mood swings such as depression or elation. Exposure to several tragic incidents could cause a predisposed depression to become a major depression. Conversely, too many "hot" calls to exciting events could cause an already beset officer to go beyond excitability to a state of frenzy.

The Stakes

Although, some don't recognize it there is a tremendous emotional turmoil which takes its toll on officers wending through the compensation procedure. There is also a great deal of money involved. In addition to numerous doctors' reports and various treatments, officers awarded disability retirements can expect to

receive between \$1,000,000 and \$2,000,000 over their lifetime. The expenses to governmental agencies for abuses of police and firefighters disability pension systems is costing at least \$20 million a year nationwide, according to the Better Government Association with some estimates being much higher. According to some critics these pension systems are so poorly planned and so badly administrated that abuses are not only allowed, but encouraged.

Larry C. had worked eight years for a medium-sized city and had several minor injuries, conflicts with his superiors and a poor attitude. He applied for an "injury-on-duty" stress-related injury because of emotional problems. After a lengthy appeals process, the officer was awarded a \$100,000 lump sum payment, plus the standard disability retirement—1/2 salary tax free, lifetime medical coverage and other benefits. And within a week he bought a Mercedes Benz with a license plate that read "STOLEN 1". Also, whenever he parked in the city, he waited until there was an open space around police headquarters.

Police managers get upset with such apparent "rip-offs". However, there are officers who are deserving of stress-related compensation. How do you tell if the emotional problem is real? Job related? And, serious enough for compensation?

Stress Claims

Stress is dependent upon individual perception. Because of our unique backgrounds and individual coping mechanisms, what is a stressor for one may not be for another. Difficult or emotion-laden cases, traumatic incidents, court, shift work, negative supervisors are but a few of the myriad of stressors burdening some individuals. It is this individualized response to their perceived stressors that creates many of the difficulties.

When this individualized overload is reached by a traumatic event (shooting, traffic accident, brutal murder, etc.) or a combination of such events, people are generally quick to provide support, understanding, encouragement and assistance with workers' compensation or pension. And for many, the expectation by others of undue stress is not experienced that way, rather "it was part of the job and I did what I had to do".

However, when an individual's stress results from a perception that his supervisors are: out to get him, keeping him under close scrutiny, setting him up and planning to fire him, sympathy wanes. Yet for some with high affiliation and approval needs, this can be the hardest and most devastating type of stress. A shooting or any

type of traumatic incident for some doesn't compare. Observers tend to minimize these complaints, see the complainers as weaklings and unable to understand what the work is all about. "Do what you're told, if you don't like it, lump it, and if you're unable to lump it, leave"! There is no other route, until workers' compensation and stress aggravated by work, including supervisors behavior, enters the picture.

Joan D. a cake decorator in a downtown bakery while putting the finishing touches on a cake made a mistake. The baker upon seeing this became irate, called her every name imaginable, while berating her, challenging her competency and giving her, her walking papers. Joan perceived this as unfair and as sexual harassment causing stomach upset, sleep problems and anxiety. The psychiatrist reported that since she perceived the baker's approach as unfair and sexual harassment, it was what stressed her and she was entitled to compensation.

The employee believes he/she was injured at work, needs to be treated, wants help immediately, plus has doubts about the employer's fairness or sincerity. To remedy the problem, he wants to see a doctor he believes will be concerned about his welfare which he believes is best accomplished by going through a lawyer who is concerned about his welfare and legal rights.

At this time it would not be uncommon for the attorney to tell the employee that:

The employer is self or privately insured for workers' compensation. The municipality's Workers' Compensation Unit will evaluate and resist claims as would any private insurance carrier. Therefore, an injured member cannot necessarily expect the employers insurance carrier to act on his/her behalf. And, carrier employees will take statements from injured members for possible use in the defense against a potential workers' compensation claim.

The employer on the other hand needs to be sure the injury occurred at work and has to have the employee evaluated first. Some employers seem to feel that any employee who hires a lawyer is trying to get money or disability for imaginary or minor illnesses because claims are hard to disprove.

As a result: The employee goes to his/her doctor for evaluation and treatment. The doctor receives payment only if the Workers' compensation Appeals Board rules favorably toward the employee. The employer sends the employee for an evaluation report, treatment is delayed and provided only if the doctor believes it to be work

related. Unfortunately, these complicated cases become more complex with two qualified doctors giving opposite opinions relative to the employees' condition and its cause. And in too many of these cases the employees are almost forgotten amidst the tangle of medical and legal terminology, the disagreements and the squabble for money.

And when it's over, one or both adversaries feels lied to, cheated or taken advantage of. The employer believes the employee is taking advantage of the system because stress claims are hard to disprove. The employee feels abandoned by an uncaring, machine-like employer.

The Decision

To understand decisions made by the Workers' Compensation Appeals Board, knowledge of its rules is essential. In California, workers' compensation hearing officers decisions are guided by 3202 of the Labor Code which states "the provision Division 4 and Division 5 of this court shall be liberally construed by the courts with the purpose of extending their benefits for the protection of persons injured in the course of their employment". These permissive guidelines result in an extremely high percentage, if not all cases being granted to the employee.

Disability Pension

In years past, pension work for applicant attorneys was relatively simple. An officer got hurt, and the department wanted to help him get out. It was a relatively easy process. Then stress and mounting pension bills entered the picture and the procedures have become more complicated as we've seen. Workers' compensation is intricately involved with disability pensions because a disability must have occurred as a result of work and must incapacitate an officer from performing the substantial duties of his job. the interpretation of this law as with Workers' Compensation Law are the stakes: Money, jobs and effects to people's health, morale and attitude. Whether you're an employee, employer, attorney or doctor will affect how you believe the law should be interpreted and your reaction to the outcome. This issue is laden with attitudes and values which extend for beyond the law and its meaning. For those unhappy with it, legislation appears the only means for change, with the process being a long, slow and arduous one.

Consider the following cases and examine what you think should be done and what needs to be done to improve the system.

Chris W. is a 50 year-old veteran. Divorced twice and looking forward to retirement, he is now looking for an easier assign-

ment during his last two years with the department. Chris is involved in a serious, yet shaky, relationship with a woman. He has been on patrol in a particular metropolitan area for ten years and has requested a transfer which was denied. He has been having conflict with a particular ethnic group at work and now members of this group have started moving into his neighborhood. For a second time, he requests a transfer and again it is denied. This increases the pressure on his relationship and he begins having sexual-performance problems, which add more stress. One day, in the middle of his shift, he drives into the station parking lot, walks into the watch commander's office and begins to tear up all the papers on the lieutenant's desk while yelling long and loud at the bewildered man. Should Chris be disciplined for his actions? Should he be required to see a doctor? Is he for workers' compensation, and if the symptoms persist, a disability retirement? Would your decision be any different if you were a street cop? A lieutenant? The chief? A lawyer or doctor? Did work cause or aggravate Chris's condition? Should he be compensated?

Matt S. 38, is a cop's cop. He has worked all the difficult and prestigious assignments, has often been selected for special assignments as a SWAT Team member, an instructor at the academy, and so on. He has been highly respected throughout his career. During this career he had incurred several injuries, on which resulted in a 10% disability in his arm. After each injury he returned to work as soon as possible. Matt S's wife died a year ago of cancer. His daughter has just been arrested for a drug problem. He is also teaching some special classes at the academy dealing with the importance of being quick and alert in the field. One day he starts crying like a baby. He doesn't feel that he can handle the job any longer. He just can't take it. He can't go to the captain because he doesn't think the captain will understand his sudden inability to handle the job. As a result of all of his problems, combined with his disability, he becomes afraid that he won't respond quickly and effectively enough to situations in the field. He just doesn't know what to do. He feels inadequate, alone, and wants to quit. He needs out of the job. Is he a victim of stress? And if so, is he entitled to compen-

sation for his injury and inability to work? Should he be granted disability retirement?

Emily W. 32, has worked as variety of assignments in her 10 years as a cop. She is considered by all a "dammed good police woman." She and her husband have tried to have children, but she has had two miscarriages. As a result of dangers to her health, she is forced to have a hysterectomy. After recuperating, Emily is surprised to learn that she is being moved from a job she likes, with a regular day schedule and weekends off, to a job she doesn't like on the early morning shift. This creates difficulties with her husband, which, she believes, is the cause of their eventual separation, Emily finds it impossible to get out of bed. She becomes subject to fits of uncontrollable tears and depression and stays away from work. Is she entitled to work related stress pay? Did the shift change increase a predisposition to depression? Are her real issues with her personal life? Did her work cause or aggravate her condition? And how much must work contribute to the condition? Should it be that compensation is awarded even if work is only a minor contributor?

In cases like these benefits have been awarded. Some interpreters of the law believe that compensation should be granted whenever work is a factor, no matter how minor its influence. And it has been rare for an applicant to lose such a case although changes are beginning to appear. The issues are not clearcut, but solutions need to be determined that are fair to all—employees, managers and the public.

Because of the Presumptive Clause for heart attacks and other illnesses, increasing stress claims and the financial incentives for a disability pension, approximately 50% of law enforcement officers in California retire on disability.

Due to the large numbers of officers retiring on disability, various approaches are being taken to combat the ever increasing disability costs. Most municipalities allow a disabled officer to take another in the city, such as tree cutter, pipe fitter or accountant while retaining his police officer salary and peace officer retirement plan. However, rarely does one take this option because private employment, supplemented by his pension benefits, appears more lucrative.

Officers have generally held that the job offered wasn't what they were hired for—patrol officer, until two recent court decisions ruled light duty assignments were acceptable as police work as other police officers were per-

forming similar functions. In *Stussel vs. Glendale*, the California Appellate Court ruled the officer could work a job inside, with no uniform or weapon, one is not a police officer, as by statute a weapon is required of all police officers.

In *Winslow vs. Pasadena*, the California Supreme Court ruled that a pensioned employee could be ordered back to work if the department is able to develop an assignment consistent with all medical restrictions. More court cases are on the horizon as municipalities attempt to find ways to deep limited duty employees working and attorneys fight for their clients rights to start a new life after the perceived devastating effects of policing.

The problems posed here are not likely to diminish soon; there won't be any simple solutions. We all must look for ways to save the public's monies without neglecting the individual public servants and their contributions. The best way to start is to first find areas of general

agreement and then work beyond them to establish the fairest possible guidelines for settling those general issues and specific cases still under contention.

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THE PARADOX OF THE SQUAD ROOM—SOLITARY SOLIDARITY

Philip S. Trompetter, Ph.D.

Police officers face certain physical dangers in their job, a fact easily recognized by police administrators and public alike. This, in turn, has led to policies, practices, and procedures wherein the individual officer and the department will spare little expense in promoting physical well-being. *Kirkham and Wollan (1980)* note "the widespread presence of various physical symbols in the academy environment which provide mute testimony that the job about to be embarked upon will involve routine confrontations with danger. The gun, nightstick and handcuffs—occupational accouterments the recruit comes to use and handle on a regular basis during his or her time at the academy—serve to symbolically define danger as an integral part of police work . . ." To this list should be added the solidarity of the officers on the shift, the fellowship arising from common responsibilities, interests and dangers. Police officers, like soldiers, will unify in the face of danger.

In spite of the perceptions of physical danger, research has demonstrated that it plays only a small part in the health and well-being of the policeman (*Kroes, 1972*). As Joseph Wambaugh stated, "Police work is not particularly dangerous physically but the most dangerous job in the world emotionally." The high incidence of stress-related disorders in law enforcement including heart attacks and heart disease, alcoholism, ulcers, divorce and suicide would serve to verify this. One might reasonably expect upon entering a squad room in any department to notice the accouterments of emotional protection. Unfortunately, this will not be the case. Solidarity holds only for the physical dangers. The group behavior of police officers, to toughness of the collective, the squad room mentality, while adaptive in many respects for the demands of the job, is at best insufficient, and at worst injurious to the officer's emotional well-being.

When an individual officer affiliates with a department, he tends to adopt attitudes prescribed by the values and norms of that group. The power of this group to modify the attitudes of its members in a function of several characteristics of the group. One is the group norms, rules reflecting the attitudes and actions expected of members under given circumstances and specifying the consequences of compliance and non-compliance. A second characteristic is the effectiveness of monitoring each other's behavior. Unless agents of the group can maintain

surveillance over the members to detect and punish deviant behavior, the impact of norms may be greatly reduced. If the behavior of the members of the group cannot be effectively monitored, a state of "pluralistic ignorance" may result, a condition in which the members of a group incorrectly believe that "everyone else" in the group holds a certain attitude, whereas they, themselves, do not. Not unlike the parishioner seeing about him a congregation seemingly captivated and inspired by the sermon, assuming that he is alone in his struggle against boredom when, unbeknownst to him, everyone else is similarly bored, making the same assumption, and in so doing are similarly isolated.

One of the group norms within the squad room is the expectation of "manly" behavior. When you hear six male officers joking, while commenting in response to someone's complaint about their "old lady" with statements like "F—— the bitch . . . Dump her . . . I wouldn't put up with that shit . . . Stay at my place . . .", you may start wondering why you alone seem to have a higher regard for the institution of marriage than the rest of the officers. As a member of this group, the group norm of public anti-marriage and sexist comments will tend to change his attitude to conform with the group's. Any comment that might be made in defense or support of marriage would be the straight line for a barrage of anti-marriage bombardments from the snipers and sharpshooters who protect the squad room from the softening effects from such sentiments. Paradoxically, separate these six officers and you might find that most of them, as individuals, value their relationships. The social psychology of a group of police officers elicits behaviors that do not accurately reflect the beliefs of the individual. The group will then isolate anyone who deviates in the performance of this manuscript whereby the individual becomes emotionally alone. Since most officer prefer not to be isolated, the power of the group prevails. Thus, the group concurrently exhibits solidarity while promoting solitary emotional confinement.

Many variables converge to create this state of affairs. Two of the most influential include the expectation of how "men" behave and secondly, the attitudes formed by a group of men with an objective of doint battle.

Masculine role expectations have been sardonically parodied in recent years in the pop literature, most notably

by Bruce Feirstein's "Real Men Don't Eat Quiche." Mark Miller's "Real Cops Do't Eat Doughnuts" funnels the point even more poignantly. The pressure of how "men" behave is enormous, especially within this group of elite who have been selected from the ranks of ordinary men to provide a model of masculinity for all to emulate. These are men who are forced by a circumstances to be expert on everything and expected to display strength at all times. For to do otherwise would result in harsh consequences. Little room is left to display the broad range of human emotions. This is reflected in the language of manhood where there is only a small range of acceptable communication for man to express his emotions (*Naifeh and Smith, 1984*). For most men the mildest self-revelation is an experience more disquieting than facing most physical threats. They can't display affection toward their friends, but they can caress their 4 x 4's all weekend long. Men are performers forced to prove themselves constantly and relentlessly. They can't cry at a movie. They can't even admit that they went to certain movies, lest their reputation be tarnished. They are allowed to cry only if their entire family is killed by a drunk driver, but even then their tears are met with benign acceptance, not full understanding. Most men, and especially most cops, become imprisoned in emotional isolation, living out this repressive masculine role. Too many feelings of the individual cop have to be set aside in order to conform to the demands of the group. The police group is much more, and in some ways much less than the sum of its parts.

This is not to say that the male role, traditionally defined, is all bad. *Kriegel* (1979) remarked that life was most immediate when it forced the individual into a corner, heightening the possibilities that it opened for him. As if when the trap springs, the man emerges. Most cops seek the thrill and adventure of potential danger and relish "the pump" that comes with their mastery and control of the threat. Anyone who seeks out horror movies, anyone who rides a rollercoaster, or anyone of a number of other human behaviors where danger and excitement are pursued rather than avoided, can relate with a police officer's enjoyment of this part of his job. It is hard to withdraw once one has become an "adrenalin junkie."

In addition to the group norm of anti-marriage bias and eschewing the display of "soft" emotions, other traditions have evolved to contribute to the expectation of manly behavior. *Gerzon* (1982) believes that a "real man" is partly a frontiersman who may have a buddy, like Tonto, but mostly he was a loner and traveled alone. If he had a sidekick, he was clearly in the dominant position. Harry Callahan's jaws locked every time someone tampered with his independence. Wives were uncommon to

the frontiersman; the hero was always on the move. Marriage somehow seemed to dilute the image of manhood. A real man was a rugged individualist who answered to nobody, especially a wife. Also, he never reflected or questioned himself. Nothing made him cry and nothing frightened him. He was always altruistic, never selfish. Though he was constantly fighting, it was always justified as being against the enemy.

A second contributing influence to the psychology of the squad room is that the cop is also expected to be a soldier, and soldiers always display strength and hide vulnerability. The soldier is the symbol of security who does not hide from danger or give into fear. He is the protector of those he lives. The soldier has endured because society has conferred upon him a priceless gift; it considered him a man. Soldiering was the embodiment of courage, strength and toughness. To sustain these virtues, however, the soldier had to repress vulnerability, sensitivity, fear and compassion. There is no room in battle for such feelings which, by necessity, are avoided.

Who, more than a cop, is our soldier. Is it any wonder that the squad room is like a bootcamp in many respects, especially in its solidarity. The soldier-heroes whom we have come to admire and emulate have influenced cops to deny their feelings and to avoid sensitivity, as it enhances the ultimate objectives of self-preservation and battle.

Yet, there is at least a dual nature of police function. While police are soldiers and agents of control, they are more often agents of support. One thus has to wonder about the typical management structure of the police department, the "paramilitary organization," when police soldiering comprises less than 15% of their work and 85% of the activity is service or clerical. Why must the social organization of officers be designed to support the needs of the soldier when the time spent soldiering is so proportionally small? Could it be that soldiering is what drew the individual to law enforcement for the inherent and priceless gift of bestowing the badge of manhood on him, and these other "lesser functions" are necessities to be stoically endured but certainly preempted if a hot call emerges?

And who can deny the pleasures of the comradeship, the association and sense of belonging to the squad of soldiers, the support and the entertainment. Whatever one's view of his work and department, most officers experience an almost inexplicable but noticeable rush when entering the squad room with their colleagues present. It is then that they become one of the group again. The sense of belonging can become so powerful for most that the need to talk about one's real feelings seems pale in comparison to being part of the group. The norms of the group seem to possess more seductive power than

any need developed by one individual in the group.

But the glitter and pump of the squad room is inevitably destructive if one is totally influenced by the wares it tries to peddle. It can destroy any marriage, undermine any individuality, promote the conditions by which alcoholism and physical problems develop, and corrupt the officer's ability to foster intimacy in his most important relationships. How can one be involved in an emotionally stressful profession but have an incomplete armamentarium to defend against the onslaught of its dangers?

Accordingly, some of the important questions now are drawn into focus. Can a group of police officers have the flexibility to deny feelings, like the good soldier, to foster self-preservation and to do battle, but, when not soldiering, operate within a completely different norm that allows for open expression of tenderness, softness, vulnerability and sensitivity? Can a squad room take care of both the physical and emotional man? It seems clear from stress statistics that the emotional man has received too little attention. The norms of the squad room must change to at least allow individual officers to express their many feelings. Cops need to reexamine their heroes as they will find that beneath the public masquerade perpetuating the masculine myths, lie emotions not unlike their own. While the sharpshooters will remain, the silent majority can find comfort that to feel is not weak, to display hurt is not unmanly, to want closeness is not homosexual, and to be sensitive and vulnerable will not destroy the potency of the group when a battle is necessary. There is room for the Marlboro Man in law enforcement. It is a refreshing oasis in a world increasingly tolerant of discomfiting people, a place where men can scorn, ridicule and joke as a way of helping themselves with their fears and concerns. But there is a time for the jokes to cease, the Marlboro Man to get out of his role, and each individual officer to find acceptance in dealing with some of his feelings directly, openly, and honestly, without fear of social ostracism or ridicule. It would be an unbeatable combination. It can and it ought to happen.

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National Symposium on Police Psychological Services FBI Academy



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