

## **THE PSYCHOLOGICAL FITNESS-FOR-DUTY EVALUATION: WHAT EVERY POLICE OFFICER SHOULD KNOW**

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You've been referred for a *psychological fitness-for-duty (FFD) evaluation*. You're not happy about it. You don't know what to expect and you're not sure what the results will mean for your career. Although you should be cautious and concerned, there's no need for anger or panic. If carried out correctly, the psychological FFD need not be unnecessarily adversarial or demoralizing. On the other hand, this kind of evaluation should not be taken lightly because the results of an FFD may be brought before a court or a governmental commission and your entire career may hinge on the FFD's conclusions. To make some sense of this process, here are some things that you, your referring supervisor, and the examining psychologist should all know.

### **REASONS FOR A PSYCHOLOGICAL FFD**

If you injure your knee or develop high blood pressure, this may affect your ability to perform your job as a law enforcement officer. Or it may not. If a supervisor or commanding officer has reason to believe that your limp or frequent headaches are interfering with your job performance, he or she may recommend you seek medical attention. If the problem persists, you may be referred for a medical FFD. The examining doc may declare you medically fit to return to duty; recommend a course of treatment that will restore you to such fitness (a knee brace or surgery, antihypertensive medication or exercise); or declare you permanently unfit for duty.

Similarly, in cases where it is suspected that personal traits, disorders, or stress reactions are causing or contributing to problem behavior or substandard performance, and where the usual channels of review, coaching, counseling, and discipline (see separate article) have failed to effect a substantial change, a formal psychological fitness for duty (FFD) evaluation may be ordered to (1) determine if you are psychologically capable of remaining in your job as a police officer; (2) if not, then what measures, if any, are recommended to make you more effective and able to function up to the standards of

the department; and (3) what kinds of reasonable accommodations, if any, must be in place to permit you to work in spite of residual disabilities. The psychological FFD evaluation thus combines elements of risk management, mental health intervention, labor law, and departmental discipline.

In general, FFD referral questions should be as specific as possible, e.g. *not*: “Officer Jones seems to be depressed and this is interfering with his police work,” *but rather*: “Officer Jones has been late to shift 5 times this past month, he has been observed on several occasions to be fatigued and in physical distress, as well as to behave in an absent-minded and distracted way, and there have been 3 citizen complaints of abuse of force during the past evaluation period. These represent a deterioration from previous evaluation periods and reflect a pattern of substandard performance in this agency. Upon interview, Officer Jones denies any problem.”

Current guidelines by the International Association of Chiefs of Police (IACP) require that the evaluator be a licensed psychologist or board certified psychiatrist with law enforcement experience. The guidelines, however, do not specify how much experience is sufficient and there is as yet no generally accepted formal credentialing for police psychologists as a distinct professional specialty. Thus, the level of law enforcement training and/or experience of these clinicians may vary considerably from agency to agency.

#### THE PSYCHOLOGICAL FFD EVALUATION: DO’S AND DON’T’S FOR OFFICERS

As noted earlier, there’s no way you’re going to *enjoy* an FFD exam, but there are things you can do in order for it to go as smoothly as possible and for the results to be as accurate a representation of your true state as possible. Here are some recommendations I would give you if you were coming to see me for an FFD.

*Don’t assume the worst.* I’m not your enemy and, for that matter, I’m not your friend either. Even if the FFD order comes in the context of a bitterly contentious

departmental action, my only job is to objectively evaluate your mental status and relate it to the specific referral questions as to your fitness for duty.

*Know your rights and responsibilities.* Not assuming the worst doesn't mean being a chump. Know what you're in for. Either through your own research or in consultation with your legal representative, make sure you know what your rights and responsibilities are with respect to the FFD exam. For example, do you know about *Garrity* and *Lybarger*? No? – Look 'em up. Again, the goal is not be overly defensive and confrontational, but to protect yourself from unwarranted actions on the examiner's part or illegitimate use of the evaluation results.

*Come prepared.* Show up on time. If you were supposed to bring any records or materials, have them with you. Make sure you have your reading glasses. If the exam is scheduled for early afternoon, make sure you had lunch. Accordingly, I'll make sure you are seen at the appointed time and that all my materials are ready when you arrive.

*Read everything you sign.* At the outset, there'll be a bunch of forms to sign. Read them. If you have any questions about what you're signing, let me know.

*Don't be afraid to ask questions.* This is an extension of the above. If you have a question about something I ask you or a test I'm giving, let me know. A reasonable examiner won't object to reasonable questions. Bear in mind, however, that I may not be able to answer many of the questions you ask me. For example, I'll almost never be able to respond to, "What's that test result mean?" either because I need to score the test results against a normative table or because the actual results of the exam are "owned" by the department making the referral. That's their rule, not mine. I understand that may tick you off, but I have to follow my protocols, too. If I can't answer a particular question, I'll tell you I can't. Don't be intimidated.

*Be honest and do your best.* The entire validity of the FFD evaluation hinges on the accuracy of the information I obtain. Many interview protocols and psychological

tests have controls for inconsistency and response manipulation. In other words, if you're lying or faking test results, I'll probably know about it. Then, even if the rest of your profile is relatively benign, I'll have no choice but to report that you lied, and how do you think that's going to look? So do us both a favor: Tell the truth and do your best job on the tests.

*Expect to be treated courteously and behave accordingly.* Even though I'm not your enemy or your friend, you should expect me to behave professionally. I should not demean or humiliate you and, even though I may have to ask you some tough questions, you shouldn't have to feel like a criminal suspect. Remember, the more comfortable you feel during the examination, the better your memory will be and the more accurate will be the information I get. So I have nothing to gain by trying to make you squirm. By the same token, I ask that you try not to bust my chops more than necessary. I understand that you don't want to be here and I also understand that you've had a whole life and career outside the narrow confines of this FFD case. You're a professional and so am I; we both have a job to do so let's do it.

## THE PSYCHOLOGICAL FFD REPORT

Ultimately, the examiner will prepare a report that will almost always first go to the referring agency. Again, there is no single universally format for such reports. However, in their comprehensive volume on the subject, *A Handbook for Psychological Fitness-for-Duty Evaluations in Law Enforcement*, Rostow & Davis (2004) provide a useful and practical format for psychological FFD evaluation reports, which I outline here along with my own comments and suggestions. The exact style and content of the report may vary according to the needs and preferences of the individual psychologist and police agency, but should contain the following basic elements:

*Identifying data.* The officer's name, identifying demographics, departmental referral identification, name of the evaluator, and dates of the evaluation.

*Reason for evaluation.* This describes the main incidents, issues, and referral question(s) that have led the officer to the psychologist's office. Although a wide range of data may be relevant to the individual's overall psychological functioning, as noted above, the focus of the evaluation itself should be relatively specific to the question at hand. Sometimes, officers are referred without clear indications for why an FFD evaluation is being ordered ("He's got an attitude problem"). In such cases, the psychologist may have to take responsibility for helping the referring agency refine its referral question ("What problematic behaviors is this officer showing that reflects his bad attitude?"). Also, somewhere in the beginning of the report should be a statement that clarifies issues of informed consent and the uses to which the evaluation findings may be put.

*Background information.* The information in this section can be narrow, i.e. what took place during or around the incidents in question; or broader, i.e. what has been the officer's general experience within the department that may shed light on the specific referral issues. Again, the scope and range of such background data are defined by their relevance to the referral question(s). For example, conflicts with previous employers may be relevant; history of physical abuse as a child may not. Details of her dealings with drug suspects on duty may be pertinent if they affect the officer's job performance; marital infidelities or weekend barhopping may not, if they have no impact on her job effectiveness.

*Clinical interview and behavioral observations.* Consistent with the importance of speech content, voice tone, eye contact, body language, and general appearance, much useful information can be gleaned about a subject from a good clinical interview. How the subject answers questions is just as important as what he or she says. Clinical status – anxious, depressed, delusional, angry, evasive, intoxicated, hung-over, angry, guilty, lackadaisical – can be determined most accurately only by a one-on-one interpersonal interaction with the subject. Another important feature of this interaction is to develop a rapport with the subject sufficient to allow accuracy of responding and test-taking.

*Review of records.* Depending on the individual case, the volume of pertinent records can range from a few spare sheets to literally cartons of documents delivered by truck (this is an occupational hazard for any forensic psychologist). Not all of these records may be directly relevant to the present case, but I won't know that until I've rolled up my sleeves and sorted through them. For me, distilling this raw data down to a few paragraphs or pages that will summarize the main points useful for the reader, and then integrating this with the information gained from the clinical interview and test findings, is one of the most challenging and time-consuming aspects of report writing (Mark Twain once wrote, "If I'd had more time, I would have written you a shorter letter"). Psychologists should clear about the sources of the records you cite: they may be expected to justify every statement you make at a subsequent deposition or trial.

*Psychological test findings.* Once again, there is no universal, "official" psychological test battery for FFD evaluations, and each psychologist has his or her preferences (some use no psychometric testing at all), but there are certain standards as to what kinds of diagnostic issues should be addressed by these instruments. Some psychological tests are specifically designed for law enforcement assessment, while others are general tests of psychological traits that can be adapted to the law enforcement FFD referral question(s). The basic areas that should be covered by these measures include: general intelligence; cognitive functioning (attention, concentration, memory, reasoning); personality functioning; assessment of mood (anxiety, depression); and screening for psychotic symptoms (delusions or hallucinations). Some psychologists insert specific measures for malingering to gauge if the subject is being truthful in his reports and in his test responses. In this section, be sure to document both the actual test scores and their interpretation. For example:

"A full-scale IQ score of 98 on the WAIS-III places this officer's overall intelligence in the average range."

"A T-score of 86 on the Psychopathic Deviate scale of the MMPI-2 suggests high impulsivity and a characteristic disregard for rules and authority."

*Conclusions and discussion.* This is where the psychologist puts it all together. This section should be a succinct summary of the main points relevant to the FFD question(s), with documentation of your reasoning on each point. For example:

“Psychological test findings are essentially within normal limits, with the exception of a tendency to disregard rules and conventions and to responding impulsively under stress. This is supported by the officer’s statement that ‘If I know the SOP is wrong, it’s my responsibility to do it the right way, isn’t it? If I try to go through channels and make any recommendations to the brass, they just blow me off. That’s why I went ballistic in the lieutenant’s office when he told me I could be suspended.’ This is further corroborated by records indicating three prior disciplinary actions in his present department, and at least one prior suspension in his previous job.

“Overall findings are consistent with an officer of average intelligence, no major mental disorder, high ability and skill in certain job-related areas (firearms and vehicles), but with a long-standing tendency to disobey authority and respond impulsively, but not violently, under conditions of stress.”

*Recommendations.* This is perhaps the most challenging section of the report, because here the psychologist has to boil down his or her findings to specific recommendations that will affect this officer’s future life and career. Again, although there is no one standard model for expressing this, the protocol of alternatives proffered by Rostow & Davis (2004) is both psychologically valid and practical:

*Unfit for duty.* The officer is unfit for duty and is not likely to become fit in the foreseeable future, with or without psychological treatment. Examples include the effects of a traumatic brain injury, a longstanding severe personality disorder, or a substance abuse problem that continues to get worse.

*Unfit but treatable.* The officer is currently unfit, but appears to be amenable to treatment that will restore him to fitness in a reasonable amount of time. For example, a depressed, alcoholic officer agrees to enter a 12-step abstinence

program, attend psychotherapy sessions, and take prescribed antidepressant medication as needed. Following the recommended course of treatment, the officer will usually be referred for a *posttreatment evaluation*. The recommendations of that evaluation may include maintenance of abstinence and continuation of psychological treatment in some form.

*No psychological diagnosis.* There is nothing in the results of the psychological FFD evaluation to suggest that the officer's unfitness for duty is related to a mental disorder or mental health diagnosis. In such cases, the officer will usually be referred back for administrative coaching or counseling, further education and training, or disciplinary action. We psychologists sometimes need to remind ourselves that people can exhibit rotten behavior for any number of self-serving reasons without having to peg it to a psychological "disorder." When that's the call, we need to make it.

*Invalid evaluation.* The officer has failed to cooperate with the evaluation, has not been truthful, and/or has shown malingering or other response manipulation on psychological tests. This can range from an officer sitting in stony silence, arms crossed, opening his mouth only to say, "I'm not saying nothing to no damn shrink without a lawyer;" to a subject waltzing into the exam all smiles, talking a blue streak, telling a long and involved tale of woe ("I was framed!") and working just too damn hard to ingratiate himself with the evaluator. Alternatively, the subject can behave appropriately, but his account doesn't jive with the records. Or the test findings are inconsistent and invalid. Again, aside from a few psychometric indices on some tests, malingering or response manipulation is often not something that leaps off the page and identifies itself, but has to be carefully teased out, put together, and documented by the evaluating psychologist. This, too, is part and parcel of a competent clinical evaluation and good report-writing skills.

## THE USES OF A PSYCHOLOGICAL FFD EVALUATION

One of the functions of an FFD evaluation is to make recommendations for education, retraining, counseling, or treatment. This topic is treated in detail in a separate article. To summarize, the *best* use of an FFD is to help find ways to salvage and rehabilitate a problem officer. Humaneness aside, it is much more costly to train and supervise a new officer than it is to rehabilitate an established one. For this reason alone, discipline and dismissal should be a last resort. More importantly, law enforcement agencies who treat their officers fairly reap dividends in terms of morale and enhanced performance.

This article is adapted from *Practical Police Psychology: Stress Management and Crisis Intervention for Law Enforcement* by Laurence Miller (Charles C Thomas) [www.ccthomas.com](http://www.ccthomas.com). Dr. Miller can be reached at 561-392-8881 or at [docmilphd@aol.com](mailto:docmilphd@aol.com).

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