

The Psychological Fitness-for-Duty Evaluation

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Physical problems, such as an injured knee or high blood pressure, sometimes arise that may affect officers' abilities to perform their duties effectively. Or, their performance may remain unchanged. However, if supervisors or commanding officers perceive that an individual's limp or frequent headaches impair job performance, they may recommend that the employee seek medical attention. If the problem persists, they may

refer the officer for a medical evaluation, during which the examining doctor will declare the individual medically able to return to work, recommend a course of treatment to restore a proper level of health, or classify the officer as permanently unfit for duty.

Similarly, if supervisors suspect that personality disorders or stress reactions cause or contribute to problem behavior or substandard performance and the usual channels of

review, coaching, counseling, and discipline have failed to effect a substantial change, they may order a formal psychological fitness-for-duty evaluation (FFDE).¹ Through such an exam, agencies hope to determine an officer's psychological capability of remaining on the job and to identify, if necessary, measures to help improve the employee's effectiveness or reasonable accommodations to allow the officer to work in spite of residual disabilities.²

The FFDE functions, in part, to provide a basis for recommendations concerning education, retraining, counseling, or treatment.³ Ideally, agencies will use the evaluation to help find ways to rehabilitate officers. Humaneness aside, salvaging an established employee is more cost-effective than hiring, training, and supervising a new one; for obvious reasons, departments should resort to discipline and dismissal as a last resort. However, although it never should be used as a substitute for adequate supervision and discipline, a carefully conducted and documented FFDE can provide a psychologically justifiable and legally defensible rationale for terminating an officer who cannot or will not meet the standards of the employing agency.

THE PSYCHOLOGICAL FFDE

The Evaluation

Initial Considerations

The FFDE combines elements of risk management, mental health intervention, labor law, and departmental discipline.⁴ According to current International Association of Chiefs of Police (IACP) guidelines, a licensed psychologist or board-certified psychiatrist with law enforcement experience must conduct the evaluation.⁵

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However, the guidelines do not specify how much experience is sufficient, and, as yet, no generally accepted formal credentialing exists for police psychologists as a distinct professional specialty. Thus, the level of law enforcement training or experience of these clinicians may vary considerably by agency.

When referring an employee for an FFDE, supervisors should provide specific referral questions. For example, they should not simply note that “Officer Jones seems depressed, and this condition interferes with his work.” Rather, the referring supervisor could state, “Officer Jones arrived late to shift five times this past month; on several occasions, has been visibly fatigued and in physical distress; has appeared absent-minded and distracted; and has been the subject of three citizen complaints of abuse of

force during the past evaluation period. These actions represent a clear deterioration from previous evaluation periods and reflect a pattern of substandard performance. Upon interview, Officer Jones denies any problem.”

Recommendations for Officers

Understandably, officers probably will not look forward to an FFDE. However, they can take measures to help the process go smoothly and for the results to provide an accurate picture of their true psychological status.

First, officers should remain positive. They should recognize that the examiner’s only job is to objectively evaluate the officer’s mental status in view of the specific referral questions and to determine the employee’s fitness for duty.

Officers also should know their rights and responsibilities and remain informed about the FFDE, either through their own research or in consultation with a legal representative. In this way, they can help protect themselves throughout the process.

Next, officers should come prepared, arriving on time and with all necessary records or other requested materials. Commonsense recommendations also include bringing reading glasses, if needed, and having an adequate lunch prior to an early afternoon exam. Accordingly, employees have the right to expect the examiner to come prepared and to begin on time.

Throughout the process, officers must ensure that they read everything they sign and clarify anything unclear or of concern. This includes questions asked and tests conducted by the psychologist. Officers should not feel intimidated about making reasonable inquiries about the examination process and should expect straightforward answers. However, they must bear in mind that the psychologist may not be able to answer all of the questions (e.g., those relating to a particular test item or question) at the time of the evaluation.

Overall, officers must ensure that they remain honest and put forth their best effort. The entire validity of the FFDE

hinges on the accuracy of the information they provide. Further, many interview protocols and psychological tests have controls for inconsistency and response manipulation. In other words, the examiner probably will detect any attempts at dishonesty and will then have no choice but to report that the officer lied. Officers must consider the consequences of such actions.

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Finally, officers should both expect and give proper respect during the examination. Officers have the right to courteous and professional treatment, even as the examiner asks some troublesome, albeit necessary, questions. Psychologists should realize that if officers feel comfortable during the examination, their memories will serve them well and they will provide accurate information. Officers also should behave with respect and decorum. After all, both

examiner and subject are professionals with a difficult, but important, job to do.

The Report

Ultimately, the examiner will prepare a report that, usually, first will go to the referring department. While there is no single universally accepted format, a useful and practical one exists for psychological FFDE reports.⁶ The exact style and content may vary according to the needs and preferences of each psychologist and law enforcement agency, but it should contain several fundamental elements.

Identifying Data

The report will contain basic information about the officer and the evaluation. Examples of data include the officer's name and demographics, department identification, name of the evaluator, and dates of the evaluation.

Reason for the Evaluation

This section describes the main incidents, issues, and referral questions that have brought the officer to the examiner's office. Although a wide range of data may be relevant to the individual's overall psychological functioning, the focus of the evaluation itself should be relatively specific to the question at hand. In cases where officers are referred without clear reasons for an FFDE (e.g.,

that he has an “attitude problem”), the psychologist may have to help the referring agency refine its referral question (e.g., What problematic behaviors is this officer showing that reflect his bad attitude?). Also, a statement should be included that clarifies issues of informed consent and the potential uses of the evaluation findings.

Background Information

The information in this section can be narrow (e.g., what took place during or around the incidents in question) or broad (e.g., the officer’s general experience within the department that may shed light on the specific referral questions). Relevance to the referral question defines the scope and range of such background data. For example, conflicts with previous employers may be relevant, but history of physical abuse as a child may not. Details of past dealings with drug suspects may be pertinent, while marital infidelities or off-duty barhopping may not if they have no impact on officer job performance.

Review of Records

Depending on the case, the volume of pertinent records can range from a few sparse sheets to, literally, cartons of documents. Not all of these records may have direct relevance, but the examiner will not know that until after sorting

Tips for Officers Referred for an FFDE

- Remain positive
- Know your rights and responsibilities
- Come prepared
- Read everything you sign
- Ask reasonable questions
- Be honest and do your best
- Expect and give courteous treatment

through them. For most psychologists, distilling the raw data to a few paragraphs or pages that will summarize the main points and then integrating this with the information gained from the clinical interview and test findings can prove challenging and time-consuming. As Mark Twain wrote, “If I’d had more time, I would have written you a shorter letter.” Further, psychologists should be clear about the sources of the records they cite. They may have to justify every statement they make at a subsequent deposition or trial.⁷

Clinical Interview and Behavioral Observations

During a face-to-face clinical interview, officers will provide much useful information by their speech content, voice tone, eye contact, body language, and general appearance. How they answer questions is just as important as what they say. Examiners will

determine clinical status (e.g., anxious, depressed, delusional, evasive) most accurately through this one-on-one interaction. Psychologists develop rapport with officers to help ensure validity of responses and test results.

Collateral Interviews

Interviews—in person, by phone, through e-mail, or by written accounts—with other people who have information relevant to the case can contribute greatly to the evaluation. These individuals may include supervisors, employees, family members, citizens in the officer’s patrol area, or others. Special sensitivity helps maintain the maximum degree of confidentiality possible for both the collateral sources and the subject of the FFDE.

Psychological Test Findings

No universally agreed upon psychological test battery for FFDEs exists, and examiners

have their own preferences (some use no psychometric testing at all). But, certain standards cover what kinds of diagnostic issues these instruments should address. Some psychological tests are specifically designed for law enforcement assessment, while others that deal with general psychological functioning can be adapted to the law enforcement FFDE referral question. The basic areas that these measures should cover include general intelligence; cognitive functioning (attention, concentration, memory, and reasoning); personality; mood (e.g., anxiety or depression); and existence of psychotic symptoms (e.g., delusions or hallucinations). Some psychologists insert specific measures for malingering to gauge the subject's truthfulness in self-reports and test responses.

Psychologists should document both the actual test scores and their interpretations. For example, "A full-scale IQ score of 104 on the WAIS-III places this officer's overall intelligence in the average range.⁸ 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."⁹

Conclusions and Discussion

In the conclusion, the psychologist puts everything

together. This section should consist of a succinct summary of the main points relevant to the FFDE questions with documentation of the examiner's reasoning on each point. For instance, the psychologist may summarize as depicted in the following example:

Psychological test findings are within normal limits,

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...officers...can take measures to help the process go smoothly and for the results to provide an accurate picture of their true psychological status.
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with the exception of a tendency to disregard rules and conventions and to respond impulsively under stress, as indicated by an elevated score on the Psychopathic Deviate scale of the MMPI-2. This is supported by the officer's statement that "If I know the SOP is wrong, I'll do what I think is right. If I try to go through channels and make 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."

Records indicating three disciplinary actions in the officer's present department and at least one suspension in his previous job corroborate this. Overall findings are consistent with an officer of average intelligence, no major mental disorder, and a high level of skill in certain job-related areas (firearms and vehicles), but with a long-standing tendency to disobey authority and respond impulsively, albeit not violently, under conditions of stress.

Recommendations

Examiners should take special care with this section because here they distill their findings to specific recommendations that will affect the officer's life and career. Although no standard model for expressing this exists, one protocol of alternatives is both psychologically valid and practical.¹⁰

- Unfit for duty: The officer is unfit for duty and unlikely to become fit in the foreseeable future, with or without psychological treatment. Examples include officers with a traumatic brain injury, a longstanding severe personality disorder, or a substance abuse problem that continues to worsen.
- Unfit but treatable: The officer is currently unfit but

appears amenable to treatment that will restore 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 usually will be referred for a posttreatment FFDE, the recommendations of which may include continued abstinence and periodic psychological follow-up for a specified length of time.

- No psychological diagnosis: The results of the psychological FFDE do not suggest that the officer's unfitness for duty is related to a mental disorder or mental health diagnosis. In such cases, the officer usually will be referred for administrative coaching or counseling, further education and training, or disciplinary action. Psychologists sometimes must conclude that people exhibit unprofessional behavior for self-serving reasons, without the presence of a particular psychological condition.
- Invalid evaluation: In this case, the officer has not cooperated with the evaluation, has not been truthful, or has shown malingering or other response manipulation

on psychological tests. Perhaps, the officer has sat in silence with arms crossed, speaking only to voice a refusal to talk without a lawyer to the examiner. Maybe, the individual walked into the exam smiling, claimed that "I was framed," and worked a little too hard to impress the evaluator. Alternatively, a subject can behave appropriately, but the information presented does not agree with the records. Or, the test findings are inconsistent and invalid.

CONCLUSION

Used correctly, psychological fitness-for-duty evaluations serve as an essential component of law enforcement management. Of course, officers should not take these evaluations

lightly because the results may enter into disciplinary or legal proceedings and, perhaps, impact an officer's entire career. However, officers also should realize that a properly conducted FFDE need not be unnecessarily stressful and will certainly not be demeaning. Law enforcement administrators and the mental health professionals they consult must ensure that FFDEs are carried out fairly and that the results are used properly. ♦

Endnotes

¹ L. Miller, "Police Personalities: Understanding and Managing the Problem Officer," *The Police Chief*, May 2003, 53-60; "Good Cop-Bad Cop: Problem Officers, Law Enforcement Culture, and Strategies for Success," *Journal of Police and Criminal Psychology* 19 (2004): 30-48; and *Practical Police Psychology: Stress Management and Crisis Intervention*

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for *Law Enforcement* (Springfield, IL: Charles C. Thomas, 2006).

² The psychological examination and report must meet the requirements of the Americans with Disabilities Act.

³ *Supra* note 1 (*Practical Police Psychology: Stress Management and Crisis Intervention for Law Enforcement*).

⁴ A.V. Stone, "Law Enforcement Psychological Fitness for Duty: Clinical Issues," in *Police Psychology into the 21st Century*, eds. M.I. Kurke and E.M. Scrivner (Mahwah, NJ: Lawrence Erlbaum, 1995), 109-131; and A.V. Stone, *Fitness for Duty: Principles, Methods, and Legal Issues* (Boca Raton, FL: CRC Press, 2000).

⁵ International Association of Chiefs of Police, "Psychological Fitness for Duty Evaluation Guidelines," *The Police Chief*, September 2005, 70-74.

⁶ C.D. Rostow and R.D. Davis, "Psychological Fitness for Duty Evaluations in Law Enforcement," *The Police Chief*, September 2002, 58-66; *A Handbook for Psychological Fitness-for-Duty Evaluations in Law Enforcement* (New York, NY: Haworth, 2004); L. Miller, "Good Cop-Bad Cop: Problem Officers, Law Enforcement Culture, and Strategies for Success," *Journal of Police and Criminal Psychology* 19 (2004): 30-48; and *Practical Police Psychology: Stress Management and Crisis Intervention for*

Law Enforcement (Springfield, IL: Charles C. Thomas, 2006).

⁷ L. Miller, "On the Spot: Testifying in Court for Law Enforcement Officers," *FBI Law Enforcement Bulletin*, October 2006, 1-7.

⁸ For additional information, see http://en.wikipedia.org/wiki/Wechsler_Adult_Intelligence_Scale.

⁹ For additional information, see <http://en.wikipedia.org/wiki/Mmpi-2>.

¹⁰ *Supra* note 6 (C.D. Rostow and R.D. Davis, *A Handbook for Psychological Fitness-for-Duty Evaluations in Law Enforcement*).

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