

Revised Edition

Handbook of Police Psychology

Edited by Jack Kitaeff



HANDBOOK OF POLICE PSYCHOLOGY

The *Handbook of Police Psychology* features contributions from over 30 leading experts on the core matters of police psychology. The collection surveys everything from the beginnings of police psychology and early influences on the profession; to pre-employment screening, assessment, and evaluation; to clinical interventions.

Alongside original chapters first published in 2011, this edition features new content on deadly force encounters, officer resilience training, and police leadership enhancement. Influential figures in the field of police psychology are discussed, including America's first full-time police psychologist, who served in the Los Angeles Police Department, and the first full-time police officer to earn a doctorate in psychology while still in uniform, who served with the New York Police Department.

The *Handbook of Police Psychology* is an invaluable resource for police legal advisors, policy writers, and police psychologists, as well as for graduates studying police or forensic psychology.

Jack Kitaeff, PhD, JD, is a licensed clinical psychologist in the Commonwealth of Virginia specializing in police and forensic psychology.

PRAISE FOR THE FIRST EDITION

“The editor has found THE TOP experts to write the most appropriate chapters. Every practicing police psychologist would buy a book like this. Kitaeff did a fine job of looking at comparable books but none will be able to compete with this book.”

—*David R. Englert, Adjunct Professor, Department of Human Services, Nova Southeastern University, USA*

“I would enthusiastically recommend this book to anyone searching for a state of the art reference volume on police psychology.”

—*Laurence Miller, PhD, Boca Raton, Florida, USA*

“Jack Kitaeff has compiled an exceptional book on a critical topic in policing. This handbook is the perfect desk reference for police legal advisors, policy writers, and police psychologists who need to create defensible policies or who work with active police officers.”

—*Jon M. Shane, John Jay College of Criminal Justice, Department of Law, Police Science and Criminal Justice Administration, New York, USA*

“Jack Kitaeff has brought together a cast of stellar contributors to produce an extremely comprehensive and well organized book. It will surely be of value to students who want to become police psychologists and to individuals who are currently working in the field. An excellent resource, full of valuable information.”

—*Craig Bennell, Carleton University, Ottawa, Canada*

“This is a fascinating book and should be read by all psychologists involved in working with the police. It illustrates beautifully the important interface between police practice and applied psychology.”

—*Gisli Gudjonsson, Psychology Department, King's College London, UK*

HANDBOOK OF POLICE PSYCHOLOGY

Revised Edition

Edited by Jack Kitaeff

Revised edition published 2019
by Routledge
52 Vanderbilt Avenue, New York, NY 10017

and by Routledge
2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN

Routledge is an imprint of the Taylor & Francis Group, an informa business

© 2019 Taylor & Francis

The right of Jack Kitaeff to be identified as the author of the editorial material, and of the authors for their individual chapters, has been asserted in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Trademark notice: Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

First edition published by Routledge, 2011

Library of Congress Cataloging-in-Publication Data

Names: Kitaeff, Jack, editor.

Title: Handbook of police psychology / edited by Jack Kitaeff.

Description: Revised Edition. | New York, NY : Routledge, 2019.

Identifiers: LCCN 2018060197 | ISBN 9780367209070 (hardback) |

ISBN 9781138917057 (pbk.) | ISBN 9780429264108 (ebook)

Subjects: LCSH: Police psychology.

Classification: LCC HV7936.P75 H36 2019 | DDC 363.201/9—dc23

LC record available at <https://lccn.loc.gov/2018060197>

ISBN: 978-0-367-20907-0 (hbk)

ISBN: 978-1-138-91705-7 (pbk)

ISBN: 978-0-429-26410-8 (ebk)

Typeset in Bembo
by Apex CoVantage, LLC

To my family, friends, and esteemed colleagues



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

CONTENTS

<i>Preface to the Revised Edition</i>	<i>xi</i>
<i>About the Editor</i>	<i>xiii</i>
1 Introduction and History of Police Psychology <i>Jack Kitaeff</i>	1
PART 1	
General Practice	65
2 Police Psychological Consultation Services to Public Safety <i>Joseph A. Davis</i>	67
3 Legal Issues Related to Hiring and Promotion of Police Officers <i>Arthur Gutman</i>	72
4 Ethical Issues in Police Psychology <i>Jeni L. McCutcheon</i>	94
5 Police vs. Probation/Surveillance Officers: Similarities and Differences <i>D. Scott Herrmann and Barbara Broderick</i>	115
PART 2	
Pre-employment Psychological Screening	131
6 Criterion-Related Psychological Evaluations <i>Peter A. Weiss and William U. Weiss</i>	133

7	Actuarial vs. Clinical Judgment Prediction Models in Pre-employment Psychological Screening of Police Candidates <i>Michael J. Cuttler</i>	142
8	Appraising and Managing Police Officer Performance <i>Rick Jacobs, Christian Thoroughgood, and Katina Sawyer</i>	171
9	Assessments for Selection and Promotion of Police Officers <i>Rick Jacobs, Lily Cushenbery, and Patricia Grabarek</i>	198
10	The Integration Section of Forensic Psychological Reports in Law Enforcement: Culturally Responsive Ending Words <i>Ronn Johnson</i>	217
11	Challenging the Police De-selection Process <i>Jose M. Arcaya</i>	233
PART 3		
	Training and Evaluation	245
12	Couples Counseling/Assessment and Use of the Inwald Relationship Surveys <i>Robin Inwald, Elizabeth Willman, and Stephanie Inwald</i>	247
13	Fitness-for-Duty Evaluations <i>David M. Corey</i>	274
14	Methods for Real-Time Assessment of Operational Stress During Realistic Police Tactical Training <i>Donatella Brisinda, Riccardo Fenici, and Anna Rita Sorbo</i>	307
15	Evolution of Police Leadership Enhancement <i>Adam Park and James S. Herndon</i>	333
16	When Cops Kill: Understanding the Psychology of Deadly Force Encounters <i>Laurence Miller</i>	350
PART 4		
	Police Procedure	375
17	Police Use of Force <i>Frank J. Gallo</i>	377

18	Hostage Negotiations <i>Wayman C. Mullins and Michael J. McMains</i>	402
19	Domestic Violence: An Analysis of the Crime and Punishment of Intimate Partner Abuse <i>Stephanie L. Brooke and Trisha K. Straus</i>	419
20	Police Interviews With Suspects: International Perspectives <i>Karl A. Roberts and Victoria Herrington</i>	438
21	Applying Restorative Justice Principles in Law Enforcement <i>Roslyn Myers</i>	456
PART 5		
Clinical Practice		475
22	Police Personality: Theoretical Issues and Research <i>Gwendolyn L. Gerber</i>	477
23	Police and Public Safety Complex Trauma and Grief: An Eco-ethological Existential Analysis <i>Daniel Rudofossi</i>	494
24	Suicide in Law Enforcement <i>Alice Liang, Alan A. Abrams, Kyleeann Stevens, and Brenda Frechette</i>	528
PART 6		
Treatment and Dysfunction		535
25	Cops in Trouble: Psychological Strategies for Helping Officers Under Investigation, Criminal Prosecution, or Civil Litigation <i>Laurence Miller</i>	537
26	Evidence-Based Psychological Interventions to Promote Officer Resiliency <i>Stephanie B. Stern and Michele Galietta</i>	550
27	Critical Incident Reactions and Early Interventions <i>Suzanne Best, Ellen Kirschman, and Alexis Artwohl</i>	564
28	Critical Knowledge for Clinicians Debriefing Critical Incidents in Law Enforcement <i>Jocelyn E. Roland</i>	581

Contents

29	The Disconnected Values Model: A Brief Intervention of Improving Healthy Habits and Coping With Stress in Law Enforcement <i>Mark H. Anshel</i>	598
30	Mentally Ill—Crying “Help!” Police and Public Health Prevention, Intervention and Post-vention <i>Daniel Rudofossi</i>	615
	<i>Index</i>	638

PREFACE TO THE REVISED EDITION

In 1995, Martin I. Kurke and Ellen M. Scrivner edited their groundbreaking work, *Police Psychology Into the 21st Century*. The book revealed what had been taking place at the dawn of the new century in police psychology. The editors described police psychology as “an evolving area in which psychological science is applied in the law enforcement managerial and operational environments.” Police psychology (as envisioned in 1995) was regarded as a “relatively new phenomenon” in the history of psychology. Their book was presented as a “core technology consisting of psychological evaluations, counseling, and training.”

The editors of the 1995 version stated that police psychology “must continue to grow in pace, scope, and direction, and that such growth [was] dependent on the development and inclusion of new methods and technologies in support of police officers and their families, police management, and police operations.” The editors saw their book as being a “snapshot of police psychology,” as it turned into the 21st century. They added prophetically, “We can hardly wait to watch and participate in its future.” Jack Kitaeff’s 2011 edition of the *Handbook of Police Psychology* posed that the “future is here.”

As was the case in the 2011 edition of the *Handbook*, the present edition is divided into six parts: General Practice, Pre-employment Psychological Screening, Training and Evaluation, Police Procedure, Clinical Practice, and Treatment and Dysfunction. Each category presents chapters that are relevant to the practice and procedures of police psychology as they stand almost 20 years into the 21st century.

The first section of the book is preceded by the chapter on the introduction and history of police psychology (Kitaeff), which presents an overall picture of where we are as a profession, the definitions of the profession, and how we got here.

The section General Practice covers police psychological consultation to public safety as a whole (Davis), legal issues involved in the hiring and promotion of police officers (Gutman), ethical issues in police psychology (McCutcheon), and police versus probation and surveillance differences (Hermann and Broderick).

The section on Pre-employment Psychological Screening contains chapters on criterion-related psychological evaluations (Weiss & Weiss), clinical judgment prediction models in pre-employment psychological screening of police candidates (Cuttler), appraising and managing police officer performance (Jacobs, Thoroughgood, & Sawyer), assessments for selection and promotion of police officers (Jacobs, Pesin, & Grabarek), the integration section of forensic psychological reports in law enforcement: Culturally responsive ending words (Johnson), and challenging the police de-selection process (Arcaya).

The section on Training and Evaluation consists of chapters on couples counseling/assessment and use of the Inwald Relationship Surveys (Inwald, Willman, & Inwald), fitness-for-duty evaluations (Corey), methods for real-time assessment of operational stress during realistic police tactical training (Brisinda, Fenici, & Sorbo), a new chapter on evolution of police leadership enhancement (Park & Herndon), and a new chapter on when cops kill: Understanding the psychology of deadly force encounters (Miller).

The section on Police Procedure contains a revised chapter on police use of force (Gallo), a chapter on hostage negotiations (Mullins & McMains), an analysis of the crime and punishment of intimate partner abuse (Brooke & Strauss), police interviews with suspects: International perspectives (Roberts & Herrington), and applying restorative justice principles in law enforcement (Myers).

The section on Clinical Practice includes a chapter on police personality: Theoretical issues and research (Gerber), a revised chapter on police and public safety complex trauma and grief: An eco-ethological existential analysis (Rudofossi), and suicide in law enforcement (Liang, Abrams, Stevens, & Frechette).

The section on Treatment and Dysfunction contains a chapter on cops in trouble: Psychological strategies for helping officers under investigation, criminal prosecution, or civil litigation (Miller), a new chapter on evidence-based psychological interventions to promote officer resiliency (Stern & Galiotta), a chapter on critical incident reactions and early interventions (Best, Kirschman, & Artwohl), a revised chapter on critical knowledge for clinicians debriefing critical incidents in law enforcement (Roland), a chapter on the disconnected values model: A brief intervention of improving healthy habits and coping with stress in law enforcement (Anshel), and a new chapter on Mentally Ill—Crying “Help!” Police and Public Health Prevention, Intervention and Post-vention (Rudofossi).

Some of the chapters in this latest edition would be barely recognizable when *Police Psychology Into the 21st Century* was published in 1995. The profession of police psychology continues to grow geometrically, yet there is a familiar thread that continues to run through every decade and every topic. It is the thread of professionalism that continues to highlight our young but growing profession.

Hugo Münsterberg advocated for psychology's involvement in the detection of crime and the presence of psychologists in the criminal process, but he could hardly imagine the extent to which this now takes place on a regular basis. When in 1917, Lewis Terman advocated for intelligence testing in the hiring of police officers, he could barely predict the breath of present-day pre-employment police applicant screening. In 1954, when Martin Reiser became the nation's first full-time police department psychologist, he could not have foreseen the extent of the influence that present-day police psychologists have in the selection, hiring, and management of present-day police officers at all levels and how police psychology itself would come to be recognized as a true psychological specialty both by the American Psychological Association and the American Board of Professional Psychology.

Kurke and Scrivner saw *Police Psychology Into the 21st Century* as a snapshot of police psychology as it existed in 1995. Kitaeff's first edition of the *Handbook of Police Psychology* presented a panoramic image of how police psychology appeared in 2011. The present edition of the *Handbook* shows the most up-to-date incarnations in the field of police psychology and a glimpse of how the field is changing as we progress through the first quarter of the 21st century.

Jack Kitaeff

ABOUT THE EDITOR

Jack Kitaeff, PhD, JD, is a licensed clinical psychologist in the Commonwealth of Virginia. He received his undergraduate education at Brooklyn College of the City University of New York and his graduate psychology education at the State University of New York and the University of Mississippi. He received his law degree from the Antonin Scalia School of Law at George Mason University and completed a legal clerkship with the United States Attorney's Office, Eastern District of Virginia.

Dr. Kitaeff completed a clinical psychology internship at Walter Reed Army Medical Center and served as a psychologist and major in the U.S. Army Medical Service Corps. He later became the first police psychologist for the Arlington County Police Department, where he established a pre-employment psychological screening program for all police applicants, and for officers applying for special units such as SWAT, Hostage Negotiations, and VICE. He has been the consulting police psychologist for numerous law enforcement agencies. He has also served as the Director of Psychology for the Commonwealth of Virginia's Northern Virginia Mental Health Institute. He is an adjunct professor in the Department of Criminology, Law and Society at George Mason University, and an adjunct professor with the George Washington University Department of Psychology. He is also a contributing faculty member in the School of Psychology at Walden University. He is a Diplomate in Police Psychology from the Society of Police and Criminal Psychology, a Fellow in the American College of Legal Medicine, and a member of the American Psychological Association. He maintains a private practice in clinical psychology in Fairfax, Virginia.



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

1

INTRODUCTION AND HISTORY OF POLICE PSYCHOLOGY

Jack Kitaeff

The professions of policing, psychology, and police psychology have grown geometrically in the United States during the last 100 years. When American colonist Asser Levy and his brothers-in-arms served on the Burgher Guard in New Amsterdam (New York City) in 1657, they in essence became this country's first policemen. Levy and his brethren could never imagine the current levels of technology and professionalism of modern police work and of the modern application of psychological principles to police work and law enforcement.

Today, psychology applied to policing, or *police psychology*, can broadly be defined as the application of psychological principles and methods to law enforcement. This broad and growing area includes topics such as screening and hiring police officers, conducting screenings for specials quads (e.g., SWAT), fitness-for-duty evaluations, investigations, hostage negotiations, training and consultation, and stress counseling, among others (Kitaeff, 2010).

Police Psychology: The Beginnings

Hugo Münsterberg is often called the first *forensic* psychologist. Yet in many ways he was also the first *police* psychologist because he wrote, at the beginning of the 20th century, how the law, the criminal investigator, the mechanisms of the courtroom, and the detection of criminals all came together under the watchful eye of the experimental psychologist. In his book *On the Witness Stand* (1908), Münsterberg talked about many topics such as illusions, the memory of witnesses, the effects of emotions, untrue confessions, the suggestibility of witnesses, hypnosis, and crime prevention. But it was perhaps his work on the detection of crime (and hence the use of primitive "criminal profiling" and "hypnosis") that stands out as the forerunners of the modern tools of the same names that have been used by police psychologists during the last 100 years. Münsterberg said:

The psychologist who seeks to discover the secret connections of ideas may thus, by his association method, not only protect the innocent and unmask the guilty, but bring health and strength to the nervous wreck.

Yet our chief interest belongs to the legal aspect of this method [free association and hypnosis]. Carried out with the skill which only long laboratory training can give, it has become, indeed, a magnifying-glass for the most subtle mental mechanism, and by it the secrets of the criminal mind may be unveiled. All this has, of course, no legal standing to-day, and there is probably no one who desires to increase the number of "experts" in our criminal

courts. But justice demands that truth and lies be disentangled. The time will come when the methods of experimental psychology cannot longer be excluded from the court of law. It is well known that the use of stenographers in trials once met with vehement opposition, while now the shorthand record of the court procedure seems a matter of course.

The help of the psychologist will become not less indispensable. The vulgar ordeals of the “third degree” in every form belong to the Middle Ages, and much of the wrangling of attorneys about technicalities in admitting the “evidence” appears to not a few somewhat out of date, too: the methods of experimental psychology are working in the spirit of the twentieth century. The “third degree” may brutalize the mind and force either correct or falsified secrets to light; the time-measurement of association is swifter and cleaner, more scientific, more humane, and more reliable in bringing out the truth which justice demands.

Of course, we are only at the beginning of its development; the new method is still in many ways imperfect, and if clumsily applied it may be misleading; moreover, there exists no hard and fast rule which fits every case mechanically. But all this indicates only that, just as the bodily facts have to be examined by the chemist or the physiologist, the mental facts must be examined also, not by the layman, but by the scientific psychologist, with the training of a psychological laboratory.

(1908, pp. 109–110)

Police Psychology: The Early Years

Other early psychologists who influenced the fledgling field of police psychology included William Stern, Alfred Binet, and Lewis Terman. William Stern (1912) decided that “personalistic psychology” or “individuality” was destined to be the main psychological problem of the 20th century. He attempted to classify people according to types, norms, and aberrations. To Stern, it was in the process of investigating individuality that the real essence of personality and intelligence could be discovered. Stern was influenced by the work of Alfred Binet and his studies of intelligence in children. As a result, Stern reviewed the principle findings in the field and developed the idea of expressing intelligence test results in the form of a single number, the *intelligence quotient*.

While Terman’s (1916) study was the first to suggest that testing using the Stanford-Binet was useful for pre-employment evaluations, his results lacked information about the actual criterion-related validity of the Stanford-Binet for the specific purpose of police officer selection. However, Terman did feel that testing would one day be valuable as a selection tool for certain types of occupations and stressed the importance of establishing correlations between test scores and future performance, and in establishing norms of performance for different occupational groups. While Terman’s study was speculative and did not involve the kinds of personality tests used in law enforcement selection today, he was a forerunner for using these evaluations as a means of obtaining the needed research data to make such evaluations viable (Inwald, 1990, 1992).

In the early 1920s, a few experimental investigations of psychological testing on police attitude and performance were conducted. For example, in 1922, L. L. Thurstone gave the Army Alpha Intelligence test to a group of officers serving in the Detroit Police Department. He found that, in general, patrolmen scored higher than the lieutenants who commanded them. Thurstone concluded that this may have been due to the fact that the most intelligent law enforcement officers often moved out of police work altogether to other, higher paying occupations rather than waiting for promotions that took too long to come or never came at all. Kates (1950) administered the Rorschach inkblot test (Klopfer scoring system) to a group of New York City police officers and found that some Rorschach variables could be used to predict job satisfaction and motivation for promotion.

In the 1950s, psychology became increasingly utilized in many areas beyond testing and classification in the military, and this included increased involvement in police work of various sorts and to

various degrees. During World War II and the Korean War, psychologists were employed by the military service to assist Selective Service Boards in identifying individuals who were psychologically unfit for military service. In addition, they became involved in conducting evaluations for the purposes of selecting spies, saboteurs, and intelligence operatives (Janik, 1990). Most notable in this area was the work of Henry Murray and colleagues, who used personality assessment instruments to perform personnel selection evaluations for the Office of Strategic Services (OSS), the precursor to the CIA. Success in these areas quickly expanded to postwar civilian life.

In 1954, Martin Reiser became the nation's first full-time police psychologist, when he began screening all applicants to the Los Angeles Police Department using the *Minnesota Multiphasic Personality Inventory* (MMPI), a group Rorschach, a tree drawing, and a brief psychiatric interview (Blau & Super, 1997). A date that further stands out in importance for police psychology is 1972, when Martin Reiser presented a paper titled *The Police Department Psychologist* at the Western Psychological Association Convention. Reese (1987a, 1987b), a historian on psychological services to police and law enforcement, has estimated that only six police agencies in the United States had full-time psychologists prior to 1977. The same had not been true in Europe, however, where police departments in Germany were using psychologists in a variety of capacities as early as 1919. In 1966, the Munich police were employing a full-time police psychologist to train officers to deal with various patrol situations, such as crowd control.

In 1958, Harvey Schlossberg (shield number 16844) became a patrolman with the New York City Police Department. As he was in college at the time and contemplating attending graduate school, he felt that this might be a job in which he could earn money while he attended to his studies. He didn't know a lot about what the police job entailed but heard they were recruiting, so he figured he would give it a try. He learned that he would have to attend an academy where he would learn how to shoot a pistol. Most of all, he knew that he would get paid a salary during this time. He could never have imagined back then that he would remain with the police department for 20 years (Kitaeff, 2006a).

In his book *Psychologist With a Gun*, Schlossberg (1974) recounts the first time he wore his police uniform home. His mother didn't even recognize him. He didn't even recognize himself when he looked in the mirror. He knew one thing: With that uniform, his badge, and his gun, he felt different. "The first day I wore the uniform of a cop I felt taller than usual" (p. 29). After earning his bachelor's degree from Brooklyn College, Schlossberg went on for his master's degree at C.W. Post College and his doctorate at Yeshiva University. In 1971, Harvey Schlossberg became the first known police officer in the United States to earn a doctorate in psychology while still a full-time police officer in uniform.

In 1972, when Police Commissioner Patrick Murphy heard that one of his officers (a detective by then) had earned a doctorate in psychology, he asked Harvey Schlossberg to design a police psychological service unit. In many ways, Schlossberg can be considered the father of modern police psychology in the United States.

In *Psychologist With a Gun*, Schlossberg (1974) outlined his thoughts for establishing a psychological services unit within the police department (the second in the country after Martin Reiser established his with the Los Angeles Police Department). But Reiser was a psychologist, not a police officer. Schlossberg was both—a very important distinction. He listed the services this new psychological services unit would provide. They included:

1. The conducting of psychological evaluations, consisting of psychological testing.
2. Psychiatric interviews, diagnosis, and prognosis, all in an attempt to discover if certain policemen sent to [him] by their superiors or coming to [his] office voluntarily were too emotionally upset to be allowed to carry a gun. If they were found to be, then either short-term or long-term therapy would be recommended and an attempt made to find psychiatrists to treat them.

3. Marriage counseling, where marital problems impaired a policeman's work.
4. Guidance and counseling to police who had minor problems.
5. Referral of families, wives, or children for treatment if they needed it.
6. Psychological testing and evaluation of candidates for promotion.
7. Psychological testing and evaluation of all recruits.
8. Research and operational consultations to other units within the department for personnel selection and research into function.
9. Instructional services to promotion classes on recognition of psychiatric problems commonly encountered by supervisors.
10. Continued administration of a pilot program for certain officers who needed therapy, which would include referral, payment, and supervision of the therapeutic process.
11. Maintaining of liaison with the honorary psychiatrists who served the Medical Division as consultants.
12. Acting as consultant to the district surgeons on psychological matters concerning members of the force.
13. Conducting of special lectures on psychological problems related to special police functions.
14. Representing the department on psychological matters in lectures before lay and professional organizations.
15. Consultant on behavioral patterns in crime situations.
16. Teaching of specialized courses for department units.
17. Acting as liaison with civilian psychiatrists and psychologists and as advisor to them on special problems relating to the demands of police work. (p. 93)

In the psychological screening of police recruits, Schlossberg instituted an assessment battery that included a structured clinical interview along with the administration of certain psychological tests. These tests included the *Thorndike Dimensions of Temperament Scale*, the *Cornell Medical Index (CMI)*, the *Edwards Personal Preference Schedule (EPPS)*, the *Minnesota Multiphasic Personality Inventory (MMPI)*, and the *House-Tree-Person Test (H-T-P)* (Kitaeff, 2006b).

The *Thorndike Dimensions of Temperament Scale* was originally published in 1966 and was a self-report inventory through which the individual describes himself with respect to 10 dimensions of temperament: Sociable, Ascendant, Cheerful, Placid, Accepting, Tough-Minded, Reflective, Impulsive, Active, and Responsible.

The *Cornell Medical Index (CMI)* was created in 1949 and was a self-administered health questionnaire developed to obtain details of the person's medical history as an adjunct to the medical interview. It consisted of 195 questions divided into 18 sections; the first 12 sections dealt with somatic complaints, and the last six with mood and feeling patterns.

The *Edwards Personal Preference Schedule (EPPS)* was developed in 1959 based on the "manifest need system" theory of H. A. Murray and his associates at the Harvard Psychological Clinic. Beginning with 15 needs drawn from Murray's list of manifest needs, Edwards prepared sets of items whose content appeared to fit each need. Examples included the *need for achievement* (to do one's best and accomplish something difficult), *deference* (to conform to what is expected), *exhibition* (to be the center of attention), *intraception* (to analyze the motives and feelings of oneself and others), *dominance* (to influence others and to be regarded as a leader), and *nurturance* (to help others in trouble).

The original *Minnesota Multiphasic Personality Inventory (MMPI)* was developed in the late 1930s by a psychologist and a psychiatrist at the University of Minnesota. The test had 10 clinical scales and three validity scales plus various supplementary scales. The clinical scales were intended to distinguish groups of people with psychiatric disorders that have somewhat exotic-sounding names such as *hysteria*, *psychopathic deviate*, and *psychesthesia*. The names of these primary clinical scales have remained the same for the last 75 years even though a restandardization process took place in 1989.

The *House-Tree-Person Test* (H-T-P) is a projective technique developed by John Buck and was originally an outgrowth of the “Goodenough” scale that was used to assess intellectual functioning. In administering the H-T-P, the subject is asked to draw alternately a house, a tree, and a person. Buck felt artistic creativity represented a stream of personality characteristics that flowed onto graphic art. He believed that through drawings, subjects objectified unconscious difficulties by sketching the inner image of primary process. Because it was assumed that the content and quality of the H-T-P were not attributable to the stimulus itself, he believed they had to be rooted in the individual’s basic personality.

This screening process was designed to ensure that only the psychologically fit and “normal” person became a police officer. But there was (and is) much to suggest that even the most emotionally stable individual “changes” when he becomes a police officer. Accordingly, Schlossberg knew that it was not enough to psychologically screen police recruits; it would be necessary to provide psychological counseling for them as well. Accordingly, the psychological services unit of the police department offered a full array of individual and group psychotherapy.

Schlossberg knew that for almost all police officers, the credibility of anyone offering therapy for officers would be a major issue. Police officers are traditionally very distrustful and wary of outsiders who they perceive as not understanding what the world of a police officer is like.

For Schlossberg, this was not an issue because, in addition to being a psychologist, he was also a cop. “I ran after bad guys on the same rooftops as they did,” he would say (Kitaef, 2006a). Peer counseling, or having cops counsel other cops, was a technique brought to the forefront by Schlossberg. He trained police officers to help other officers in trouble and to be “group leaders” of police group counseling sessions. Interestingly, he found, for example, that these lay therapist-cops who were leading these groups were often more accurate than Schlossberg in spotting the violent-prone officers in the groups. Schlossberg felt strongly that it was best to catch problems before they developed into nightmares. He instituted what he called an “early warning system” in which certain markers or signals in a police officer’s performance would set off a “psychological alarm” that therapeutic intervention was needed. Schlossberg also recommended to the police brass that officers have regular therapy sessions as a means of warding off problems before they grew into bigger ones. A major advantage of such an approach would be to remove the stigma of seeing the “shrink,” which so often occurs in police work. By making such visits mandatory, the officer’s macho self-image could be maintained. Unfortunately, police department higher-ups shot down this idea as taking up too many man-hours.

The 1960s witnessed significant legal and cultural changes that led to the expansion of psychologists’ roles and applications in the law enforcement field. In 1963, James Shaw of Washington State was appointed by the King County Sheriff’s Department as the first “in-house” police psychologist working half-time, conducting research, and providing consultations and pre-employment evaluations for sheriff’s deputies.

In 1967, the release of the Presidential Commission on Law Enforcement and the Administration of Justice (1967) report on law enforcement slowly set in motion a trend that would eventually result in the psychological screening of *all* law enforcement candidates (Janik, 1993; Ostrov, 1990). The report emphasized the importance of assessing emotional stability in officer candidates. Specifically, The National Advisory Commission on Annual Justice Standards and Goals (1967) recommended that by 1975 every law enforcement agency employ a trained professional who could administer psychological tests for the purposes of evaluating applicants for characteristics that would be detrimental to police work.

As a result of these and other developments, the concept of *pre-employment selection evaluations* for police candidates became more acceptable to police administrators than in the past. Still, during the late 1960s and 1970s, most chiefs continued to believe that the pre-employment interviews they conducted completely by themselves, along with the medical and physical examination requirements, were sufficient for selecting the best candidates for the job. Some psychologists in the late

1960s conducted research as external consultants to law enforcement agencies, and agencies began to have more direct contact with psychologists and the services they could provide through grant projects. For example, in 1969, Joseph Fabricatore of California began working as a graduate student research associate for the Los Angeles Sheriff's Department on a Law Enforcement Assistance Administration (LEAA) study focused on predicting patrol officer behavior from psychological variables (Inwald, 1998, 2006, 2008).

It has also been expressed that the beginning of the profession of police psychology officially began at the National Symposium on Police Psychological Services (NSPPS), held at the FBI Academy in 1984 (Bartol, 1991; McKenzie, 1986). What is clear, however, is that since the 1960s, the application of psychological services and research to law enforcement settings has gone from just about nil to almost omnipresent. What is further known for sure is that by 1985, 11 states had passed statutes requiring police departments to psychologically screen their applicants, and by 1990, 64% of state police departments and 73% of municipal police departments required psychological screening. Today, most large and many medium-sized police departments have a full-time police psychologist on staff or utilize part-time police psychologist consultants.

In September 1984, James T. Reese (from the FBI) and Harvey Goldstein organized and conducted a five-day National Symposium on Police Psychological Services at the FBI Academy in Quantico, Virginia. At this conference, approximately 150 police psychologists and other professionals working in the field from around the United States began to develop a strong national network. During and after the presentations, many active discussions took place about various testing programs and selection techniques. In 1984, Jack Kitaeff became the first police psychologist for the Arlington County Police Department. In this role, he developed a set of local norms using standardized psychological tests, including the *Wechsler Adult Intelligence Scale* (WAIS), MMPI, and the *Sixteen Personality Factor* (16PF) test, which he used as a guide in his applicant selection process. He also spent hundreds of hours riding in police cars in an attempt to gain a true awareness of the nature of the job of being a police officer, a knowledge that helped him tremendously in both the assessment and the counseling of officers. In addition to the Arlington County Police Department, Kitaeff applied his police psychological services skills to various departments in the Northern Virginia area, including the Arlington County Sheriff's Office, the City of Alexandria Sheriff's Office, the Alexandria Police Department, the Stafford County Sheriff's Office, the Falls Church Police Department, the Warrenton Police Department, and the Metropolitan Washington Airports Authority Police Department.

In 1987, Daniel Rudofossi joined the New York City Police Department at the rank of patrolman. He served as a street officer for nine years, but in 1996 received his doctorate in clinical psychology and subsequently became a uniformed member (sergeant) of the Membership Assistance Program (MAP), which was the first joint Police Department–Police Union employee assistance program created by the Office of the Mayor. Rudofossi was also appointed as the official Medical Division Uniform Psychologist by the agreement of the police union presidents (PBA, SBA, LBA, and CBA) and by order of the Chief of Police Personnel. In this new role, Rudofossi made the clinical decisions regarding all sick, restricted duty, modified duty, restoration of firearms, removal of firearms, and ambulatory assessments and interventions for all affected officers in the city. His work required services to be provided throughout the city on a “24/7” basis for four years.

Rudofossi—now a published author, poet, lecturer, and professor—forged a new direction in police psychology, having written his first book on his work with traumatized police officers in the New York City Police Department. “Dr. Dan” as he was known, has had a unique method for the treatment of trauma and grief. Part of this involves making sense of the chaotic experimental traumatic neurosis alive in scientific terms, in the “eco-ethological niches” of police work.

Rudofossi's multi-axial diagnosis and multiple therapeutic approaches are anchored in real clinical illustrations leading to conceptually fleshed-out public safety personality styles. He did research involving 2% of NYPD's 40,000 officers and applied those findings into his knowledge gained from

his therapy experiences with police and other emergency responders. *Working With Traumatized Police Officer-Patients: A Clinician's Guide to Complex PTSD Syndromes in Public Safety Professionals* is a unique and holistic approach about the understanding and treatment of police and public safety personnel. The genesis of this work may have been in the urban intensity of the NYPD, but it is relevant to emergency responders and public safety personnel anywhere. Rudofossi's supervisors included Dr. Albert Ellis, founder of Rational Emotive Behavior Therapy (REBT); the famed psychoanalyst Dr. Charles Brenner; and Dr. Bob Barnes, who was a supervisee of the famed Dr. Viktor Frankl, founder of Logotherapy.

Rudofossi eventually became the Chief Psychologist for the Detective Crime Clinic of New York and New Jersey, a consultant to the Saybrook University Police Clinical Psychology doctoral program, and a professor at New York University, where he received two master's degrees and another doctoral degree while still an active duty police officer. Rudofossi is currently the Administrative Psychologist and Training and Curriculum Director for the Drug Enforcement Administration's (DEA) Employee Assistance Program. He sees his learned predecessors as Dr. (Detective) Harvey Schlossberg of the NYPD, San Francisco Police Department Captain Dr. Al Benner, and Dr. James Reese of the FBI's Behavioral Science Unit, who assisted Rudofossi in developing an initial proposal and content validity analysis when designing his assessment instrument, which would allow him to gain a foothold on police trauma and the public safety officers' experiences.

In 1989, Michael Roberts and Michael Johnson of Johnson Roberts & Associates published their automated Johnson, Roberts Personal History Questionnaire (PHQ), a 300-item questionnaire for evaluating public safety officer applicants.

In 1993, Ones and associates published a monograph in the *Journal of Applied Psychology* that included Inwald Personality Inventory (IPI) validity data previously mentioned in the APA Task Force report. The generalizability and test validities of "integrity" tests were established, which essentially stopped any movement to ban these instruments (Ones et al., 1993). And in 1995, Robin Inwald's Hilson Safety/Security Risk Inventory (HSRI) was published for use in preconditional offers (see ADA material later in this chapter) for police screening (Inwald, 1995). The HSRI, with its scales focusing on attitudes and behaviors related to safety issues, as well as self-control in other areas, was developed for use in the police/public safety field after police administrators continued to complain about the recurring problem of vehicular accidents in their departments. Inwald's instruments saw an increased role of police psychologists in the 1990s as evaluators sought to use personality instruments that tapped job-related behavioral characteristics in pre-employment, fitness-for-duty evaluations (FFDE), and the growing special duty assignment evaluations for hostage negotiators, SWAT team members, and so forth.

In 1996, Hilson Research published Inwald's Hilson Management Survey (HMS) for promotional screening. This instrument was used for public safety officer promotions and public safety administrator screening, including some assessments conducted by police psychologists for police chief and assistant police chief positions (Inwald, Resko, & Favuzza, 1996).

New instruments for public safety assessment purposes were also developed during the first decade of the 21st century. In 2000, Law Enforcement Services, Inc. (LESI), published Michael Cuttler's "online PHQ" for evaluating public safety officer applicants. This new instrument grew from research conducted on the validity of individual life history items that was also published in the *Journal of Applied Psychology* in 1998 (Sarchione, Cuttler, Muchinsky, & Nelson-Gray, 1998).

In 2002, Hilson Research published Robin Inwald's Hilson Trauma Recovery Inventory (HTRI) as a result of discussions at the 1998 FBI Conference on Domestic Violence by Police Officers and the recent influx of officers returning from overseas military duty in the Middle East (Inwald, 2002, 2006).

Additional independent IPI validation research was completed during these years (Chibnall & Detrick, 2003; Detrick & Chibnall, 2002), including comparisons of IPI scores with those of newly developed research scales for the MMPI-2 (Ben-Porath, 2006).

In 2005, IntegriQuest, LLC, published Andrew Ryan's RPIQ, an automated biodata collection instrument for public safety officer candidates.

In 2007, Inwald Research, Inc., published the Inwald Couples Compatibility Questionnaire (ICCQ), Inwald Partners Personality Inventory (IPPI), Inwald Personality Survey (IPS), and Inwald Attitude Survey (IPS) for use with police couples (Inwald, 2007, 2008). In 2008, Multi Health Systems, Inc. (MHS), published Robert Davis and Cary Rostow's "M-PULSE," a personality test developed for public safety officer screening (Davis & Rostow, 2008).

In 2008, Peter Weiss, William Weiss, and Carl Gacono reviewed the use of the Rorschach inkblot method (Exner, 2003) for police psychological assessments (Weiss, 2002; Weiss, Weiss, & Gacono, 2008; Zacker, 1997). This review was completed for several reasons. One was the wealth of personality-related information that can be gleaned from the Rorschach Comprehensive System, and another was the impression management limitations of self-report measures such as the MMPI and other instruments. In 2008, Pearson Assessments, Inc., published the MMPI-2 Restructured Form (MMPI-2RF), a revised form of the MMPI-2 that included a set of law enforcement norms in its technical manual (Tellegen & Ben-Porath, 2008).

The Nature of Policing: What Makes a Good Police Officer?

Who are the police, and how are they expected to behave? For one thing, the police are expected to be conscientious, agreeable, emotionally stable, self-controlled, honest, and morally upright (Berry, 2007; Kitaeff, 2006b).

Controlled experiments have been designed and conducted to identify the personality traits, or degrees of traits, that are correlated with or significantly predict discrete aspects of future successful police performance. As psychologists trained in research, empiricism, and the scientific method, we appreciate the importance of these studies and try to incorporate their findings into our daily work in the selection of police recruits, the evaluation of present officers, and our consultation with police administration. As any practicing clinician will also disclose, however, years of experience and observation "on the firing line" have allowed us to also develop certain working hypotheses that are perfectly appropriate to be used as one part of our clinical armamentarium. The present author is no different. Some of the personality attributes the author has found important in police work—assessed primarily from the 16PF—include emotional warmth, dominance, conscientiousness, social boldness, self-reliance, organization, and high energy level (Kitaeff, 2010).

Of course, complete reliance on these factors without the use of empirically derived personality traits and standardized psychological inventories and tests would be inappropriate. What makes a *good* police officer? Hogan (1971) reported that supervisors described their best *officers* as functionally intelligent, sociable, and self-assured. A decade later, using the Inwald Personality Inventory and the MMPI, Inwald and Shusman (1984) found that patrol officers who exhibited heightened awareness and discernment tended to receive better supervisory ratings. Having conventional attitudes and being free of "neurosis" (excessive anxiety, worry, self-doubt, and phobias) have also been shown to predict fewer serious job problems among *police officers* (Hiatt & Hargrave, 1988b). The pre-DSM-IV-TR term neurosis refers to generalized anxiety, phobias, self-doubts, and feelings of helplessness and hopelessness. Yet some degree of guardedness and circumspection appears to be a desirable personality characteristic for effective policing (Detrick & Chibnall, 2002).

The police in the United States are the major representatives of the government and the legal system in their transactions with citizens. They are responsible for enforcing the criminal laws, keeping the peace, and responding to calls for service. They are also required to exercise discretion in determining whether or not a violation of the law has taken place and whether someone should be arrested and charged with a particular criminal offense. They are put in the position of mediating disputes between people from all walks of life and making immediate decisions on who might be in the

wrong or the right. Indeed, for better or worse, police officers are possessors of inordinate amounts of power. Furthermore, the average officer is continuously exposed to temptation and opportunities for corruption with only limited likelihood of getting caught (Kitaeff, 2010).

Pre-employment Psychological Selection: Cognitive Assessment

The Wonderlic Personnel Test

The *Wonderlic Personnel Test* (WPT) is one of the most frequently used cognitive testing devices in private industry as well as law enforcement. The publishers describe the test as a short-form test of general cognitive ability (Aamodt, 2004). Such cognitive ability is often referred to as general intelligence or “g” and is a measure of the level at which an individual learns, understands instructions, and solves problems. It provides a measurable and quantitative look into how easily individuals can be trained, how well they can adjust and adapt to changing situations and demands, how easily they can solve problems on the job, and how satisfied they are likely to be with the demands of their chosen career. The publishers claim that higher scoring individuals will not only gain more from individualized training but also be more likely to learn effectively from on-the-job experience. Modest scoring individuals will need more detailed supervision, greater hands-on practice, more time and repetition, and closer supervision (Wonderlic, 1999).

The WPT consists of 50 questions, including word comparisons, disarranged sentences, sentence parallelism, the need to follow directions, number comparisons, number series, analysis of geometric figures, and story problems requiring either mathematical or logical solutions. Questions are arranged in order of difficulty and allow the test taker 12 minutes to complete the test before being stopped by the proctor. Computerized, large-print, and 11 alternate language versions of the test are available.

The WPT correlates highly with the *Wechsler Adult Intelligence Scale* (WAIS) ($r = .92$), which suggests that the Wonderlic taps various intellectual functions and may be a test of global intelligence (Dodrill, 1980, 1981, 1983; Dodrill & Warner, 1988). Research also suggests that scores on the Wonderlic have a test-retest reliability, ranging from .82 to .94 (Dodrill, 1983). Alternate form reliabilities range from .73 to .95, and correlation of odd items on the test to even items on the test ranges from .88 to .94 (McKelvie, 1989). The average score of police applicants taking the Wonderlic as part of pre-employment job screening is 20.91 with a standard deviation of 6.14. Super (1995) has found correlations of .19 between Wonderlic scores and patrol performance. Hankey (1968) has found correlations of .06 with patrol performance and .28 with academy performance.

The Wechsler Adult Intelligence Scale

The *Wechsler Adult Intelligence Scale* (WAIS) is one of the most common and “global” tests of intelligence in use today. It has been an integral part of clinical and educational psychology practice and research since 1939, starting with the introduction of the original Wechsler-Bellevue Intelligence Scale (Wechsler, 1939). Since the original version, the Wechsler Scale has been restandardized three times: once in 1955 as the WAIS, again in 1981 as the WAIS-R, and most recently in 2000 as the WAIS-3. The tests cannot be proctored for group administration (as the Wonderlic can) but must be individually administered by a qualified and appropriately trained psychologist, and it consists of various verbal and performance measures.

The tests are useful in assessing general intelligence as well as more specific components of intelligence such as judgment and common sense, general knowledge and information vocabulary, speed of eye-hand coordination, concentration and attentiveness, and social awareness. Results from these tests can indicate various forms of psychopathology as well as neuropathology and associated problems. The reason for this is that brain damage, psychotic deterioration, and emotional difficulties seem to

affect some intellectual functions more than others. And a pattern analysis of WAIS scores may reveal certain disorders. Indeed, the WAIS is recognized as a valid and reliable test of intelligence but has not been researched to any great extent regarding its ability to predict law enforcement performance.

From the limited research available, a correlation of .61 was found between WAIS scores with academy grades, and a correlation of .38 between WAIS scores and performance ratings of police officers after one year on the job was also found (Aamodt, 2004). One of the major drawbacks of the WAIS (in any of its various incarnations) is the time it takes to properly administer the test. The test is designed to be individually administered. The WAIS-R, for example, requires 1 1/2 hours to properly administer. This does not include the time needed for proper scoring and interpretation.

Nelson-Denny Reading Test

The *Nelson-Denny Reading Test* is a 118-item test designed to measure reading comprehension and vocabulary. The test takes about 45 minutes to complete and has a test-retest reliability of .77, internal reliability of .96, and alternate form reliability of .90. Some research suggests that Nelson-Denny scores correlate between ($r = .38$) and ($r = .59$) with police academy grades (Rose, 1995; Surrlette, Aamodt, & Serafino, 1990).

Shipley Institute of Living Scale

The *Shipley Institute of Living Scale* consists of 60 items, and measures vocabulary and abstract thinking. The test can be administered to a group of individuals and takes about 20 minutes to complete. Most of the uses of the Shipley scale have been in clinical and neuropsychological settings and not for the pre-employment selection of police personnel. Gardner (1994) found a correlation of .16 between Shipley scores and police probationary performance. Other research has found correlations of .39 and .50 (Mullins & McMains, 1995; Scogin, Schumacher, Gardner, & Chaplin, 1995). Davis and Rostow (2003) found a significant negative correlation ($r = -.09$) between Shipley scores and being terminated for cause.

Personality Assessment Instruments

The Minnesota Multiphasic Personality Inventory

The *Minnesota Multiphasic Personality Inventory* (MMPI) was first published in 1937 and consists of 566 forced-choice true or false questions related to various forms of clinical psychopathology. It is an empirical criterion-keyed test that pretests items used on the various clinical scales. The validity scales consist of scales L (Lie), F (Frequency), and K (Defensiveness). The 10 clinical scales are scales 1 (Hypochondriasis), 2 (Depression), 3 (Hysteria), 4 (Psychopathic Deviate), 5 (Masculinity-Femininity), 6 (Paranoia), 7 (Psychesthesia), 8 (Schizophrenia), 9 (Hypomania), and 0 (Social Affiliation). In response to concerns that the original MMPI contained dated, objectionable items (e.g., items that were religious, sexual, and intrusive), it was republished in 1989 to address these issues and increase its face validity as well (Daniels & King, 2002).

The new version of the MMPI was a vast improvement over the older one as it satisfied the criticisms leveled against it but maintained its usefulness. The MMPI, and later the MMPI-2, has been and remains the most commonly used psychological test in the assessment of police officer applicants. As Blau, T. (1994) observed, it has been the workhorse of paper-and-pencil personality assessment for more than half a century.

Police officers as a group tend to fall in the “normal” MMPI (or MMPI-2) range on clinical scales and generally present an emotionally healthy image (Mills & Stratton, 1982). Studies have found that

police officers tend somewhat to score higher than non-police officers on scales K (Defensiveness), 3 (Hysteria), 4 (Psychopathic Deviate), and 9 (Hypomania) (Bernstein, Schoenfeld, & Costello, 1982; Raza & Carpenter, 1987).

A study performed by Hargrave (1987) found that the L scale and the F scale tended to distinguish between satisfactory and unsatisfactory officer criterion groups. Herndon (1998) found that elevations on the L scale of the MMPI-2 appeared related to subsequent poor behavior of police officers after being hired. Boes, Chandler, and Timm (1997) found that corrupt officers were likely to obtain high scores on the L scale. Scores on the L scale also have been found to correlate generally with future problematic police performance.

Overall, research has found that elevated L scores are correlated with poor police performance. Weiss, Davis, Rostow, and Kinsman (2003) suggest that the L scale is a valuable predictor of problematic police officer behavior. This is not surprising considering the descriptors of high L scores given by Graham (1993). He describes these individuals as trying to create a favorable impression of themselves by not being honest in their responses to the MMPI-2 test items. These individuals are described as defensive, denying, and repressing. They tend to claim virtues to a greater extent than most people. They manifest little or no insight into their own motivations. They show little awareness of consequences to other people of their own behavior. They overevaluate their own worth. They have poor tolerance for stress and pressure. They are unoriginal in thinking and inflexible in problem solving.

It should be noted that the types of police applicants who would obtain high L scores on the MMPI-2, without an actual MMPI-2 administration, may very easily be misidentified as good candidates for police work because they appear so “normal.” The L scale measures a cluster of personality attributes and attitudes that can most certainly negatively impact police performance but are not obvious; rather, they are subtle. These applicants tend to be rigid, moralistic, conventional, and socially conforming. Police department background investigations often fail to discover any criminal behavior or behavioral aberrations with these individuals. However, the very inadequate stress tolerance of these applicants, along with their defensiveness and inflated sense of self-worth, makes them particularly susceptible to impulsive, aggressive, or abusive behavior in their roles as police officers.

Scale 4 (Psychopathic Deviate) of the MMPI is generally thought to have particular relevance in the selection of police officers because the scale was developed to assist in identifying persons with psychopathic personality disorders (Weiss, Buehler, & Yates, 1996). A psychopathic personality pattern involves a repeated and flagrant disregard for social customs and mores, an inability to profit from experience, emotional shallowness, and the strongly held belief (whether conscious or not) that “the world is my oyster.” Males who score high on scale 4 are further described as hostile and aggressive in their interpersonal relationships, sarcastic and cynical, ostentatious, exhibitionistic, moody, thrill-seeking, and resentful. Women are described as aggressive, emotionally changeable, and high-strung. Shusman, Inwald, and Knatz (1987) found scale 4 to be important in separating good and poor performance groups of police officers; Weiss, Buehler, and Yates (1995) found that scale 4 correlated with dissatisfaction as a police officer when the “Subtle-Obvious” distinction on scale 4 is more closely examined. Other researchers have found that scale 4 subtle items were associated with termination of probationary officers (Weiss, Serafino, Serafino, Wilson, & Knoll, 1998).

Overall, various studies have suggested that officers rated as unsatisfactory by their supervisors tend to score significantly higher on scale 4 (Psychopathic Deviate), scale 6 (Paranoia), and scale 9 (Hypomania) than satisfactory officers (Hargrave, 1987; Hargrave, Hiatt, & Gaffney, 1988). Building on this idea, Bartol (1991) followed 600 police officers from 34 small-town police departments over 13 years to determine which officers were eventually terminated. He concluded that an “immaturity index” consisted of a combination of scales 4 and 9 plus the L scale and was a strong predictor of termination. Other researchers such as Hargrave et al. (1988) have used a composite of MMPI scores (F, 4, 9, and CYN) to identify highly aggressive law enforcement officers and applicants. And Weiss

et al. (1998) found that scale 4 has predictive power for both job retention and supervisory ratings in police officer candidates.

Although the research indicates modest success using the validity and clinical scales of the MMPI and MMPI-2 in predicting future police officer functioning, very few studies have addressed the various content scales of tests. The content scales were designed to provide relevant data on certain traits and behaviors not available from the standard MMPI-2 scales (Clark, 1994). Content scales include, but are not limited to, Anxiety (ANX), Obsessiveness (OBS), Health Concerns (HEA), Bizarre Mentation (BIZ), Cynicism (CYN), Family Problems (FAM), and Work Interference (WRK). Daniels and King (2002) examined the predictive ability of the MMPI-2 content scales in differentiating successful and unsuccessful small-town police officers and found that although the scores of police officers differed somewhat from the MMPI-2 normative sample, the content scales were not able to predict police officer performance.

The California Psychological Inventory

The *California Psychological Inventory* (CPI), one of the oldest and most respected of the personality inventories, is similar in format to the MMPI, but its subscales include such personal traits as dominance, sociability, and flexibility. These subscales stand in contrast to the diagnostic categories of the MMPI (e.g., Psychopathic Deviate and Depression). Answers to the 434 items yield scores on 20 dimensions in four primary areas:

1. Measures of Poise—dominance, capacity for status, sociability, social presence, self-acceptance, independence, and empathy.
2. Measures of Normative Orientation and Values—responsibility, socialization, self-control, good impression, communality, well-being, and tolerance.
3. Measures of Cognitive and Intellectual Functioning—achievement via conformance, achievement via independence, and intellectual efficiency.
4. Measures of Role and Interpersonal Style—psychological mindedness, flexibility, and femininity/masculinity.

The CPI also yields scores on several special scales such as managerial potential (Mp), work orientation (Wo), creative temperament (Ct), leadership potential (Lp), amicability (Ami), law enforcement orientation (Leo), anxiety (ANX), narcissism (NAR), and tough-mindedness (Tm).

Scale scores on the CPI have been found to be related to police trainees' academy performance and to supervisors' ratings (Bartol, 1991). Hargrave and Hiatt (1989) tested 575 police recruits with the CPI and found that CPI profiles distinguished between those suitable and unsuitable for training. The authors concluded that CPI profiles have a more consistent relationship with future job performance than police academy variables. The higher rated officers generally scored higher on the CPI primary areas assessing socialization, responsibility, interpersonal values, and character.

The Inwald Personality Inventory

The *Inwald Personality Inventory* (IPI) was developed with the express purpose of directly questioning public safety/law enforcement candidates and documenting their admitted behaviors, rather than inferring those behaviors from statistically derived personality indicators specifically for the pre-employment personality screening of police applicants (Inwald, 1992).

The test is a 310-item, true-false questionnaire that usually requires about 45 minutes to complete. It consists of 25 scales and one validity scale (Guardedness). The 25 constructs measured by the IPI are:

- Acting Out Behavior: Alcohol use (AL), Drug use (DG), Driving violation (DV), Job difficulties (JD), Trouble with society and the law (TL0), and Absence Abuse (AA).
- Acting Out Attitudes: Substance abuse (SA), Antisocial attitudes (AS), Hyperactivity (HP), Rigid style (RT), and Type A (TA).
- Internalized Conflict: Illness concerns (IC), Treatment programs (TP), Anxiety (AN), Phobic personality (PH), Obsessive personality (OB), Depression (DE), Loner type (LO), and Unusual experiences and thoughts (EU).
- Interpersonal Conflict: Lack of assertiveness (LA), Interpersonal difficulties (ID), Undue suspiciousness (US), Family conflicts (FC), Sexual concerns (SC), and Spouse/mate conflicts (SP).

Some studies have found the IPI predicting criterion measures such as retention or termination, absences, lateness, and disciplinary measures more often than the MMPI (Inwald & Shusman, 1984; Shusman & Inwald, 1991). In a cross-validation study, Shusman, Inwald, and Knatz (1987) found the IPI to be superior to the MMPI in predicting police academy success. Several studies have found that a combination of the IPI and MMPI is the most successful approach for predicting maladaptive behavior in police and corrections officers (Inwald, 1992; Scogin, Schumacher, Gardner, & Chaplin, 1995).

The Sixteen Personality Factor Questionnaire

The *Sixteen Personality Factor Questionnaire* (16PF) is a 187-item personality inventory that usually requires about 1 hour to complete. The original test—published in 1949 by R.B. Cattell—yielded 16 scores in such traits as reserved vs. outgoing, humble vs. assertive, shy vs. venturesome, and trusting vs. suspicious (Cattell, Eber, & Tatsuoka, 1970). Since 1949, the 16PF has been revised six times, with the most recent revisions (1993, 1998) used by many law enforcement agencies today.

The 16 primary factors of the 16PF consist of “A” (Interpersonal warmth), “B” (Abstract reasoning), “C” (Emotional stability), “E” (Dominance), “F” (Enthusiasm), “G” (Conscientiousness), “H” (Social boldness), “I” (Sensitivity), “L” (Vigilance), “M” (Imagination), “N” (Forthrightness), “O” (Apprehensiveness), “Q1” (Openness), “Q2” (Self-reliance), “Q3” (Perfectionism), and “Q4” (Tension). Results of one meta-analysis suggest that of the 16 scales, only two—Dominance and Conscientiousness—were significantly related to police performance (Aamodt, 2004). As indicated earlier, the test is used frequently in pre-employment psychological assessment in law enforcement, and individuals scoring high on certain scales are described alternatively as assertive and competitive, and conscientious and responsible, depending on the scales examined.

The Edwards Personal Preference Schedule

The *Edwards Personal Preference Schedule* (EPPS) was developed in 1959 based on the manifest need system theory of H. A. Murray and his associates at the Harvard Psychological Clinic (Anastasi, 1976). Beginning with 15 needs drawn from Murray’s list of manifest needs, Edwards prepared sets of items whose content appeared to fit each need (Murray, 1938). Examples included the *Need for Achievement* (to do one’s best and accomplish something difficult), *Deference* (to conform to what is expected), *Exhibition* (to be the center of attention), *Intracception* (to analyze the motives and feelings of oneself and others), *Dominance* (to influence others and to be regarded as a leader), and *Nurturance* (to help others in trouble).

In its present form, the EPPS consists of 225 pairs of psychological needs and yields a test consistency score and scores on 15 dimensions of manifest needs. These are Achievement, Deference, Order, Exhibition, Autonomy, Affiliation, Intracception, Succorance, Dominance, Abasement, Nurturance, Change, Endurance, Heterosexuality, and Aggression. Law enforcement research using the

EPPS has been rather limited (Aamodt, 2004). But Balch (1977) found that higher scores on Need for Achievement ($r = .37$) and consistency in completing the test ($r = .22$) were associated with completing a police academy.

Personality Assessment Inventory

The *Personality Assessment Inventory* (PAI) is an objective inventory of adult personality designed to assess various psychopathological syndromes. This test, introduced in 2004, consists of 344 items and requires about 1 hour to complete (Weiss, Rostow, Davis, & DeCoster-Martin, 2004).

The PAI contains the following scales:

- Validity scales: inconsistency, infrequency, negative impression (NIM), and positive impression.
- Clinical scales: somatic complaints (SOM), anxiety (ANX), anxiety related disorders (ARD), depression (DEP), mania (MAN), paranoia (PAR), schizophrenia (SCZ), borderline personality (BOR), antisocial personality (ANTA), antisocial-stimulus seeking (ANTS), antisocial-egocentricity (ANTE), aggression (AGG), and substance abuse (DRG).
- Treatment consideration scales: aggression (AGG), suicidal ideation (SUI), stress (STR), nonsupport (NON), and treatment rejection (RXR).
- Interpersonal scales: dominance (DOM) and warmth (WRM) (Aamodt, 2004)

In a study by Weiss, Zehner, Davis, and Rostow (2005), PAI results of 800 male and female police officer candidates were examined as possible predictors of the criterion variables insubordination, excessive citizen complaints, and neglect of duty. The results indicated highly significant coefficients for antisocial-egocentricity (ANTE) as a predictor of insubordination and excessive citizen complaints. Significant coefficients were also obtained for antisocial-stimulus seeking (ANTS) and negative impression (NIM) as predictors of neglect of duty.

Rorschach Inkblot Test

The *Rorschach Inkblot Test* has been one of the most popular techniques for personality assessment for the last 90 years. Developed by the Swiss psychiatrist Hermann Rorschach, the Rorschach technique utilizes 10 stimulus cards. Five of the stimulus cards are in shades of gray and black only, two contain additional touches of bright red, and the remaining three combine several pastel shades. As the examinee is shown each inkblot, he or she is asked to tell the examiner what the blot could be. Besides keeping a verbatim record of the responses to each card, the examiner notes times of responses, position or positions in which cards are held, spontaneous remarks, emotional expressions, and other incidental behavior of the examinee during the test session. Following the presentation of all 10 cards, the examiner questions the individual systematically regarding the parts and aspects of each blot to which the associations were given. During this inquiry, the respondents also have the opportunity to clarify and elaborate their earlier responses.

The Rorschach test has been subjected to several major scoring and interpretive systems through the years. But the most ambitious effort at developing a psychometrically sound system was undertaken by Exner (1974, 1978, 1993), who presented a standardized system for the administration, scoring, and interpretation of Rorschach responses. He used ratios, indices, and combinations of variables in his comprehensive system (Exner, 1978).

Some researchers and clinicians believe that, considering the Rorschach's utility as a diagnostic and assessment device in other areas, it could be employed effectively in hitherto unused areas that could include law enforcement selection (Meyer, 2004; Meyer, Mihura, & Smith, 2005). Indeed, the

Board of Trustees of the Society for Personality Assessment concluded that “the Rorschach possesses documented reliability and validity similar to other generally accepted test instruments used in the assessment of personality and psychopathology and that its responsible use in personality assessment is appropriate and justified” (2005, p. 221).

While no data for the successful use of the Rorschach in selecting police officers currently exist, the test has been used successfully in other settings, including employment-related screenings in other fields (Exner & Weiner, 1994). The Rorschach has also been used for fitness-for-duty evaluations for employees, including airline pilots (Ganellen, 1996). But in order for the Rorschach to be considered acceptable as an assessment tool for the screening of police applicants, considerable research must be undertaken to determine its appropriateness and effectiveness.

Vocational Interest Inventories

Kuder Occupational Interest Inventory

The *Kuder Preference Record* was developed in 1948 and then replaced in 1971 by the *Kuder Occupational Interest Inventory* (Aamodt, 2004). The Kuder is a 100-item interest inventory developed through criterion keying procedures for the purpose of measuring vocational interests (Kuder, 1985). The inventory takes about 45 minutes to complete and yields scores on 119 occupational groups (including police) and 10 occupational areas (outdoor, mechanical, computational, scientific, persuasive, artistic, literary, musical, clerical, and social service).

There have been recommendations that an interest inventory be included as part of any testing battery to assess police applicants (Spielberger, 1979). Azen, Snibbe, and Montgomery (1973) found a correlation of .24 between the Mechanical Interest scale and supervisor ratings of performance. The same authors used the Kuder to select police officer candidates in the city of Los Angeles and found that the Kuder Mechanic Scale was also a predictor of success in police work.

Strong Interest Inventory

The *Strong Interest Inventory* (SII) was originally formulated in 1920 by E. K. Strong Jr. and has been revised many times since then. The inventory was based on the work of John Holland, who defined six basic occupational themes (called *Holland codes*) that can be used to categorize occupations as well as individuals (Anastasi, 1976): Realistic (machines, tools, outdoors), Investigative (science, theories, ideas, data), Artistic (self-expression, art appreciation), Social (people, team work, human welfare, community services), Enterprising (business, politics, leadership, influence), and Conventional (organization, data, finance). The most recent version produces 30 Basic Interest Scales, 244 Occupational Scales, and more than 120 specific jobs. The research supporting the Strong as a predictor of police suitability or performance is meager.

Situational Tests

As will be discussed in greater depth later in this volume, besides the administration of paper-and-pencil tests, psychologists may administer computerized situational tests designed to measure what applicants might say or what they might do in response to interactive videos that depict police work-related events. For example, a psychologist can present to an applicant a video that shows a potential interaction with someone. The applicant must quickly make an appraisal (judgment) as to how dangerous the person’s behavior is (e.g., using a scale ranging from *not at all dangerous* to *very dangerous*). Then the applicant is required to make a decision as to how forcefully he or she would respond

(e.g., using a scale ranging from an *escapable action* to a *lethal action*). The psychologist can evaluate the applicant's judgments and decisions, which may reveal aggressive inclinations.

Results from situational tests can greatly add to the applicant's pre-employment screening and evaluation. However, when performing such evaluations, psychologists should not expect police applicants to have the same fund of knowledge as someone who has been a police officer for an appreciable amount of time. What psychologists should assess is the personal experiences and judgment inclinations applicants bring to the job assessment and to the job itself. But it should be noted that situational tests using the computer are very expensive and are not backed up by empirical psychological literature, which would be needed to validate them.

In 1989, a major revision of the MMPI was published (Butcher et al., 2001), resulting in the MMPI-2, which in turn caused police psychologists to attempt further validation studies with the new test. While welcoming obsolete item revisions, police psychologists, who were accustomed to interpreting MMPI profiles using the original clinical norms, expressed concern that the new updated norms showed far fewer elevations for the more "normal" and defensive police/public safety officer candidates. This led many psychologists involved in pre-employment assessment to add additional tests (sometimes nonpsychological in nature) to their standard batteries in order to either augment or to replace the MMPI-2.

Also, when the Polygraph Act of 1988 banned the use of the pre-employment polygraph for nonfederal police agencies, newly unemployed polygraph examiners became interested in promoting the use of paper-and-pencil honesty tests and "integrity tests." But integrity tests have not been studied much. In his 1994 book, Theodore Blau indicated that of the 40 integrity tests available at the time, few studies of these tests had been published in peer-reviewed journals. Today, mostly the National Security Agency and the Central Intelligence Agency make significant use of the polygraph for personnel security and pre-employment screening. But it seems to slowly be making a comeback as an adjunct to pre-employment psychological screening for police applicants.

The Polygraph Machine in Historical Context: Early Pioneers

The modern polygraph has been used in one form or another for nearly a century, and much cruder versions of its components existed as far back as 300 B.C.E. The Bedouins of Arabia, for example, required the authors of conflicting statements to lick a hot iron. The one whose tongue was not burned was considered truthful. The common principle underlying this primitive test as well as others (e.g., spitting drier rice powder that had been placed in one's mouth, or being less able to swallow a "trial slice" of bread, as practiced centuries ago in England) is that the tense, nervous person (the one who is lying) has less saliva (dry mouth and tongue) and thus is more likely to have their tongue burned, spit dry rice, or have difficulty swallowing a piece of bread (Smith, 1997). As indicated previously, in modern times, the admissibility of voice identification evidence into court is usually evaluated using the Daubert standard, which allows such evidence into testimony if the judge assesses that such evidence will assist the jury in better understanding the case as a whole.

In 1878, Italian physiologist Angelo Mosso used an instrument called a *plethysmograph* (an instrument for measuring changes in volume within an organ or whole body, usually resulting from fluctuations in the amount of blood or air it contains) in his research on emotion and fear in subjects undergoing questioning. He studied, in particular, the effects of emotions such as fear on subjects' cardiovascular and respiratory activity. He also studied blood circulation and breathing patterns and how these changed under specified conditions. The use of the plethysmograph revealed periodic waves in a subject's blood pressure caused by changes in the respiratory cycle in response to certain stimuli (Kitaeff, 2010). Mosso was the first scientist to report on experiments in which he observed that a person's breathing pattern changed under certain stimuli, and that this change, in turn, caused variations in their blood pressure and pulse rate. Although not for the purpose of detecting deception,

Sir James Mackenzie constructed the first *clinical polygraph* in 1892, an instrument to be used for medical examinations with the capability to simultaneously record undulated line tracings of the vascular pulses (radial, venous, and arterial) by way of a stylus onto a revolving drum of smoked paper. Until the end of the 19th century, no measuring device for the detection of deception had ever been used. The first use of a scientific instrument designed to measure physiological responses for this purpose came in 1895 when Italian physician, psychiatrist, and pioneer criminologist Cesare Lombroso modified an existing instrument called a *hydrosphygmograph* and used this modified device in his experiments to measure the physiological changes that occurred in a crime suspect's blood pressure and pulse rate during a police interrogation.

In 1914, Italian psychologist Vittorio Benussi invented a method to calculate the quotient of the inhalation to exhalation time as a means of verifying the truth and detecting deception in a subject. Using a *pneumograph*—a device that recorded a subject's breathing patterns—Benussi conducted experiments regarding the respiratory symptoms of lying. He concluded that lying caused an emotional change within a subject that resulted in detectable respiratory changes that were indicative of deception.

William Moulton Marston, a U.S. attorney and psychologist, is credited with inventing an early form of the *lie detector* when, in 1915, he developed the discontinuous systolic blood pressure test that would later become one component of the modern polygraph. Marston's technique used a standard blood pressure cuff and a stethoscope to take intermittent systolic blood pressure readings of a suspect during questioning for the purpose of detecting deception (Lykken, 1988).

The idea of "lie detection" caught on rapidly in the United States during the 1920s and 1930s after John Larson was asked by the chief of police in Berkeley, California, to develop a lie detector to solve a case under investigation (Larson, 1969). This instrument, to many, became the first true polygraph used for lie detection purposes (Bartol & Bartol, 2004). In the 1930s, the increasing demand for polygraph examiners resulted in at least 30 polygraph schools opening across the United States (Barland & Raskin, 1976; Lykken, 1988).

A modern polygraph machine is an instrument that simultaneously records changes in physiological processes such as heartbeat, blood pressure, respiration, and electrical resistance (galvanic skin response or GSR). The underlying theory of the polygraph is that when people lie, they also get measurably nervous about lying. The heartbeat increases, blood pressure goes up, breathing rhythms change, perspiration increases, and so on. A baseline for these physiological characteristics is established by asking the subject questions whose answers the investigator knows. Deviations from the baseline for truthfulness are usually taken as signs of lying (Kitaëff, 2010).

Approaches to the Polygraph Test

There are three basic approaches to the polygraph test: (1) the Control Question Test (CQT) (also referred to as the relevant-irrelevant technique), (2) the Directed Lie Test (DLT), and (3) the Guilty Knowledge Test (GKT). The details of each of these tests are beyond the scope of this chapter, but suffice it to say, they are all used with varying degrees of success to help ascertain if an individual is telling the truth (Allen, 2002; Allen & Iacono, 2001; Kitaëff, 2010).

From a theoretical standpoint, truthful responses are accompanied by relatively flat reaction lines, whereas untruthful responses are hypothesized to cause significant fluctuations in physiological measures such as heart rate, perspiration, and respiration. In addition, some evidence suggests that the accuracy of polygraphs can even be increased through intensive training of the examiner and by using computerized systems. But the majority of the scientific evidence indicates that whatever accuracy the polygraph examination does provide seems to come from the conclusions made by individual examiners of such factors such as the subject's general demeanor rather than his or her actual chart responses. Most experienced examiners would even concur that the key ingredient for a

competently administered polygraph is the examiner—regardless of whether a computerized scoring procedure is used (Iacono, 2008).

Currently, the research conducted under laboratory or controlled conditions indicates that the correct classification of truthful and deceptive examinees ranges between 70% and 80% at best (Kitaeff, 2010).

Criticisms of the Polygraph Test

One of the problems with the polygraph is its susceptibility to countermeasures used by examinees to fool the machine and the examiner (Bartol & Bartol, 2004). Countermeasures can be physical or psychological. The most common countermeasures used are either pain or muscle tension. For example, in an effort to deceive the polygrapher, “biting one’s lip or tongue or subtly jabbing oneself with a pin may induce enough pain to promote a physiological response that masks the subject’s response to questions from the polygrapher” (Bartol & Bartol, 2004, p. 86). Mental countermeasures include deliberate attempts at distortion using techniques such as counting backward from 100 or thinking of a peaceful or arousing scene. In this way, the examinee tries to either minimize or maximize the emotional impact of questions. Although physical countermeasures can often be detected by experienced polygraphers, mental countermeasures are far more difficult to detect (Ben-Shakhar & Dolev, 1996).

Overall, it is generally recognized that no physiological response is uniquely associated with lying. Moreover, the brain mechanisms involved in lying are unknown, rendering it difficult to develop techniques that can distinguish liars from truth tellers. Indeed, a person’s physiological reactions in response to lying are likely similar in nature to those resulting from the passionate denial that occurs when false charges are leveled against him. The fear of detection is indistinguishable from the fear of false detection, and the physiological reactions recorded by the polygraph under these two circumstances cannot be discriminated from each other. Scientists with no direct involvement in the polygraph profession have repeatedly reviewed the scientific literature and concluded that the accuracy claims of the polygraph profession are exaggerated and indefensible. Carroll (1988) summarized the results of a series of laboratory experiments on the polygraph using mock crimes and blind scoring (where examiners had no knowledge of guilt or innocence). The results suggested a “staggering high rate of false positives and a dearth of contribution to the process of establishing innocence” (p. 27). These opinions are reflected in reviews spanning several decades (Lykken, 1988; Saxe, Dougherty, & Cross, 1985) as well as in more recent evaluations of the literature carried out for texts in polygraphy and forensic psychology (Ben-Shakhar, 2008; Iacono & Patrick, 1999; Oksol & O’Donohue, 2003).

In a 1997 survey of 195 psychologists from the Society for Psychophysiological Research, most respondents answered that polygraphic lie detection is not theoretically sound, that the test can be beaten by easily learned countermeasures, and that test results should not be admitted in courts of law (Iacono & Lykken, 1997). The issue was settled in 1998 with the U.S. Supreme Court case of *U.S. v. Scheffer*, where in an 8-to-1 decision the Court emphasized the poor reliability of polygraph evidence as a whole. Justice Thomas, writing for the majority, stressed that a fundamental premise of the criminal justice system is that jurors are the ultimate and most reliable evaluators of credibility and truthfulness (*U.S. v. Scheffer* at 313). Since 1998, almost all courts reject polygraph results or only allow them if their admissibility is stipulated by both parties prior to the polygraph examination taking place. Only a few courts leave their admissibility up to the judge (Kitaeff, 2010).

Pre-employment, Psychological Screening, and the Law

In general, psychologists have designed pre-employment psychological-screening programs by attempting to “screen out” those applicants found to be psychologically inappropriate for police

work and to “screen in” those with positive characteristics, attitudes, and traits known to be associated with highly functioning officers. The screening-out method is based on the hypothesis that an officer who is “psychologically unstable” is more likely to violate the civil rights of citizens and contribute to community unrest than a “stable” officer. Most psychologists who work with law enforcement agencies employ a screening battery composed of an interview, a cognitive test, and two or more personality tests.

There are legal and liability-related reasons why the pre-employment screening of police applicants is necessary. Suing the police is very popular in the United States. It can also be very profitable, as the average jury award is over \$2 million. This does not take into account the hundreds of cases settled out of court likely amounting to hundreds of millions of dollars. Lawsuits against the police may be filed in state court as a tort law claim. This is the preferred method because a tort (a “wrong” in the legal sense) can usually only be settled by monetary awards for damages done to the plaintiff. In addition, courts may impose punitive damages against the police department as punishment if the wrong done to the plaintiff was particularly severe in the eyes of the court. Under the law, the failure of a police department to properly select police officers can easily be considered a severe form of neglect. A department may be liable for a charge of negligence by employing an individual who possesses personality attributes or prior conduct that would create an undue risk of harming others in carrying out his or her official responsibilities. Furthermore, the standard of proof in these civil cases is “by a preponderance of the evidence,” which is much easier to meet than the criminal standard of “beyond a reasonable doubt.”

Tort liability associated with lawsuits against police departments may also include wrongful death, assault and battery, false arrest, and false imprisonment. Gross negligence may be assumed by a department’s failure to conduct full background investigations of applicants. Police departments can also be charged with negligent retention (keeping employees on the job when they clearly should have been disciplined, demoted, or dismissed) and negligent entrustment (inadequately preparing officers prior to entrusting them with police responsibilities).

The risk to municipal government (and to the public) is considerable when a potential employee is a police officer. This increased risk stems from the privileges granted to commissioned police officers to take “life and liberty” under special circumstances. In U.S. society, this privilege to exert lawful, sometimes deadly force and restraint is why the hiring of police applicants known to possess destructive characteristics can make a department so legally liable. *Deliberate indifference* may be said to apply when a police department should have had the ability to foresee a risk to the public, but for any reason did not take possible steps to minimize that danger. In instances such as these, a lawsuit may be filed in federal court as a violation of Title 42 of the U.S. Code. This is a legal claim that alleges that there has been a violation of someone’s civil rights under the U.S. Constitution.

Although individual states cannot be sued in federal court under a civil rights claim, municipalities (and their employees), police departments (and their employees), and sheriff’s departments (and their employees) can be sued if it is shown that they were acting “under color of law,” and violated a specific amendment of the Constitution. The standards used in federal courts in this regard are *custom or policy* and *deliberate indifference*, both of which are loosely defined concepts but similar to *totality of the circumstances*. Although such suits can result in monetary awards, the amounts are usually not great because the purpose of civil rights suits filed under 42 U.S.C. 1983 is essentially injunctive (i.e., to force the municipality or department to change its procedures or behaviors).

A lawsuit against a police department by a present employee or police applicant may also be filed in federal court stemming from a complaint filed with the U.S. Equal Employment Opportunity Commissions (EEOC). Such complaints could be based on race, age, or sex discrimination in hiring, retention, or promotions.

During the late 1970s, the personality tests most commonly used with public safety office candidates included the MMPI, the CPI, the 16PE, the EPPS, and various projective tests. Because the

MMPI was the most widely used nonprojective personality assessment instrument available to clinical psychologists at the time, it was a natural choice to be used by psychologists who began working in the police and public safety officer selection field (Murphy, 1972). It was first used in police research in an attempt to predict police academy grades (King, Norrell, & Erlandson, 1959). Articles suggesting the usefulness of the MMPI in police settings, particularly for pre-employment screening, began to appear in the 1970s (Azen, 1974; Azen et al., 1973; Saccuzzo, Higgins, & Lewandowski, 1974; Saxe & Reiser, 1976). However, the MMPI originally had been developed and normed for use with inpatients in psychiatric hospitals and not with more highly functioning and symptom-denying job applicants for law enforcement officer positions. It was noticed by practitioners that the norms for the MMPI often showed “normal” ranges for individual candidates, whereas the job histories and antisocial behavior patterns discovered in background investigations and psychological interviews for these same individuals suggested potential difficulties for high-risk positions (Inwald, 1982). There was growing concern about the inadequacy of available instruments, or of evidence to support the MMPI as a predictor of police performance (Mills & Stratton, 1982).

The 1980s represented another decade of change for police psychology. With much growing interest and development in police/public safety personality testing, a larger number of research articles and instrument publications began to appear as more psychologists became involved in conducting pre-employment evaluations for police departments and the need to firmly establish the validity of the instruments used for this application was recognized.

In 1981, police psychologists became aware of an important lawsuit in New York City. On December 20, 1976, NYC police officer Blase A. Bonsignore used his off-duty revolver to shoot his wife and then to commit suicide. His wife suffered brain damage and serious motor dysfunction as a result. In the lawsuit that followed, the jury awarded his wife \$425,000 in damages on her negligence claim (*Bonsignore v. the City of N.Y.*, 1982). This was a very important case in the development of police psychological-screening programs in that its outcome persuaded many reluctant chiefs that they could have serious difficulties defending hiring decisions if they failed to provide adequate psychological screening at the outset.

Meanwhile, the shorter, 310-item IPI soon gained considerable popularity with police psychologists, especially as its validity for pre-employment screening became established during the 1980s. Several IPI research publications and independent studies were completed, including the first longitudinal cross-validation studies and the first publications that directly compared law enforcement candidate test results by gender and ethnicity (Inwald, 1988; Inwald & Shusman, 1984; Scogin & Beutler, 1986). Also at this time, there was some early recognition of the emerging area of police-public safety assessment by professional psychology organizations. For example, in 1982, the New York State Psychological Association’s “Meritorious Research Award” was presented to Inwald for “contribution to test construction in an important new area.”

After the IPI computerized report was published in 1982, specifying how test results could be interpreted using public safety officer applicant norms, National Computer Systems (NCS) introduced an MMPI computer-generated narrative report, the “Minnesota Report: Personnel Selection System,” in 1984. The original MMPI clinical norms still were used in the MMPI profile graphs, and no cutoff scores were suggested for law enforcement officer candidates or for other job applicants.

In 1985, police psychologists began to expand their practices to include “fitness-for-duty” testing. When some psychologists who were using the IPI for pre-employment screening began to readminister this test as an aid for determining fitness for duty of already hired officers (Rice, 1985), it was clear there was a need for more specialized assessment instruments. In 1986, the first comprehensive personality inventory developed for “fitness-for-duty” evaluations of public safety officers, the Hilson Career Satisfaction Index (HCSI), was developed and validated by Robin Inwald (Inwald & Kaufman, 1989).

In 1988, at the IACP annual convention, Inwald introduced the Hilson Personnel Profile/Success Quotient (HPP/SQ), the first comprehensive personality inventory measuring “emotional

intelligence” (Inwald, 2004; Inwald & Brobst, 1988; Inwald & Brockwell, 1988). Validated for police personnel hiring and promotion, and based on Inwald’s “Success Quotient Theory,” this measure focused on a combination of characteristics such as initiative, “winner’s image,” work ethic, popularity/charisma, and social sensitivity. Norms were collected for police chiefs at the 1988 IACP convention and, after validation data were analyzed for law enforcement officer applicants throughout the United States, the HPP/SQ became a standard addition to many police psychologists’ pre-employment and promotional test batteries.

In 1988, Inwald also added discriminant-function-derived prediction equations for termination, absence, lateness, and disciplinary actions to the IPI’s computerized report. These equations were based on the first five-year longitudinal prediction study, including cross-validation, for public safety officers. The results were published in the *Journal of Applied Psychology* (Inwald, 1988).

Because of complaints about “honesty/integrity” tests received by members of Congress, its Office of Technology Assessment (OTA) launched an investigation into the validity of these tests now flooding the market (though mostly in the retail area). With similar concerns, the American Psychological Association (APA) also organized a special task force to review available research. At this time, practicing police psychologists expressed growing concerns about claims of validity for tests not previously used to screen law enforcement applicants. Because these tests, with little or no published research connected with police performance, were marketed directly to police chiefs and others for use without the input of a psychologist, several articles and research reviews were published on the subject (Inwald, 1984b, 1988, 1992; Sackett & Harris, 1984b; Sackett, Burris, & Callahan, 1989). When the final reports from OTA (1990) and APA (1991) were published, they showed conflicting results. The OTA report concluded that “existing research is insufficient as a basis for supporting the assertion that (honesty tests) can reliably predict dishonest behavior in the workplace.” In any case, the Polygraph Act and subsequent “honesty test debate” of the late 1980s certainly encouraged increased scholarship and validation research in the area of public safety/police assessment.

A complaint may also be based on alleged violation of the Americans with Disabilities Act (ADA). The provisions of the ADA state that individuals who believe they have been discriminated against on the basis of their disability can file a charge with the Commission at any of its offices located throughout the United States. The Commission will investigate and initially attempt to resolve the charge through conciliation following the same procedures used to handle charges of discrimination filed under Title VII of the Civil Rights Act of 1964. A charging party may file a lawsuit within 90 days after receiving a notice of a “right to sue” from the EEOC. The ADA also incorporates the remedies contained in Title VII. These remedies can include rehiring, promotion, reinstatement, back pay, and attorney’s fees.

Reasonable Accommodations

Reasonable accommodation (making changes in the nature of the employee’s job) is also available as a remedy under the ADA. Under most EEOC-enforced laws, compensatory and punitive damages also may be available where intentional discrimination is found. Damages may be available to compensate for actual monetary losses, future monetary losses, and mental anguish and inconvenience. Punitive damages (used to punish an agency for wrongdoings) also may be available if an employer acted with malice or reckless indifference; however, such damages are not available against the federal, state, or local governments.

Certainly there are numerous reasons from legal, psychological, safety, and commonsense standpoints why police departments and other law enforcement agencies should perform some form of pre-employment psychological screening. Perhaps an Indiana appellate court said it best when it opined that a “policeman frequently works alone, wields great authority, carries lethal weapons” and,

“It is not an occupation for . . . a person with questionable emotional stability” (*City of Greenwood v. Dowler*, 1986 at 1081).

Fitness-for-Duty Evaluations

Police employers have a legal duty to ensure that police officers under their command are mentally and emotionally fit to perform their duties, and failure to do so can result in significant civil liability (*Bonsignore v. City of New York*, 1982) and serious consequences to citizens, the examinee, other officers, an employing agency’s reputation, and the trust of the community. Various courts have interpreted this duty to include the authority to mandate psychological fitness-for-duty (FFD) evaluations of police officers reasonably believed to be impaired in their ability to perform their job functions because of a known or suspected psychological condition (*Colon v. City of Newark*, 2006; *Conte v. Horcher*, 1977; *Deen v. Darosa*, 2005; *Kraft v. Police Commissioner of Boston*, 1994; *McKnight v. Monroe Co. Sheriff’s Dept.*, 2002; *Tingler v. City of Tampa*, 1981; *Watson v. City of Miami Beach*, 1999).

In Chapter 13 of this volume, Corey expresses that the circumstances giving rise to fitness-for-duty evaluations (FFDEs) are many and varied. They may involve suspicion of job-relevant psychopathology associated with on-duty performance (e.g., excessive force, repeated problems of judgment), off-duty conduct (e.g., domestic violence, driving while intoxicated), a suicide attempt, psychiatric hospitalization, or a disability claim. Stone (2000) reported that 26% of the cases from his own practice in the southern region of the United States resulted from suspected psychopathology (i.e., diagnosable mental condition), 19% from excessive force issues, 15% from substance abuse, 13% from behavior implicating poor judgment, and 9% from domestic violence.

Dawkins, Griffin, and Dawkins (2006) utilized an alternative classification scheme for their analysis of the FFD referrals in their own Midwestern practice. Similar to Stone, they found that 16.5% of the more than 200 referrals they analyzed involved alcohol use, but they reported more referrals involving domestic violence. They reported behavioral concerns, psychopathology or emotional distress, and 4.7% were for officers being considered for rehire following an employment separation.

The right of a police employer to intrude on the medical and personal privacy of its officers derives from two special features of police work: the power of the position and the fact that police officers are public employees. Police officers are members of quasi-military organizations,

called upon for duty at all times, armed at almost all times, and exercising the most awesome and dangerous power that a democratic state possesses with respect to its residents—the power to use lawful force to arrest and detain them.

(*Policemen’s Benevolent Association of New Jersey v. Township of Washington*, 1988, at 141)

As citizens, police officers retain their constitutional rights (e.g., *Garrity v. New Jersey*, 1967), but as public employees, they “subordinate their right to privacy as a private citizen to the superior right of the public to have an efficient and credible police department” (*Richardson v. City of Pasadena*, 1973/1974, at headnote 1). In the words of the U.S. Supreme Court, “The public should not bear the risk that employees who may suffer from impaired perception and judgment will be [in] positions where they may need to employ deadly force” (*National Treasury Employees Union v. Von Raab*, 1989, at 671).

The employer’s duty to ensure a psychologically fit workforce does not, however, extend an unfettered right to require such evaluations of any police officer in any instance (*Denhof v. City of Grand Rapids*, 2005; *Holst v. Veterans Affairs*, 2008; *Jackson v. Lake County*, 2003; *McGreal v. Ostrov*, 2004). Instead, the employer’s duty is balanced by public interests and the employee’s constitutional,

civil, and property rights and interests. But how do we determine truth telling on the part of an officer-employee?

Corey (see Chapter 13 in this volume) points out two primary means for assessing the response style of an officer: third-party information and psychological assessment instruments, or tests, with built-in measures of response style. It is important to gather third-party information. Its utility is tied not only to the improved depth and breadth of information obtained through collateral sources but also to its potential for detecting malingering, defensiveness, dishonesty, and uncooperativeness. Melton et al. (1997) observed that “obtaining information contradicting the client’s version of events is probably the most accurate means of detecting fabrication and may be the only viable one with clients who sabotage interview and testing efforts” (pp. 57–58). This is not to say that any given collateral source should be considered to be more reliable than the examinee, but rather that consistencies and discrepancies across and within data sources are important means of weighing validity.

Standardized assessment instruments with validity scales or indices, such as the MMPI-2, MMPI-2-RE, PAI, CPI, MCMI-III, and 16PF, also can serve useful roles in evaluating response style, especially when used in conjunction with third-party information. Consideration should always be given, however, to the base rates of these scales in a particular norm group, such that examinees in an FFDE are not judged to be defensive or dissimulating on the basis of validity scales alone when the scale norms were derived from respondents from a decidedly different context (i.e., police applicants in a pre-employment evaluation may not be comparable on validity scales to incumbent employees in an FFD examination) (Heilbrun, 2001). Evidence of frank lying, dissimulation, falsification, or overt concealment should always be reported to the referring party along with any reservations or limitations in the reliability of the examiner’s opinions as a result of the employee’s response style. In general, however, when the examinee’s response style, based on evidence from third-party sources and psychological testing, suggests that his or her responses are unreliable, they should be regarded as less probative than information obtained from other sources with higher reliability.

Treatment

If causation is a compelling topic for clinicians, it pales in comparison to the attraction to treatment. Clinicians generally wish to be helpful, and this is especially true when faced with an examinee who is psychologically injured, suffering, or otherwise distressed. Indeed, when an evaluator concludes that an employee is psychologically unfit for duty, the referring party often requests that the examiner address how fitness might be restored. When this is the case, evaluators should still be careful to limit their treatment recommendations, including modalities and duration, to those for which there is adequate evidence of effectiveness.

Most importantly, examiners should be careful not to *condition* a determination of fitness on an employee’s participation in counseling or other therapy. When such a condition is stipulated, it typically is rationalized in one of two ways: either because the examiner believes the employee’s current fitness is unlikely to be sustained without additional or ongoing treatment, or because the employee’s current unfitness results from a minor impairment expected to respond quickly to treatment.

In cases where the employee is judged to be currently unfit for duty because of a remediable condition, it is usually more prudent to acknowledge the current unfit status and not address recommendations designed to restore fitness unless requested by the referring party. When an employer requires treatment as an employment condition, some jurisdictions have held that the employer is responsible for the cost of treatment and compensation to the employee for any on-duty time used to engage in treatment (*Schie v. City of Aurora*, 2005; see also *Todd v. Lexington Fayette Urban County Government*, 2009, where the court reached a different conclusion when the mandated conditions are for the benefit of the employee and not the employer). Furthermore, employees required to engage in treatment can easily come to believe (erroneously) that treatment compliance will or should

shield them from consequences for persistent problematic behavior. Unless the referring party has specifically requested the examiner to opine on treatment or restoration of fitness, the report should be silent on this question. When the employer does request treatment recommendations from the examiner, it may be useful to reference the practical guidance of the EEOC:

Regardless of whether employers believe they are trying to help employees who have medical conditions, employers should focus instead on addressing unacceptable workplace conduct. Employer comments about the disability and its treatment could lead to potential ADA claims (e.g., the employer “regarded” the employee as having a disability or the employer engaged in disparate treatment).

(EEOC, 2008, p. 12)

Accommodation

Under the ADA, an employer “must provide a reasonable accommodation to the known physical or mental limitations of a qualified individual with a disability unless it can show that the accommodation would impose an undue hardship” (EEOC, 1997, p. 12). A *reasonable accommodation* is defined as “any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities” (29 C.F.R. §1630.9). This may include job restructuring, part-time or modified work schedules, reassignment to a vacant position, and providing additional unpaid leave for necessary treatment.

Employers are only responsible, however, for providing a reasonable accommodation to a *known* limitation of a qualified individual with a disability. Even when an employee has a psychological condition that renders him or her unfit for duty, it is not *per se* legally equivalent to a disability under the terms of the ADA. Indeed, some conditions that may not meet the ADA’s definition of a disability may nevertheless render an employee unfit for duty. Moreover, except in cases of obvious disabilities, it is generally the case that the employer’s obligation to explore accommodation arises only when the employee tells the employer he is disabled (*Hammon v. DHL*, 1997). The employee need not use the word *disabled* or *disability* to formally initiate the accommodation exploration process (*Cannice v. Norwest Bank Iowa N.A.*, 1999); on the other hand, where the employee openly denies having a disabling condition, even an FFD examiner’s finding to the contrary may not be sufficient to require accommodation efforts on the part of the employer (*Larson v. Koch Refining Co.*, 1997).

Once an employee specifically requests an accommodation for a work-impairing condition, the employer has an affirmative duty to engage in the “interactive process” to obtain relevant information about the employee’s condition and the basis for requesting an accommodation (*Barnett v. U.S. Air, Inc.*, 2000). Thus, employers may prefer—and usually are best advised—to separate questions of reasonable accommodation from the FFD question. However, when in the interests of expediency and/or compassion an employer asks the examiner to make recommendations regarding accommodation, the examiner should become knowledgeable about the types of accommodation regarded by the courts as reasonable (e.g., an employer is not required to restructure or reallocate the essential functions of a job as a reasonable accommodation, and the essential functions may include the start and stop time of an employee’s work schedule; see *Guice-Mills v. Derwinski*, 1992). Unless the examiner is familiar with the statutes, regulations, and case law pertinent to reasonable accommodation, it is best to inform the referring party; police department that questions about accommodations be deferred to a separate stage of the evaluation. Under any circumstances, reasonable accommodations are always *an employer’s decision, not an examiner’s*.

As noted elsewhere, in 1990, the Americans with Disabilities Act was passed by Congress. This law prohibited “pre-conditional offer psychological/medical” testing and became effective in 1992. Passed with the American Psychological Association’s written support, and before APA executives

had notified Division 18 police psychologists of ADA's ramifications for their assessment work, this new law had a major, mostly negative, impact on police assessment. Police psychologists, prior to 1992, were saving departments large sums of money and resources by inquiring about alcohol/drug use during the early stages of applicant investigations and screening. Robin Inwald and Michael Roberts, who between them at that time had the largest collection of pre-employment test data in the country, pooled these data from various testing instruments and databases. They collaborated on an article about the job-relatedness of such questions (Inwald, Kaufman, & Roberts, 1991) in an attempt to influence the writers of the government's upcoming ADA Guidance report (guidelines for the new law). Despite the admittedly clear evidence that patterns of alcohol and/or past drug use on written personality/psychological instruments did, in fact, predict poor police officer performance across many test scales and performance variables, Inwald and Roberts's campaign for an ADA exclusion of public safety organizations on behalf of practicing police psychologists failed. The published ADA guidelines required that police agencies adhere to the requirement that such questions only be asked after an actual "conditional offer of employment" had been made near the end of the screening process. Whereas some psychologists continued to conduct "psychological/medical" screenings using the MMPI or IPI prior to conditional job offers in their departments, most police psychologists changed their pre-employment assessment practices after the passage of the ADA in order to avoid lawsuits and to clearly be within the law.

But the choice between administering the MMPI and associated tests, along with inquiring into psychological/mental health issues after the job offer or not at all, was not actually dichotomous. In other words, there was another option available to police psychologists who desired to retain the information of all the hitherto (i.e., pre-ADA) administered psychological tests interview questions yet at the same time not running afoul of the ADA. One of these solutions was developed by this author and consisted of conducting pre-employment psychological screening in two phases. More specifically, a general interview devoid of a mental status examination or questions that could reveal a disability was coupled with a "general personality test" such as the 16PF that only indicated degrees of "normal" personality traits such as interpersonal warmth, dominance, seriousness, conformity vs. nonconformity, being solution oriented, self-assuredness, being open to change, and self-discipline would be administered as part of the "Phase 1" psychological screening. Any other factors that could possibly hint at a disability were not used. If the applicant passed "Phase 1" of the screening, he or she was invited back for "Phase 2," which consisted of the MMPI-2, the *Wonderlic Personnel Test*, and a clinical interview combined with a mental status evaluation. This technique for working within the requirements of the ADA was utilized by the author with various police and sheriff's departments in the northern Virginia area. The downside of this process was the additional time burden on the applicant, the department, and the psychologist, for scheduling two interviews and for the additional work needed by the psychologist in writing two reports, one based on Phase 1 and the other based on Phase 2. Accordingly, this author, together with the various law enforcements served, decided to administer the entire psychological at the end of the applicant screening process. In this manner, it would be the last appointment for any given applicant. Under such an arrangement, if an applicant had been successful up until the psychological and was then rejected, the reason would be clear, and the need for the cryptic and misleading "other more qualified applicants" letter would be unnecessary. This is not to say, however, that rejected applicants still did not receive this generic form of rejection letter.

A second law passed subsequent to the ADA was the Civil Rights Act of 1991, which also had a strong impact on assessment practices and instrument development in the police/public safety field. With concerns that police assessment validity would be decreased should it become illegal to use separate gender norms, APA's Diane Brown organized a meeting with EEOC representatives and two researchers in the field. Paul Sackett and Robin Inwald presented research data supporting the value of using separate group norms to best predict police and other employee's performance.

Despite their efforts to preserve the best predictions possible for employee selection, the Civil Right Act of 1991 resulted in responsible selection test publishers having to change available separate norms by gender and ethnicity and merge groups into one overall norm. It became (for all intents and purposes) illegal to consider ethnicity or gender during employee selection, thus making the most accurate prediction equations also illegal.

In 1991, the IACP's Psychological Services Section formally adopted Inwald's revised "Fitness-for-Duty Evaluation Guidelines" at its Annual Section Meeting. In a conference program titled "Fitness for Duty: Standards and Practices for the '90s," which included presentations by Catherine Flanagan (New York), Stephen Curran (Maryland), and James Janik (Illinois), Robin Inwald formally presented these guidelines to the IACP membership during the 98th Annual IACP Conference in Minneapolis, Minnesota.

Rather than alter items and scales of the IPI so that it could continue to be used as a "pre-conditional offer" test under the new ADA guidelines, Inwald wrote a series of new personality assessment instruments that were normed and validated on public safety officer applicants and did not contain items that would reveal psychopathology or past substance abuse (included in the ADA definition of "medical" diagnoses). In 1992, the Inwald Survey 5 (IS5), which included scales measuring areas of integrity and anger management, among others, was published by Hilson Research (Inwald & Gebbia, 1992). Inwald developed the IS5 in an effort to give police psychologists critical behavioral information at the "pre-conditional offer" phase of screening because the administration of the IPI or MMPI now was illegal under ADA until the end of the screening process. Police agencies began to use this test as part of their "pre-conditional-offer" screening programs and many police psychologists also added it to their "post-conditional-offer" and "fitness-for-duty" batteries.

In 1993, the FBI sponsored a conference titled "Law Enforcement Families: Issues & Answers" at the FBI Academy in Quantico, Virginia. Robin Inwald conducted a research study for this conference and developed the Hilson Spouse/Mate Inventory, the first assessment instrument for evaluating relationship issues specific to police personnel and their spouses or partners (Inwald, 1993).

In 1995, the FBI sponsored a conference titled "Organizational Issues in Law Enforcement" at the FBI Academy in Quantico. At this conference, Inwald presented summary research on those police/public safety officers who had been tested during the 1970s or 1980s and later became involved in inappropriate violent behavior as officers (Inwald, 1995). As a direct result of discussions at this FBI conference, the Inwald Survey 2 (IS2) was published by Hilson Research the following year (Inwald et al., 1996). This 110-item inventory, along with its shorter version, the Inwald Survey 8 (IS8), was the first personality inventory developed for public safety officers and applicants that focused specifically on the identification of characteristics associated with violent behavior.

Because many police psychologists and public safety administrators, who conducted or organized pre-employment screening programs, often complained about the length of the personality inventories being administered, Inwald developed the "Hilson Life Adjustment Profile (HLAP)," a 110-item inventory for identifying psychopathology as well as assessing a police candidate or officer's actual functioning in personal, social, and family life. Also published in 1996, this inventory was offered as a possible replacement for the much lengthier MMPI, and correlations between these two instruments were included in the HLAP Technical Manual (Inwald et al., 1996).

In 1997, Psychological Assessment Resources, Inc., published the "PAI Law Enforcement, Corrections, and Public Safety Selection Report" to be used with Morey's 1991 Personality Assessment Inventory. Like the IPI and the other Hilson Research test reports, this report relied on law enforcement norms for evaluating public safety applicants.

The first comprehensive psychological job analysis, focusing on personality variables found in published psychological tests and documenting their relative importance to subject matter experts such as police chiefs and administrators, was conducted by Michael Cuttler and Robin Inwald in the mid-1990s. In this study, more than 1,500 police administrators, representing every public

safety agency in the state of North Carolina, identified the personality variables they believed most important for police officer performance on the Hilson Job Analysis Questionnaire (HJAQ). Using this and other studies, the HJAQ was published in 1998 and was the first computerized job analysis assessment tool used by administrators to evaluate the relative importance of different personality variables in their agencies (Inwald, 1998).

In the fall of 1998, as the result of increasing concerns about domestic violence in police families, the FBI sponsored a “Domestic Violence by Police Officers” conference at Quantico. After the week long presentations and discussions on this topic concluded, Robin Inwald developed a scale for identifying those individuals most likely to become involved in domestic violence. This scale was added to the updated and renamed Inwald Survey 5-Revised (IS5R) in 1999.

Additional IPI studies from independent researchers also were published in the 1990s (Mufson et al., 1994), including one linking the IPI and MMPI with the “Big Five” Personality Factors (Cortina et al., 1992). During this time, several researchers continued to examine the validity of the revised MMPI-2. Examples from this period include articles by Brewster (1996); Hargrave, Hiatt, and Gaffney (1986); and Kornfeld (1995).

However, research efforts in the field soon were hampered by the fact that police departments, unlike in earlier years, began to take their psychologist’s ratings very seriously. During the 1980s, police administrators continued to hire many officers despite their questionable suitability based on psychological tests. This allowed for validation studies to be conducted where there were a larger number of “failures.” This situation changed during the 1990s, when police psychologists had gained respect in their departments and when the testing came at the end of the screening process (because of the new requirements of the ADA). Now agencies rarely hired officers with “questionable” psychological results. Although beneficial for society, the rejection of nearly all poorly rated candidates restricted the range of officers who could be followed in predictive research studies, limiting a researcher’s ability to directly compare the validities of different tests.

In 1999, Deniz Ones began a project for the California Police Officer Selection and Training (POST) organization in its efforts to update psychological-screening guidelines. Over 19,000 validity coefficients from all personality-based tests available at the time were presented at numerous professional conferences. This firmly established the validity of personality tests, such as the MMPI, CPI, and IPI, among others (Ones, 2003).

Negligent Hiring and “Tort” Liability

Tort liability associated with lawsuits against police departments also includes wrongful death, assault and battery, false arrest, and false imprisonment (Kitaeff, 2006b). Gross negligence may be assumed by a department’s failure to conduct a full background investigation on a prospective police applicant. Police departments can also be charged with negligent retention (keeping employees on the job when there is significant evidence that they should have been disciplined, demoted, or even dismissed) and negligent entrustment (inadequately preparing officers prior to entrusting them with law enforcement powers and responsibilities) (Kitaeff, 2006b).

Negligent Hiring and Retention, and Duty to Adequately Train and Supervise

In *Hild v. Bruner*, a federal district court in New Jersey upheld a jury finding of municipal liability for excessive force during an arrest (1980). Although the city required its officers to carry guns both on and off duty, the city had no consistent psychological testing in place to help ensure the officers’ fitness to carry weapons. Based on the city’s failure to implement an effective psychological testing program to identify officers unfit to carry guns, the court held the city liable for the injuries its

officer inflicted. In *Hardy v. Town of Hayneville*, a city was held responsible for the negligent hiring of an officer deemed unfit by later review of his background (1999). In a similar case, *Geidel v. City of Bradenton Beach*, the court held that the city could be liable for any intentional tort by their police officer if it could be shown that the municipality had been negligent in its duty to select, train, and supervise the officer (1999). In *Bonsignore v. City of New York*, the failure to adopt a meaningful psychological testing procedure resulted in the award of \$300,000 in compensation and \$125,000 in punitive damages when an off-duty officer, known generally to have emotional problems, wounded his wife and killed himself (1982). In another case, the court concluded that periodic psychological screening is constitutional, provided that management provides for the privacy of officers' files and records and respects their right of due process (1998).

In *Miller v. City of Springfield* (1998), a New Jersey court upheld periodic psychological testing of all police officers. Two officers and the union challenged a 12-year-old policy requiring officers of all ranks to be tested every three years. One of the officers was later directed to participate in counseling for anger management. The lawsuit, filed in state court, claimed:

1. Officers were forced to reveal personal and private information which was unrelated to the work performance and their fitness for duty as police officers.
2. The process violates officers' rights of due process.
3. The screening causes "humiliation, embarrassment, emotional distress, anguish and harm to [officers'] personal reputations."

The judge dismissed the suit.

While personality assessment in law enforcement settings came of age in the 1970s and 1980s, reflecting changes in both society and the professional role of psychology, the 1990s were a decade of continued expansion. In 1990, a survey of 72 major law enforcement agencies was conducted in order to determine the tests used for applicant selection. Results of this survey revealed that 51% did not use any psychological tests, and the three most widely used tests were the MMPI, CPI, and IPI (Blau, T. 1994; Strawbridge & Strawbridge, 1990). But then again, the MMPI was (and is) the most commonly used psychological test in the world.

Police Stress, Psychological Dysfunction, and Posttraumatic Stress Disorder

Police officers regularly deal with the most violent, impulsive, and predatory members of society. They put their lives on the line and confront miseries and horrors the rest of us can't even imagine. In addition, officers are always in the spotlight and open to complaints and criticism from citizens, the media, and the judiciary. This may skew the officer's opinions on the character of the average human being and create a cynicism, isolation, and difficulty trusting people in general. Although the stress of viewing many horrific events, violence, and trauma can be substantial in police work, it is exacerbated by its intermittent nature interspersed with periods of boredom and calm. Officers cannot usually control entrance into most traumatic and dangerous situations that they face; they have to "react" to problems and typically do so without sufficient warning or preparation.

Officers are also required to always be in emotional control and must show extreme restraint even under highly emotionally charged circumstances. They must wear a social mask that they put on with the uniform. A former president of the International Association of Chiefs of Police has said:

What our society expects from police officers is a perfect blend of robot and person. In any confrontation, no matter the potential for violence, we're not supposed to display emotion or the human characteristics that result from adrenalin. . . . People realize officers are

human, but they don't understand that we can't train them to a point where we override every human emotion.

(Miller, 1998)

One of the most poignant descriptions of the ways police officers are different from the rest of us has been provided by police psychologists Daniel A. Goldfarb and Gary S. Aumiller in their groundbreaking work *The Heavy Badge*. In it, they express:

Law enforcement officers are seen as authority figures. People deal with them differently and treat them differently, even when they are not working. . . . [They are] are isolated. The wearing of a badge, uniform and gun makes a law officer separate from society.

Law enforcement officers work in a quasi-military, structured institution. These are [often associated with mental health concerns such as sacrificing] the individual for the good of society. The "rotating shift" schedule is very taxing on an officer's life. [Their] bodies are adjusted on what is called "circadian schedules" which is a repetitive daily cycle. . . . An officer doing shift work never gets a chance to stay on a schedule. This upsets his physical and mental balance in life.

. . . Officers have a different kind of stress in their jobs, called "burst stress." Burst stress means there is not always a steady stressor, but at times, there is an immediate "burst" from low stress to a high stress state. In other words, officers go from complete calm, to high activity and pressure in one "burst." The normal stress situation for most of the rest of the work force consists of a stress building process that can be either reduced or adapted to before it gets "out of control." This is not the case for the officer, because "out of control" can happen in seconds. . . .

[Officers] need to be in constant emotional control. [They] have a job that requires extreme restraint under highly emotional circumstances. They are told when they are extremely excited, they have to act calm. They are told when they are nervous, they have to be in charge. They are taught to be stoic when emotional. They are to interact with the world in a role. The emotional constraint of the role takes tremendous mental energy, much more energy than expressing true emotions. When the energy drain is very strong, it may make the officer more prone to exhaustion outside of work, such as not wanting to participate in social or family life. This energy drain can also create a sense of job and social burnout.

The "at work" world of the officer is very negative. He sees the bad part of society—the criminal, the abuser of the rules. This may skew the officer's opinions on the character of the average human being. It creates a cynicism, a critical view of the world. It is hard to adjust to trusting a fellow human being when so much of the day is spent with people who are not trustworthy. It is hard to believe in positive intentions of people, when the day is spent with people who are intending to hurt each other. This lack of trust can show up in the way the officer deals with people on a personal level, with neighbors, with a spouse. It can even show up in the way children are raised, as police parents may tend to be stricter in discipline and more careful with privilege.

According to Goldfarb and Aumiller, these "differences" between police officers and other members of the public can lead to increased alcohol use, attitudinal problems, behavioral problems, intimacy and relationship problems, overall increased stress, and even suicide.

What is stress? In a very broad sense, *stress* is a reaction to both internal and external stimuli. Often the external stimuli causing stress are referred to as *stressors* and include events such as pressure from superiors, excessive traffic, and gunfights. In general terms, stress is the nonspecific "response of the

body to any demand” (Selye, 1979b, p. 3). Stress can assume other meanings. For instance, stress can be a perceived imbalance between what is required of the officer and what he is capable of giving, under conditions where failure may have dire consequences.

Implicit in these definitions is the notion that stress is a fundamental part of being alive. That is, any demand placed on an individual to change can produce a physical response to some degree or another, with or without the individual’s knowledge or consent. Thus, just being alive creates a demand on the body. When an individual perceives danger, there is an outpouring of hormones that create alterations in bodily processes and can produce, among other things, an increased heart rate, sweating, trembling, and fatigue (Monat & Lazarus, 1977). In addition, the mere perception of fear can produce fearful consequences in the body. Especially among police officers, finding ways of coping with stress is in both their individual best interest and in the interest of public safety as well.

Job stress for police officers or regular civilians can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, needs, or expectations of the worker (Stevens, 1999c). For police officers, in addition to the daily grind, officers are frequently the target of criticism and complaints by citizens, the media, the judicial system, opportunistic politicians, hostile attorneys, “do-gooder” clinicians and social service personnel, and their own administrators and law enforcement agencies (Blau, T. 1994).

Dr. Larry Miller, in his comprehensive and poignant book *Shocks to the System*, describes stress specifically as it relates to the police officer when he states, “Police officers regularly deal with the most violent, impulsive, and predatory members of society, put their lives on the line, and confront miseries and horrors that the rest of us view from the sanitized distance of our newspapers and TV screens” (1998, p. 216).

Miller stresses:

Police officers generally carry out their duties and responsibilities with dedication and valor, but that some stresses are too much to bear, and every officer has his breaking point. For some, it may come in the form of a particular dramatic event, such as a gruesome accident or homicide, the killing or wounding of a partner, the mistaken shooting of an innocent civilian, or an especially grisly accident or crime scene. . . . For other officers, there may be no single major trauma, but the identified mental breakdown occurs under the cumulative weight of a number of more moderate stresses over the course of the officer’s career. In either case, all too often the officer feels that the department doesn’t support him and that there is nowhere else to vent his distress. So he bottles up his feelings, acts snappish with coworkers, superiors, civilians, and family members, and becomes hypersensitive to small annoyances on and off the job.

(p. 217)

The result of prolonged stress may be posttraumatic stress disorder (PTSD). The DSM-IV-TR (American Psychiatric Association, 2000) defines PTSD as follows:

The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. . . . The person’s response to the event must involve intense fear, helplessness, or horror. . . . The characteristic symptoms include persistent reexperiencing . . . persistent avoidance of stimuli associated with the trauma . . . persistent symptoms of increased

arousal . . . the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

(pp. 463–464)

Miller (1998) points out that if no treatment is provided for PTSD, symptoms may persist for many months or even longer, and anger, hostility, irritability, problems with authority, fatigue, inability to concentrate, loss of self-confidence, and increased use of food or mood-altering substances may also be the result. Many of these long-term effects can interfere with a police officer's job functioning for months, if not years. In some cases, delayed or prolonged stress reactions manifest themselves in the form of psychosomatic physical complaints, or in a tendency to "snap" at minor provocations, irritations, or events that would have not hitherto caused any such reactions in the officer. All this underscores the importance for police officers to receive treatment as soon as possible after traumatic events occur, and certainly as soon as possible after the appearance of symptoms of PTSD.

Psychological Debriefing

Police work is stressful and unpredictable. Officers must have the emotional resources to perform multiple tasks without losing control in the face of physical threats. They need to exhibit dominance and assertiveness, and at the same time restraint and empathy. They must be able to complete their tasks despite provocation, ambiguity, and the ever-present threat of psychological or physical injury (Shusman et al., 1987).

Although most people do not seek crises in their lives, police officers respond to and immerse themselves daily into the chaos and confusion of other people's lives, and by doing so they put themselves at risk of becoming victims of traumatic incidents. Yet, they do so willingly and without hesitation. One only needs to stand back and watch officers responding to a call of a "man with a gun" to appreciate their coping abilities. Because officers comfort trauma victims and operate in the wake of traumatic events, it should be expected that they will be exposed to the problematic and undesired effects of stress.

The National Organization for Victim Assistance (NOVA) identifies nine categories of trauma workers. Law enforcement personnel and firefighters are listed as immediate responders and trauma workers (NOVA, 1991, as cited in Harris, 1995).

In law enforcement, stressful or traumatic incidents are often referred to as *critical incidents*. A critical incident is any situation faced by an officer that causes him to experience unusually strong emotional or physical reactions. These reactions may have the potential to interfere with the officer's abilities to function either at the scene or later in life. The reactions are a normal person's response to an abnormal event, although because of officers' training, belief, and experience, they may believe the opposite to be true.

A critical incident can also be a time when an officer's expectations about his ability to handle stressful situations are called into question (Mitchell, 1990; Ryan & Brewster, 1994). The officer's reaction to this event may also interfere with his family life (Hartsough, 1995; Sheehan, 1995). It is important to keep the definition of a critical incident flexible because of the varying effects an incident has on different officers (FBI Bulletin, 1996).

The following events are typical of those that may cause unusual distress for emergency personnel (Mitchell & Bray, 1990):

- Death of a fellow officer.
- Serious injury to a fellow officer.
- Serious multiple-casualty incident/accident.
- Suicide of a fellow officer.

- Traumatic deaths involving children.
- Events that attract “excessive” media interest and public scrutiny.
- An event involving victims known to the officer.
- Exposure to infectious diseases.
- Being the subject of a lawsuit.
- Any event that has an unusually powerful impact on the officer.

How a person reacts to these events, the meaning he or she attributes to his performance, and the circumstances surrounding the incident can cause a psychological crisis. It is important to remember that a critical incident should not be defined in terms of the event but rather in terms of the impact it has on the individual. An event that is less-than-critical (subcritical) can still have an impact on an officer’s performance and functioning. Psychotraumatologist Pierre Janet wrote that it is how a person thinks about and reacts to a traumatic event that ultimately determines how quickly the person recovers from the experience (Everly, 1995a).

Psychological crises violate or contradict the beliefs a person has about the world. A crisis may shatter a person’s assumptions regarding the world as a safe and orderly place. It may also challenge how a person evaluates his competency and gives rise to self-doubt (Everly, 1995a). When a person is victimized, three basic assumptions or beliefs about the self and the world are challenged: the belief in personal invulnerability, the view of oneself in a positive light, and the belief in a meaningful and orderly world. When a person faces a loss, as in the loss of the feeling of invulnerability, there must be some adjustment in order to go on living. The interval between the recognition of the loss and the subsequent adjustment can be difficult with symptoms such as intrusive ideas and numbing of emotions (Horowitz & Kaltreider, 1995).

Frankl (1959) felt that the failure to find meaning and a sense of responsibility in one’s life lies at the root of psychopathology. Trauma challenges previously held assumptions, beliefs, and understandings about the world and oneself in the world (Everly, 1995b).

In a critical incident, how an officer responds in one moment might serve to define the entire event (FBI Bulletin, 1996). That meaning comes from the socially, and sometimes personally, constructed belief an officer has about the “correct” way to respond. It is the meaning that an officer attributes to an event that determines his or her behavior and reactions after the event. George Everly (1994a) provided another perspective when he stated, “Practically speaking, there is simply no such thing as reality without considering the human perspective” (p. 178).

The term *critical incident* has been defined in a number of ways since it was first used in the early 1990s (Best, Artwohl, & Kirschman, Chapter 27, this volume). As will be seen later in this volume, rather than insisting on a universally agreed upon meaning, law enforcement experts have actually stressed the importance of maintaining a flexible definition because of the wide variation in officer responses to duty-related events (Bohl, 1995; FBI Bulletin, 1996). Therefore, although definitions vary, it is generally understood that line-of-duty events, which for officers are “outside the range of normal activity” (Patton & Violanti, 1996, p. 183) or involve serious threat or loss (Gentz, 1990), are considered critical incidents. Some experts maintain that it is the individual officer’s reactions that make an incident *critical*. This mirrors the American Psychiatric Association’s criteria of an event eliciting an intense emotional reaction in the exposed individual in order for it to be considered “traumatic” in the *Diagnostic and Statistical Manual* (DSMIV-TR, 2000).

Police departments are well advised to educate their personnel when a stressful, high-profile event has occurred involving its officers. As Best et al. in this volume point out, lack of knowledge about the details of the event can fuel rumors and does nothing to allay the anxiety of the personnel who were not directly impacted but may still have concerns. Rumors that begin to circulate may also be harmful to the involved personnel when inaccuracies and speculations about their performance come to their attention (Artwohl & Christensen, 1977). Neither agency nor tactical/operational

debriefings in first responder settings should take the form of a psychological intervention. Rather, such debriefings are forums in which information is shared in order to assist agency personnel in developing a more coherent narrative of the incident from which they can learn and better support affected officers.

When Providers Become Patients

Police officers, as will be seen later in this volume, may be in need of critical incident stress debriefing, yet they also serve as *providers* of such debriefing for others in their role as first responders. There are a variety of models and strategies that can be used to provide mental health support and services to officers. Substantial research supports the indication of two primary targets for on-scene interventions: physiological arousal and emotional distress (Ozer et al., 2003).

Miller (1998) describes how in order to accomplish dealing with physiological arousal and emotional distress, many agencies have organizationally formalized *critical incident stress debriefing* (CISD) teams to deal with the therapeutic work for traumatized officers (Miller, 1998). Such teams have been implemented throughout the United States, Britain, and other parts of the world as well. "Such teams have often been organizationally subsumed under the broader category of *critical incident stress management* (CISM), which includes a range of crisis intervention strategies in addition to CISD" (Miller, 1998, p. 228).

Formal Models of Police Posttraumatic Stress Disorder

Miller (1998) describe CISD intervention as designed to promote the emotional processing of traumatic events through the ventilation and normalization of reactions as well as preparations for possible future experiences. Although CISD is designed for use in groups, other debriefing-type models have been used with individuals, couples, and families.

Most CISD takes place two to three days after a suspected trauma-inducing event and is structured as a single group meeting lasting approximately 2 hours. A CISD is run by a psychologist or other trained mental health professional and a member of a peer support team (Mitchell & Everly, 1996).

There are a variety of CISD formats (Benner & Quinn, 1993; Blak, 1990; Bohl, 1995; Mitchell & Everly, 1995b). In general, these formats involve taking an officer through a number of stages designed to alleviate symptoms of stress and educate the officer about normal reactions to abnormal events. A detailed discussion of various forms of psychological debriefings is provided below.

The San Jose Police Department, for example, reported that between 1972 and 1987, 52 officers were involved in shootings and 17 of those officers subsequently left the department. SJPd did not have a CISD team in place during this time period. Since the inception of their CISD team, 122 officers have been involved in shootings, and none of the involved officers have left the department (Benner, 1994).

Officers are by nature suspicious of psychology professionals, who are often seen by them as "the enemy" (Benner, 1982). These professionals are first encountered by officers when they apply for a law enforcement job. Subsequent contacts are at the request of the police department for a "fitness-for-duty" evaluation. Officers are concerned that mental health professionals who work for a police department will align themselves with the administrators who provide them with a job (Benner, 1982). Further, because the psychologists work for the police department, the holder of privilege is the department administration and not the officers. When officers are sent to a department psychologist, they do not know what can be discussed in confidence. The issue of confidentiality is murky at best and varies from agency to agency (Super & Blau, 1997). Relationships between an officer and a psychologist are also strained when a psychologist is not familiar with police culture (Benner, 1982).

Peer counseling can be described as a process whereby officers can talk about their feelings to another officer. The idea behind peer counseling is that an officer who has experienced a line-of-duty traumatic event can empathize with and validate another officer's reaction as being normal. Officers tend to trust other officers who have experienced a similar incident.

One of the most common types of CISD models in use today consists of several phases (Miller, 1998; Mitchell & Everly, 1996). In the *Introduction*, the team leader—either a mental health professional or peer debriefer—introduces the CISD process and encourages all members to participate. In the *Fact Phase*, each member is asked to describe his or her role during the incident; it is basically a process of “What did you do?” The *Thought Phase* is where the leader asks the group members to discuss what went through their minds as the incident unfolded. This is followed by the *Reaction Phase*, during which members move from providing cognitive descriptions to relaying their emotional reactions during the event and sharing in so many words, “What was the worst part of the incident for you?” It is during this phase that group leaders (especially if they are trained mental health professionals) look for adverse emotional reactions on the part of participants. In the *Symptom Phase*, participants are asked to describe cognitive, physical, emotional, and behavioral signs and symptoms of distress that appeared at the scene and at various points after the scene. In essence, members are asked, “What have you been experiencing since the incident?” The *Education Phase* provides participants with factual information about stress and adverse emotional reactions. This serves to normalize the stress and coping responses and provides a basis for questions and answers. The final stage is the *Reentry Phase*, which provides a wrap-up of sorts during which participants can ask any final questions, and general group bonding is reinforced. In essence, members are asked, “Is there anything positive that can come out of this experience that can help you grow personally or professionally?” Or “How can you help one another in the future?”

It should be noted that to encourage participation and reduce fear of stigmatization, the administrators of any given police department or law enforcement agency should make clear that these kinds of debriefings are 100% confidential. The only exception to this general rule is where there is a clear and present danger to self or others that is revealed during the process.

To reduce the stigmatization of individual members, it is sometimes beneficial to have a policy in place that makes postdebriefing participation automatically followed by referral to a mental health professional (Everly & Mitchell, 1997; Reese, Horn, & Dunning, 1990; McMains, 1990).

One of the most extensive and comprehensive adaptations of the CISD process for police officers has been developed by Bohl (1995), who explicitly compares and contrasts the steps or phases in her program with the phases of the Mitchell CISD program. In the Bohl model, there is little distinction between the cognitive and emotional phases of the debriefing. Officers are free to express emotional reactions during the cognitive phase, and the other way around.

What is important in the Bohl model is not the mere act of venting, but rather the opportunity to validate feelings. Under the Bohl model, the leader does not ask whether anything positive has arisen from the incident. Expecting officers to find a “growth experience” after seeing their partner shot and killed, for example, is seen as ridiculous. Last, under the Bohl model of CISD, is the final *round robin* in which participants are invited to say anything on their minds, whatever it may be. Remarks can be addressed to anyone, but others cannot respond directly; this is to provide a feeling of safety to participants (Miller, 1998).

Although peer counseling services and CISDs in general have been shown to be a very effective way to help officers, getting officers to accept the help has been difficult. Police officers have traditionally avoided seeking therapy or help. Officers tend to believe that other people can't really understand their problems and that “real officers” shouldn't have any problems (Linden & Klein, 1988). The issue of requiring an officer or making it optional for an officer to attend a CISD varies from department to department (Super & Blau, 1997). A formalized departmental understanding of

the nature of stress and a departmental order requiring officers to attend a debriefing are preferred to waiting until the officer is calling for help (McMains, 1990).

Fay (2000) reports a study by Beijen (1995a), who attempted to determine to whom a veteran police officer is most likely to turn for help. His results showed that 80% of the responding officers would seek help from a friend and fellow officer, but only 35% would seek help from a peer counselor. The majority of officers would, if necessary, seek out a friend for an informal debriefing. Informal discussions of traumatic events among emergency personnel have been going on for many years (Kaufmann & Beehr, 1989). Friends listening to, supporting, and encouraging each other are an important part of reducing stress for officers (Mitchell, 1996). However, the police culture doesn't easily accept the open expression of feelings and emotions. Further complicating the situation is the internal, organizationally generated stress from the semimilitaristic environment in police departments. Policies, rules, and political alignments within an organization make it important for an officer to choose his confidants wisely (Beijen, 1995b).

Finally, unfortunately, despite the best efforts of many dedicated police officers and police psychologists, police officers continue to commit suicide at a rate twice that of the general population (Beijen, 1995b; Gibbs, 1994; McCafferty, McCafferty, & McCafferty, 1992). Psychological services have been developed to try to meet the specific needs of police officers, but officers are still wary of utilizing professional psychological services. Police job-related stress and trauma continue to impact officers, their families, and taxpayers. It is clear that officers need to talk about job stress and trauma, and the people they prefer to talk with are their self-chosen colleagues and friends (Beijen, 1995a). For this reason, further ways of addressing the impact of job stress need to be developed.

Police Officers as First Responders

As mentioned previously, the history of police psychology reveals that police officers are not only the recipients of critical incident stress debriefing but also the providers of such debriefing. Certain traumas do much more than injure us physically and even psychologically. They violate our very sense of safety, stability, and what theorists refer to as *ontological security*. Ontological security is a stable mental state derived from a sense of continuity in regard to the events in one's life (Giddens, 1991). It is a sense of order and an absence of chaos and anxiety that give meaning to a person's life. Even being the victim of a violent crime is not consistent with the meaning of an individual's life, as this tends to threaten that individual's sense of ontological security.

More than traumas such as hurricanes, train accidents, and plane crashes, violence intentionally caused by other people and aimed directly at us robs us of our sense that the world can ever be a safe place again. Victim services are helpful in this regard, are available in all 50 states, and are particularly useful for sexual assault victims, domestic violence victims, and children. One such victim service entity is the National Organization for Victim Assistance (NOVA), which has developed a generic model of victim services that contains three major components: (1) emergency response at the time of the crisis, (2) victim stabilization in the days following the trauma, and (3) resource mobilization in the aftermath of the crime (Young, 1991).

Miller (1998) and Clark and Friedman (1992) also offer some very commonsense suggestions for first responders who must deal with the victims of crime. The responder's first concern is to see that serious injuries get treated. It is vitally important that a first responder (police officer, firefighter, crisis worker, medic, or mental health professional) introduce him- or herself to the victim as well as bystanders. Regardless of any uniform that the first responder may be wearing, it may be necessary to repeat the introduction several times. The victim should be heard by the first responder in an understanding, sympathetic, and nonjudgmental fashion. There is no need to press for details regarding the crime as there will sufficient time for this later by local or federal authorities. Instilling a sense of safety, comfort, and trust is much more important at this point.

The importance of trauma counseling and psychological intervention cannot be overstated. Kilpatrick et al. (1985) reported that 19% of rape victims attempt suicide, 44% report suicide ideation, and 16% say that they had “a nervous breakdown” following the rape. But the degree of susceptibility to developing actual stress-related disorders such as PTSD varies from person to person and seems to depend on psychological, social, demographic, and environmental factors. Demographic factors include ethnic background, religious beliefs, socioeconomic status, gender, age, and, most importantly, the presence of supportive relationships. Psychological factors include coping mechanisms, self-confidence and self-esteem, emotional stability, and resiliency. Environmental factors include the degree of violence involved in the incident and the location of the crime or attack. For example, victims who are attacked in an environment they had formerly perceived as being “safe” tend to experience more negative reactions than those attacked in “unsafe” locations (Markesteyn, 1992).

The psychological reactions to violent crime can include minor sleep disturbances, irritability and worry, depression, anxiety disorders, alcohol and drug abuse, suicidal thoughts (and attempts), and PTSD. PTSD symptoms include intense fear; feeling of helplessness, or horror; agitation; persistent reexperiencing of the traumatic event in the form of flashbacks; increased arousal; avoidance of stimuli associated with the trauma; emotional numbing; and clinically significant distress or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association, 2000). Most of the research on PTSD indicates that treatment is most effective when begun soon after the traumatic event, and should consist of some combination of pharmacotherapy and cognitive behavioral therapy. But it is important for PTSD survivors to know that recovery is still possible even if treatment is not received immediately (Shalev, 2007).

Only in the last 20 years has terrorism become a significant fact of life for Americans. Accordingly, the body of clinical psychological literature on terrorism has lagged behind that of other types of traumatic events. Unfortunately, these events have been increasing in frequency, and many experts maintain that the worst is yet to come.

Terrorist attacks, such as those on Oklahoma City and the World Trade Center, combine features of a criminal assault, a disaster, and an act of war (Hills, 2002). Accordingly, many of the treatment approaches combine what we know from treating victims of criminal assault, grief, natural and man-made disasters, riots, war, workplace violence, and school shootings (Miller, 2001a, 2001b, 2002c).

A study cited in Miller (2002a) of the devastating 2001 World Trade Center attack found that 11% of all New Yorkers showed symptoms of PTSD two months following the incident, which is almost 3 times the national average. An additional finding was that the degree of PTSD distress was most strongly related to the amount of television coverage watched. This suggests that potentially vulnerable victims may have attempted to use information gathering via television as a coping mechanism but instead ended up retraumatizing themselves.

Following a terror attack, many survivors experience a type of “pan phobia” accompanied by a heightened sense of vulnerability and an avoidance of anything related to the trauma. Survivors may have frequent nightmares of the imagined horrifying death of a victim they have known, or wish-fulfillment fantasies of rescuing the victim. Their grief may be compounded by guilt if they feel they should have foreseen the attack or done more to keep their loved ones safe (Sprang & McNeil, 1995).

The first responder on the scene of a terrorist attack may be a police officer, emergency medical technician, firefighter, or mental health crisis counselor. Miller (2002b) recommends that such people should obtain as much information as possible from the victim about the terrorist crime itself and begin a plan for aiding other potential victims. Collaborative work with other first responders is essential to ensure that investigators obtain valuable data while victims receive optimal care. First responders should avoid empty statements such as, “Everything will be all right,” and instead offer more concrete and realistic information such as, “We’re going to take you to a safe hospital.” A victim’s wishes should be accommodated as much as reasonably possible, if, for example, the victim

wants a family member or friend to remain during treatment or questioning. Victims should be allowed to talk and express their emotions even if they may seem somewhat digressive or rambling. First responders should provide basic, understandable education about the onset and course of possible posttraumatic symptoms and attempt to normalize the traumatic stress experience while discouraging a sense of severe stress-related disability to come.

Outreach programs in the community should be identified around which psychological care can be organized. Identifying high-risk groups is one of the most important aspects of any disaster consultation (Ursano, Fullerton, & Norwood, 2003). If possible, help to identify the remains of loved ones. Although this may shatter any hope that the person may still be alive, the actual sight of the deceased often provides a strange sort of reassuring confirmation that the victim's death agonies may have fallen short of the survivor's imagined horrors, and even if not, that the physical presence of the body at least means that the victim's suffering is finally over. Outcome studies of mourners of a death from natural causes report shorter periods of denial and higher total recall of the deceased in those who were able to view the body prior to burial (Sprang & McNeil, 1995). When no definitive remains are found, symbolic remains may serve as a surrogate. For example, an urn of ashes from Ground Zero was offered by the City of New York to each family of a missing person.

Individual Psychotherapy

Although it may not always be a comfortable experience, psychotherapy for PTSD often involves facing the memories and images of trauma head on. There is a time in the treatment of the PTSD patient, for example, where the psychologist must take the patient back to the original traumatic event and have him or her discuss it in step-by-step detail. The goal, according to Miller, is to "counteract maladaptive avoidance tendencies and to diminish the chance that they will congeal into longstanding patterns of behavior" (p. 33). Miller cautions, however, that sometimes it is necessary to work through the patient's other "peripheral issues" before the traumatic event can be adequately explored (Everstine & Everstine, 1993).

Therapy should increase adaptive defense mechanisms and allow a patient to reenter normal life and resume normal social roles with the understanding that problems along the way are not signs of regression but merely necessary bumps in the road to recovery (Miller, 1998).

For victims of violent crimes who decide to press charges and testify in court, the recovery process from PTSD can seem even longer than with noncriminal traumatic events. This is because of the time it takes for the criminal justice system to run its course, cross-examinations by defense counsel, and so on.

Studies have shown, for example, that the prevalence of PTSD is higher among victims who wade through the criminal justice system than among crime victims in general (Freedy, Resnick, Kilpatrick, Dansky, & Tidwell, 1994). But if the decision has been made to proceed through the criminal justice system, it may be somewhat therapeutic for victims of violent crimes to file a request for restitution as part of the sentence as well as a victim impact statement. The assistance of a mental health professional during these times to help prevent a replay of the original traumatizing effects is highly recommended.

Sprang and McNeil (1995) have presented a phased treatment model originally designed for survivors of murder victims that can productively be applied to the treatment of survivors of terrorist homicide.

An initial evaluation and debriefing phase occurs immediately following the traumatic event and focuses on crisis intervention and stabilization of the individual's emotional, social, and physical environment. At this stage, the individual's defenses should not be challenged. Instead, the intervention should include empathic support, validation, and normalization of the patient's reaction to the traumatic loss. Survivors should be prepared for the emotional, financial, practical, and social losses

that follow the terrorist killing of a family member. Therapists should encourage a graded and dosed ventilation of emotion and provide necessary support.

Then, therapists should gradually begin to educate family members as to what they can expect and try to dispel unrealistic expectations. Other aspects of this educative process include providing concrete information about such victim resources as the Red Cross, National Organization for Victim Assistance, Crime Victims Compensation Fund, employee assistance programs, and so on. At each step, the therapist should monitor patients' reactions to avoid overwhelming them with too much information too quickly (Sprang & McNeil, 1995). When trust and therapeutic rapport have developed, relaxation training, biofeedback, desensitization, and cognitive behavioral techniques can be applied to symptom management. Opportunities should be provided, arranged, or planned for patients to take back some control of their lives, for example by helping and educating others or running support groups.

The patient should be helped to reduce self-blame through the use of cognitive or existential therapeutic approaches. Psychological mastery over the traumatic bereavement can be encouraged by asking patients to describe the future: "If you were not struggling with your grief anymore, what would you be doing?" A related process involves helping the patient say a psychological goodbye to the slain loved one, realizing that there will always be painful memories but that the survivors have a right to continue their own lives (Sprang & McNeil, 1995).

A far more productive therapeutic approach involves validating the survivors' pain while supporting their strengths and helping them to live as normal a life as possible, albeit a life that will be radically different from the one they led before (Spungen, 1998). For such patients, Spungen (1998) recommends they keep a daily diary or journal and write down their thoughts and feelings about the murder and about their deceased loved one. This notebook should be portable enough to carry around so patients can jot down their thoughts as they occur. Another suggestion is to tape-record thoughts into a portable recorder; these can later be transcribed, if desired. Even if the survivor never reads the diary again, the act of writing itself can be therapeutic; clinicians will recognize this as the technique of *journaling* or *narrative therapy*. Spungen has found that some covictims may create several volumes of such notes before they realize they have made progress. The only caveat is that this exercise should not become a prolonged obsessive preoccupation to the exclusion of other therapeutic strategies and participation in life generally.

By simply asking what the victim saw, heard, felt, touched, or tasted, the clinician opens additional channels of information and facilitates additional narrative working-through. Hanscom (2001) described a *treatment* model that emerged from her work with survivors of torture and that may be applied to victims of terrorism, especially incidents involving abduction, hostage taking, and abuse. In this model, an essential condition of healing of torture and trauma survivors is the reestablishment of the experience of trust, safety, and the ability to have an effect on the world. This relearning relies less on particular therapeutic techniques and procedures than on the compassionate human interaction and therapeutic alliance between the survivor and a counselor who is willing and able to listen effectively.

A HEARTS model to deal with the aftermath of terror has been suggested by Miller (2002c), Hanscom (2001), and others. HEARTS is an acronym for:

H = *Listening to the history*. This includes providing a gentle environment, listening with body language, attending the flow of speech, hearing the voice and tone of the speaker, observing the speaker's movements and reactions, looking at facial expressions, remaining quietly patient, and listening compassionately. Clinicians will recognize this as a basic description of *active listening*.

E = *Focusing on emotions and reactions*. This involves using reflective listening, asking gentle questions, and naming the emotions.

- A = Asking about symptoms.* This involves using one's personal and therapeutic style to investigate current physical symptoms, current psychological symptoms, and suicidal tendencies.
- R = Explaining the reason for symptoms.* This includes showing how the symptoms fit together, describing how the body reacts to stress and trauma, explaining the interaction between the body and mind, and emphasizing that these are normal symptoms that normal people have to a very abnormal event.
- T = Teaching relaxation and coping skills.* This involves instructing the patient in relaxation skills, such as abdominal breathing, meditation, prayer, imagery, visualization, and others; and discussing coping strategies (e.g., recognizing how they have coped in the past, reinforcing old and healthy strategies, and teaching new coping skills).
- S = Helping with self-change.* This involves discussing the person's worldview—the original view and any changes, adaptations, or similarities—and recognizing the positive changes in the self.

Family Therapy

Whether it is a single family member who is hurt or killed in a terrorist attack, or a mass terrorist casualty incident where hundreds of families are killed, injured, or displaced, family members can act as both exacerbating and mitigating factors to one another in their efforts to cope with trauma. Accordingly, a key therapeutic task often involves turning vicious cycles of recrimination and despair into positive cycles of support and hope.

Family therapists have long recognized that the effects of successive traumas are often cumulative (Alarcon, 1999; Catherall, 1995). Accordingly, therapy for terrorist bereavement may have to deal with unresolved traumatic material from the past, which will almost certainly be re-evoked by the more recent trauma of the murder. In addition, other aspects of life cannot automatically be put on hold when the death occurs, so therapy must address coexisting issues such as school and job problems, marital conflict, substance abuse, or other preexisting family stresses.

Therapists should inquire about individual family members' private perceptions of death. Nihilism and despair are common early responses, and helping patients and families to recover or develop sustaining spiritual or philosophical beliefs or actions can buffer the destabilizing and disintegratory effects of the murder. Therapeutic measures may involve exploring the family members' concepts of life and death, as well as encouraging both private meditative and socially committed activities, such as support groups or political or religious antiterrorism activities (Ryneerson, 1996). Many Oklahoma City and World Trade Center survivors started or joined various charitable or social service foundations as a way of memorializing their slain loved ones.

Pictures and other mementos of the deceased family member can serve as comforting images for survivors. In looking at family picture albums together, therapists and survivors can bring up positive imagery that may counterbalance the grotesque recollections of the terror attack. Similar memorializing activities include writing about the deceased or creating a scrapbook, but these activities should never be part of an unhealthy obsessive preoccupation (Spungen, 1998).

Community Responses

By definition, mass-casualty terrorist disasters are community events, and there is much that community leaders can do to offer support and increase therapeutic and social morale. Commendations and awards to professional first responders, volunteer rescue workers, service providers, and others who have distinguished themselves are important components of the community recovery process. Memorials to the victims of the terrorist disaster are part of the healing process and should be encouraged. Leaders are powerful symbols. Local and regional leaders should be encouraged to set an example of expressing their own grief in a healthy and mature way, to lead

the community in recognizing the appropriateness of constructive mourning (Ursano, Fullerton, & Norwood, 1995).

Emergency Response Unit and Hostage Negotiations: Munich

One of the most notable and far-reaching initiatives taken by Harvey Schlossberg was his part in developing the nation's first true Hostage Negotiation Team in 1972.

An eye-opening hostage event took place in the summer of 1972. Simon Eisdorfer, Assistant Chief Inspector at the New York Police Department, watched as a hostage drama unfolded on television. What became known as the "Munich massacre" occurred at the 1972 Summer Olympics in Munich, Germany, when members of the Israeli Olympic team were taken hostage by the Palestinian terrorist organization Black September—a group within Yasser Arafat's Fatah organization. The attack, miserable and failed attempts at negotiations, and a botched rescue attempt eventually led to the deaths of 11 Israeli athletes and one German police officer.

According to news sources, the Israeli athletes had enjoyed a night out on September 4, 1972, watching a performance of *Fiddler on the Roof* before returning to the Olympic Village. At 4:30 a.m. on September 5, as the athletes slept, eight terrorists clad in tracksuits and carrying guns and grenades in duffel bags scaled a chain-link fence with the help of unsuspecting U.S. athletes who, too, were sneaking into the Olympic Village compound. The Palestinians then used stolen keys to enter two apartments used by the Israeli team.

Israeli wrestling referee Yossef Gutfreund heard a faint scratching noise at the door of the first apartment. When he investigated, he saw the door begin to open and masked men with guns on the other side. He shouted, "Hevretistalku!" (Guys, get out of here!) and threw his nearly 300-pound weight against the door to try to stop the Palestinians from forcing their way in. The wrestling coach Moshe Weinberg, age 33, attacked the kidnappers as the hostages were being moved from one apartment to another, allowing one of his wrestlers, Gad Tsobari, to escape. The burly Weinberg knocked one of the intruders unconscious and stabbed another with a fruit knife before being shot to death. Weightlifter Yossef Romano, 31 and the father of three, also attacked and wounded one of the intruders before being killed.

The kidnappers were left with nine living hostages: wrestling referee Yossef Gutfreund, age 40; American-born weightlifter David Berger, 28; wrestler Mark Slavin, 18; weightlifting judge Yacov Springer, 51; weightlifter Ze'ev Friedman, 28; track coach Amitzur Shapira, 40; wrestler Eliezer Halfin, 24; shooting coach Kehat Shorr, 53; and fencing coach Andre Spitzer, 27.

The terrorists demanded the release and safe passage to Egypt of 234 Palestinians and non-Arabs jailed in Israel. The German authorities, under the leadership of Chancellor Willy Brandt and Minister for the Interior Hans-Dietrich Genscher, rejected Israel's offer to send an Israeli special forces unit to Germany. Instead, a small squad of German police was dispatched to the Olympic Village. Dressed in Olympic sweatsuits and carrying machine guns, these were members of the German border police, untrained in any sort of counterterrorist response, and without specific tactics in place for the rescue. The police took up positions and awaited orders that never came.

In the meantime, camera crews filmed the police actions from German apartments and broadcast the images live on television. With televisions on, the terrorists were able to watch the police as they prepared to attack. Footage shows the terrorists leaning over to look at the police who were in hiding on the roof. In the end, the police simply left.

At one point during the crisis, the negotiators demanded direct contact with the hostages in order to satisfy themselves that the Israelis were still alive. Fencing coach Andre Spitzer, who spoke fluent German, and shooting coach Kehat Shorr, the senior member of the Israeli delegation, had a brief conversation with Schreiber and Genscher while standing at the second-floor window of the besieged building, with two kidnappers holding guns on them. When the kidnappers became impatient with

Spitzer's prolonged answers to the negotiators' questions, the coach was pistol-whipped in full view of international television cameras and pulled away from the window.

The kidnapers demanded transportation to Cairo. The German authorities feigned agreement and at 10:10 p.m., two helicopters transported both the kidnapers and their hostages to nearby Fürstenfeldbruck airbase, where a Boeing 727 aircraft was waiting. The kidnapers believed they were on their way to Riem, the international airport near Munich, but the authorities planned an assault on the kidnapers at the airport.

Five German snipers, none of whom had any special training, were chosen to shoot the kidnapers. All had been chosen simply because they "shot competitively on weekends" (Kitaeff, 2006a, p. 87). No tanks or armored personnel carriers were at the scene. A Boeing 727 jet was positioned on the tarmac with five or six armed German police inside, who volunteered to do the job, dressed as the flight crew. The plan was for them to overpower the terrorists with the pretense of inspecting the plane, and give the German snipers a chance to kill the terrorists remaining at the helicopters. But they were ordinary police officers who had not been trained for such a mission. At the last minute, as the helicopters were arriving on the tarmac, the German police aboard the airplane voted on and then abandoned their mission, without contact to or from any central command.

The helicopters landed just after 10:30 p.m., and the four pilots and six of the kidnapers emerged. While four of the Black September members held the pilots at gunpoint, Issa and Tony walked over to inspect the jet, only to find it empty. Knowing they had been duped, they jogged hastily back toward the helicopters, and at approximately 11:00 p.m., the German authorities gave the order to the police snipers positioned nearby to open fire.

There was instant chaos. The four German members of the chopper crews began sprinting for safety in all directions. In the ensuing frenzy, two kidnapers standing near the pilots were killed, and a third was mortally wounded as he fled the scene. The three remaining exposed kidnapers scrambled to safety, and began to return fire and shoot out as many airport lights as they could from behind the helicopters, out of the snipers' line of sight. A German police officer in the control tower, Anton Fliegerbauer, was killed by the gunfire. The helicopter pilots fled, but the hostages, who were tied up inside the craft, could not. A stalemate developed. During the gun battle, wrote Groussard, the hostages secretly worked on loosening their bonds. Teeth marks, evidence of the hostages' determination, were found on some of the ropes after the gunfire had ended.

The five German snipers did not have radio contact with each other and were unable to coordinate their fire. None of the snipers were equipped with steel helmets or bulletproof vests, proving an egregious lack of preparation. None of the rifles were equipped with telescopic sights or night vision scopes. Later, it was discovered that one of the snipers never fired a shot because he was positioned directly in the line of friendly fire, without any protective gear. Later in the battle, when kidnapper Khalid Jawad attempted to escape on foot, this sniper shot and killed the fleeing kidnapper, and was in turn wounded by one of his fellow police officers, who was unaware that he was shooting at one of his own men.

At 4 minutes past midnight, by now into September 6, one of the kidnapers jumped out of one of the helicopters. He turned and sprayed the helicopter and hostages with gunfire, killing Springer, Halfin, and Friedman, and wounding Berger in the leg. The kidnapper then pulled the pin on a grenade and tossed it back into the cockpit, where it detonated. While the first helicopter was burning, writes Cooley, the surviving kidnapers kept fire trucks at bay by shooting at them.

What happened to the remaining hostages is still a matter of dispute. However, it is likely that a third kidnapper stood at the door of the helicopter and riddled the remaining five hostages—Gutfreund, Shorr, Slavin, Spitzer, and Shapira—with fatal gunfire. Jim McKay, who was covering the Olympics that year for ABC, had taken on the job of reporting the events as Roone Arledge fed them into his earpiece. After the botched rescue attempt, he came on the air with this statement: "Our worst fears have been realized tonight. They've now said that there were 11 hostages; 2

were killed in their rooms yesterday morning, 9 were killed at the airport tonight. They're all gone" (Kitaeff, 2006a, p. 89). But almost beyond comprehension, the massacre of 11 Israeli athletes was not considered sufficiently serious to merit canceling or postponing the Olympics.

A little over a month later, on October 29, a Lufthansa jet was hijacked by terrorists demanding that the Munich killers be released. The Germans capitulated and the terrorists were let go, but an Israeli assassination squad tracked down the terrorists along with those responsible for planning the massacre. Eight of the 11 men targeted for death were killed. Of the remaining three, one died of natural causes and the other two were assassinated, but it is not known for sure if they were killed by Israeli agents.

The Aftereffects of Munich: The Birth of the ESU

Many counterterrorism experts have theorized that the Munich massacre was one of the most significant terror attacks of recent times, one that set the tone for decades of conflict in the Middle East and launched a new era of international terrorism.

As the commanding officer of the NYPD's Special Operations division, Eisdorfer realized that such an event could actually happen in New York City. He also knew that the police department was not prepared to deal with it. Accordingly, he developed the operational plans for the nation's first Hostage Negotiation Team. The team became reality in the spring of 1973, months after a high-profile standoff in January in which armed robbers seized a dozen hostages at a Brooklyn sporting goods store and one police officer was killed.

Eisdorfer knew that by putting fresh cops into a hostage situation, he could wear down hostage takers. He realized that negotiators could subtly turn a siege into a waiting game that played out in their favor. Police officers could change shifts but the suspects could not, and the latter would become tired and hungry and more likely to surrender. His emphasis was saving lives, not ending things quickly as had unfortunately, and tragically, been done in the past.

As both a psychologist and a police detective, Harvey Schlossberg provided most of the psychological consultation needed in all aspects of the new team. What resulted was a 48-hour siege involving 11 hostages and four armed men. "In a way," Schlossberg recalled, "the Brooklyn siege was like a final exam for our hostage negotiations training" (H. Schlossberg, personal communication, February 1, 2006).

The gunmen had barricaded themselves with the hostages inside the store, where they were pinned down by police fire. One of the first things Schlossberg did when arriving on the scene was to calm things down. He ordered the cops to stop shooting and wait it out. "I didn't want to storm the place; I wanted to talk to them," he recalls (H. Schlossberg, personal communication, February 1, 2006). The gunmen had recently sent out a note stating that one of their comrades was injured. They requested medical aid and food. This made Schlossberg believe that these men were more concerned with staying alive than with suicide. He sent in a police radio and initiated a dialogue.

In the end, the hostages escaped by a clever trick: They had persuaded their captors to let them go to the rear of the store in anticipation of a shoot-out. Instead, they broke a plasterboard wall and exited to the roof through a hidden stairway. In his book, *Psychologist With a Gun*, Schlossberg expressed that by basically "doing nothing" and waiting out the situation, the gunmen's alertness relaxed and they fell for the hostages' ruse.

Eisdorfer and Schlossberg's techniques worked and would be studied and emulated by police departments all over the world (Kitaeff, 2006b). A special hostage negotiation team is now a permanent fixture of the police department and is incorporated within the Emergency Service Unit (ESU).

The ESU is considered very elite. It is said that when someone needs help they call the police, when the police need help they call the ESU. The unit provides specialized equipment, expertise, and

support to the various units within the NYPD. From auto accidents to building collapses to hostage situations, the ESU is called in when the situation requires advanced equipment and expertise.

Also included within the ESU is what is commonly referred to in other agencies as the Special Weapons and Tactics team (SWAT). For possible hostage situation, on-scene psychologists and trained police negotiators profile hostage takers; determine their motivation, vulnerabilities, and dangerousness; suggest dialogue strategies or psychological tactics that would defuse the situation; and spend equal time analyzing which hostages might engage in behaviors that diminish or enhance their chances for survival. A trained hostage negotiator will be able to advise police on whether a hostage taker might be mentally ill (about 50% of them are) and what the extent of their life crisis might be. This is particularly important because some hostage takers may be out of touch with reality or even attempting to commit “suicide by cop.”

In contrast to Eisdorfer’s time, crisis/hostage teams now usually consist of at least five people. These include the primary negotiator (who does most of the active negotiations), a secondary negotiator (who monitors negotiations and makes suggestions), an intelligence officer (who seeks and organizes incoming information), a psychologist (who serves as a consultant or advisor), and a tactical liaison (who maintains communications with command).

The first 15 to 45 minutes of a hostage situation are the most dangerous. This is because the hostage takers are still going through a panic reaction. This is when most hostages get injured or killed, either because they tried to be a hero, made some remark or suggestion, stood out in some symbolic way, or were just picked at random to make a point. Unless the hostage takers are under the influence of some chemical stimulant, they are likely to calm down after a while, appear to be exhausted, and tell everyone to get some rest. Hostages may be traded for food, drink, and/or toilet facilities, and these released hostages will be interviewed for what they observed (i.e., numbers of hostage takers, weapons present, routine, and chain of command). Sleep may occur, and this is not uncommon, especially when there are a small number of perpetrators or a solo suspect who has handled all the details alone. Authorities use surveillance devices to tell when everyone falls asleep and have at times surprised everyone by ending a hostage situation during this time (Kitaeff, 2006b).

The International Association of Chiefs of Police, Psychological Services Section and Relevant Police Organizations

The International Association of Chiefs of Police (IACP) Psychological Services Section has progressed from 1984 to the present time (see Fischler, 2001, 2010; IACP, 2006, 2009).

During August 1984, a gathering of police psychologists attending a conference at the FBI Academy discussed how police psychologists could serve IACP membership and agreed to work toward forming an IACP police psychological services committee. This group met again at the October 1984 IACP Annual Conference in Salt Lake City as an ad hoc committee. The ad hoc committee developed an outline of interests and responsibilities and made a formal presentation to IACP Executive Board members, who voted to establish the Police Psychological Services Committee on October 25, 1984.

Initial objectives of the committee were to:

1. Provide an immediate and knowledgeable information source on police psychology and related mental health fields to law enforcement in general, and to the IACP in particular.
2. Advance police psychological services in general.
3. Identify police psychology resources, including the development of a directory of law enforcement mental health professionals.
4. Make training available to IACP membership concerning police psychology and related fields.
5. Provide information and training to mental health professionals so they might develop and upgrade skills in the law enforcement mental health area.

The new Police Psychological Services Committee first met on October 13, 1985, at the IACP Annual Conference in Houston, Texas, to further develop initial goals. It immediately began to plan how to advance these goals through presentations at IACP annual conferences and publications in *Police Chief* magazine. The committee consented that its primary role was to serve IACP member needs. Committee members met again on December 17, 1985, at the FBI Academy to finalize workshops for the 1986 Annual Conference. The committee was elevated to full section status in 1986 at the Annual Conference in Nashville. Since that time, the Psychological Services Section has grown to over 80 police psychologists. The section continues to adhere to the original objectives of the Psychological Services Committee by contributing to *Police Chief* magazine, presenting training programs at the annual conferences, and scheduling in-service training for police psychologists at each annual conference. The section has also been instrumental in the development of standards relating to police psychology and has developed standards for pre-employment, duty-related shootings and other traumatic incidents, fitness for duty, and use of peer support.

Membership in the section is open to licensed psychologists who are members of IACP and who work as psychologists with public law enforcement agencies. The Psychological Services Section has developed, among other things, guidelines for issues relating to:

1. Peer support.
2. Officer-involved shootings.
3. Pre-employment psychological evaluations.
4. Fitness-for-duty evaluations.

Society of Police and Criminal Psychology

The Society for Police and Criminal Psychology (SPCP) is an eclectic professional organization that encourages the scientific study of police and criminal psychology and the application of scientific knowledge to problems in criminal justice. It focuses on law enforcement, judicial, and corrections systems. Members of the SPCP study the full range of human behaviors, motivations, and actions within the framework of the criminal justice system. Consequently, the SPCP encourages input from psychologists, social workers, psychiatrists, lawyers, police officers, corrections personnel, and other professionals concerned with the criminal justice system (SPCP, 2010).

The SPCP sponsors an annual conference held during the fall at varying locations. The conference focuses on the interface between criminal justice and the behavioral sciences. It includes presentations on international perspectives in policing, specialized police procedures and techniques, personnel decision-making issues in criminal justice agencies, the law and criminal justice, litigation issues, inmate populations, issues in probation and parole, and other issues affecting those in the criminal justice system. The SPCP invites individuals from all over the world, with expertise from every relevant discipline, to present their work on police and criminal psychology, including topics relating to mental health and the criminal justice system. Proposals are welcomed regarding research, theory, and applications that may be of interest to the members, who are encouraged to share their expertise by making a presentation or conducting a workshop at the conference. The SPCP welcomes presentations from psychologists, psychiatrists, lawyers, police officers, corrections personnel, social workers, and professionals involved in the study of the criminal justice system.

The SPCP also publishes the *Journal of Police and Criminal Psychology* through Springer Publications. The journal is published twice per year and focuses on issues relevant to practitioners and academicians in the field of criminal justice. The journal has a worldwide subscription base, and a subscription is included with membership in the SPCP.

The “Diplomate” designator is designed to recognize the special expertise and contributions made by psychologists who work with law enforcement, as either clinicians or academics. The diploma awarded by the SPCP is the premier board certification in this specialty area of applied psychology. Only psychologists are eligible for the Diplomate certification in police psychology. Police psychology encompasses many specialized services provided to law enforcement agencies by psychologists, such as pre–employment psychological testing, specialty assignment and fitness–forduty evaluations, organization development, training, hostage negotiation team consultation, and critical incident stress debriefing.

In order to assess these areas of knowledge, written and oral examinations in person are required of all candidates for the Diplomate. These examinations are designed and administered by currently active Diplomates in police psychology. Attainment of this high and rare distinction signifies that the holder has demonstrated to a board of peers his or her expertise in the history, theory, principles, practices, techniques, and ethics of police psychology. Those who qualify are recognized by their peers as capable and accomplished in police psychology. Diplomate status is a level above graduate training and state licensure requirements. As a minimum, police psychologists hold a doctoral degree in professional psychology and have appropriate credentials to practice psychology within the jurisdictions of their respective states, typically requiring years of supervised experience and postgraduate training. SPCP provides an advanced venue in which police psychologists continue their postgraduate educational experiences. In its more than 30 years as a professional association, SPCP has awarded the Diplomate to only 60 people (the author of this chapter [and editor of this book] is one of these individuals) (SPCP, 2010).

Division 18 of the American Psychological Association: Psychologists in Public Service

According to the APA, the Division of Psychologists in Public Service (Division 18) was established in 1946 as a founding division of APA. It was created in response to the needs of the public in such areas as psychological practice, research, training, program development, and outcome evaluation. Among its goals, Division 18 works to protect and advance the profession, foster ethical practice, advocate for persons with mental illness, and promote quality care.

Public service psychologists are practitioners, researchers, university professors, legislators, program developers, clinical coordinators, managers, administrators, and more. Their clients include consumers of mental health services, managers, administrators, policy makers, elected officials, and the public. They work in a variety of settings, including state hospitals, community mental health systems, VA medical centers, criminal justice systems, police and public safety settings, state legislatures, and academic institutions. In general, the services they provide are as varied as the persons they serve and the places they work.

Members of Division 18 help train more than half the clinical and counseling psychologists in the United States by providing the internship sites and administering the internship programs. Its members develop and implement mental health treatment programs for millions of persons in inpatient and outpatient settings, as well as community support systems. Through the work of its members, Division 18 has the potential to directly or indirectly touch the lives of most people living in the United States.

Police and Public Safety Section of Division 18

Members of this section work with law enforcement, fire departments, nuclear regulatory agencies, emergency medical services, and other public safety entities. They are involved in the selection of employees, fitness–for–duty evaluations, mental health programs, criminal investigative analysis

(profiling), and hostage negotiations. They participate in the development of training, research, and implementation of effective mental health programs, including critical incident stress debriefing.

Criminal Justice Section of Division 18

Members of this section work primarily with incarcerated people and with administrators who operate state or federal correctional facilities and detention centers. They provide professional support to one another through an exchange of information concerning the administration, assessment, treatment, and ethical and training issues involved in this challenging line of work.

Division 41 of the American Psychological Association (The American Psychology-Law Association)

According to the APA, Division 41—the American Psychology-Law Society—promotes the contributions of psychology to the understanding of law and legal institutions, the education of psychologists in legal matters and law personnel in psychological matters, and the application of psychology in the legal system. The Division holds a biennial two-and-one-half-day spring meeting that includes paper and plenary sessions. Members receive the bimonthly journal *Law and Human Behavior* and the *American Psychology-Law Society Newsletter* three times per year.

The American Society of Criminology

The American Society of Criminology (ASC) is an international organization whose members pursue scholarly, scientific, and professional knowledge concerning the measurement, etiology, consequences, prevention, control, and treatment of crime and delinquency. The ASC's objectives are to encourage the exchange, in a multidisciplinary setting, of those engaged in research, teaching, and practice so as to foster criminological scholarship, and to serve as a forum for the dissemination of criminological knowledge. Members include students, practitioners, and academicians from the many fields of criminal justice and criminology.

The ASC conducts an annual meeting devoted to discussions of topics of general interest. The ASC also sponsors an employment exchange at the annual meetings and maintains an active professional employment and position-listing service on the Web. Members receive the journals *Criminology* and *Criminology & Public Policy*, and a newsletter, *The Criminologist*. The ASC has specialized divisions such as Corrections and Sentencing, Critical Criminology, Women and Crime, International Criminology, and People of Color and Crime, which also distribute newsletters, journals, and announcements on a regular basis.

Certification

Now aware of recent court cases and the growing potential for publicity and lawsuits in this area, practicing police psychologists have worried about either *negligent hiring* cases (when officers were hired who initially had “passed” the psychological evaluations and then did something wrong) or charges of *discrimination* (when candidates were not hired and believed the psychological assessments were unfair). Robin Inwald searched for a credential beyond the Ph.D. and state license to practice psychology that would add credibility in the courtroom for those who conducted police evaluations. In 1986, she became the first full-time practicing police psychologist to be granted Diplomate status by the American Board of Forensic Psychology (ABFP) and the American Psychological Association's American Board of Professional Psychology (ABPP). But unfortunately ABPP was not the

post-Ph.D. credentialing body that police psychologists so desperately needed. Most police psychologists didn't even bother pursuing Diplomate status within ABPP as there was simply not a "home" for them there. The closest areas within the organization that had any relevance for police psychologists are Forensic Psychology, Organizational Business and Consulting Psychology, and Clinical Psychology. But none of these covered the material, academic subject matter, or everyday practice activities of the police psychologist.

All this changed as of 2011, when the American Board of Professional Psychology began awarding the specialty diploma to police and public safety psychologists. This was due in part to the pioneering and tireless work of police psychologists such as Philip Trompetter, David Corey, Michael Cuttler, and others. As of this writing, Jeni McCutcheon is the National Chair of Examiners and President-Elect of the American Board of Police and Public Safety Psychologists (ABPPSP). She reports that there are currently 70 Board Certified Specialists in Police and Public Safety Psychology.

According to the American Board of Professional Psychology, applicants for ABPP candidacy in any of the specialty boards must first meet generic requirements applicable to all ABPP applicants, and only then are applicants subject to additional criteria and examination procedures established by each of the specialty boards. Generic ABPP requirements consist of:

1. A doctoral degree from a program in professional psychology from a graduate program that was accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) at the time the degree was granted, or that offered a curriculum that was the equivalent of APA or CPA requirements.
2. Completion of an appropriate APA- or CPA-accredited internship, or an internship that offered the equivalent of APA or CPA requirements.
3. A minimum of one year of postdoctoral experience, completed through formal postdoctoral training, or a minimum of two years if obtained under supervision other than in a formal training program. [Note: Specialty board requirements are in addition to this minimum requirement.]
4. Licensed at the doctoral level for the independent practice of psychology. Such licensure must be granted by a jurisdiction of the United States, its territories, or Canada. The license must be for independent practice; licensure that is dependent on supervision or is restricted for some reason is not acceptable for admission to candidacy for ABPP board certification. [Individuals who are licensed but have a history of disciplinary action by the governing jurisdiction or of ethical violations (e.g., such as may be determined by the APA) are required to provide details of that history, as well as evidence of acceptable resolution, prior to review of the application.]

The ABPP recognizes holders of the Certificate of Professional Qualifications (CPQ) available through the Association of State and Provincial Psychology Boards (ASPPB) as having met the ABPP generic criteria. The ABPP does not accept applications from individuals who are foreign-trained and who practice outside the U.S., its territories, or Canada.

To be eligible for board certification, the applicant must satisfy the generic requirements stipulated by the ABPP, as well as the specific requirements of the specialty board (American Board of police and public safety psychology or ABPPSP), described in the next section below. When a psychologist believes he or she meets the generic and ABPPSP eligibility requirements, he or she may apply for candidacy.

Specialty-Specific Requirements

Eligibility criteria specific to the specialization in Police & Public Safety Psychology include the following requirements:

A. Specialty Education & Training

No fewer than 100 hours of formal education and supervision in police and public safety psychology is required to be eligible for specialty board certification. This criterion can be satisfied by a combination of the following four methods if specifically pertinent to the specialty: graduate coursework or continuing education, formal supervision or peer consultation, peer-reviewed publications, and board certification in another ABPP specialty board or by the Society for Police and Criminal Psychology.

CONTINUING OR GRADUATE EDUCATION

The subject matter of graduate education and/or continuing education workshops presented as evidence of full or partial fulfillment of this criterion must be identifiable as directly relevant to the practice of police and public safety psychology (PPSP). A minimum of 50 hours must derive from specialty-specific continuing education hours, with a minimum of 25 hours that were gathered in the three years preceding application for board certification. These 50 hours must be distinctive to police and public safety psychology (e.g., Hostage Negotiations, Use of the CPI in police and public safety psychology Selection, Sleep Deprivation and its Effects on First Responders, Cognitive Behavioral Therapy with Law Enforcement Personnel) and not simply general continuing education equally applicable to other specialties. An otherwise general workshop may be relevant to PPSP but must be authorized in writing from the NCE (e.g., Threat Assessment and the ADA, Work Fitness Examinations, Issues Surrounding Domestic Violence). Applicants must submit a list of courses taken that meet this criterion. To the extent possible, applicants are required to give a description of the education that includes the title or subject matter, identification of the presenter(s) or faculty, the date and location of the training, and the number of graduate credits or CEU contact hours awarded (e.g., Technology in the Practice of Police Psychology: An Update, Bruce M. Cappo, Ph.D., International Association of Chiefs of Police, Psychological Services Section, Annual Conference. Orlando, Florida, .5 hrs. October 23, 2010).

The focus and substantial content of these curriculum-based courses must be directly relevant to police and public safety psychology. Up to 8 hours of independent study (e.g., book-based, examination-based credits, accredited online courses, DVDs) related to the specialty may be applied if APA-approved. Fifteen hours of credit will be awarded for successful completion of a 3-credit advanced graduate course directly related to police and public safety psychology, up to a maximum of 30 hours.

DIRECT SUPERVISION/FORMAL PEER CONSULTATION

Applicants claiming credit for direct supervision and/or formal peer consultation in police and public safety psychology must submit the name of the psychologist(s) providing formal supervision or peer consultation, the specialty-specific qualifications of the psychologist(s), the beginning and ending period of supervision or consultation (months and years), the nature of the supervision or consultation, and the services provided under supervision or reviewed in peer consultation. The supervisor or peer should be a licensed psychologist with at least five years of full-time postdoctoral experience in the practice of police and public safety psychology. A maximum of 30 hours credit can be claimed for direct supervision and/or formal peer consultation.

PUBLICATIONS

Ten hours of credit is awarded for each publication of scholarly research in peer-reviewed journals and/or edited texts, up to a maximum of 30 hours of publication credits. In considering these contributions, the following will be taken into account:

Introduction and History

- a. The subject of the work must be directly relevant to the functional and/or foundational competencies of police and public safety psychology.
- b. The Applicant must be the primary author or one of two primary authors. Tertiary authors (i.e., third or above) may submit an explanation of their contributions. The ABPPSP may, at its discretion, award credit for 10 or fewer hours.
- c. Publications in popular, trade, self-published, and/or unedited volumes will not be considered for credit. However, publications in bona fide law enforcement periodicals whose editorial policies include content review by professional subject matter experts in police or public safety psychology may be considered for credit on a case-by-case basis.

DISSERTATION

Ten hours of credit is awarded for successful completion of a dissertation submitted in fulfillment of requirements for a doctoral degree in psychology (Ph.D., Ed.D., Psy.D.) from an institution accredited by APA or its equivalent as determined by the ABPP. The subject matter, literature review, theses, and findings must be substantively and specifically related to one or more of the police and public safety psychology domains and activities.

BOARD CERTIFICATION

Thirty hours of credit is awarded for current ABPP Board Certified Specialists in another specialty, as well as for current Diplomates in Police Psychology with the Society for Police and Criminal Psychology (SPCP).

B. Specialty Experience

Eligibility for specialty board certification in police and public safety psychology requires at least 3,000 hours of direct services or activities in the specialty, accrued over no less than (a) two years of full-time, postdoctoral employment as a psychologist in a police or public safety agency or (b) three years, at least two of which are postdoctoral, if the services were provided outside of full-time employment as a psychologist in a public safety agency (e.g., private practice, part-time agency employment, university employment). If employed full time as a college or university faculty, up to 1,500 of the required hours may be earned through the teaching of courses substantively pertinent to police and public safety psychology.

Applicants must submit a description of postdoctoral employment and/or other experience to be considered in fulfillment of this requirement. Note: Full-time employment is defined as no less than 2,000 hours per year. When one or more of these years is performed prior to obtaining independent licensure (i.e., supervised postdoctoral experience), it is expected that at least 1,000 of these hours will be spent in direct service provision in police and public safety psychology and the remainder in supervision. Should additional evidence be requested, this shall consist of letters from colleagues and/or agency administrators familiar with an Applicant's work, and documents showing contracted services.

As indicated earlier in this chapter, the Society of Police and Criminal Psychology (SPCC) offers a Diplomate in Police Psychology for police psychologists who complete an academic review, a rigorous examination, and an oral interview. Although being a "Diplomate in Police Psychology" by the SPCC does not carry the same weight as being "Board Certified in Police and Public Safety Psychology" by the ABPP, it is a very important credential for police psychologists to possess.

Official Recognition of Police Psychology as a Specialty

On August 10, 2008, at its annual convention in Boston, APA officially acknowledged “police psychology” as a true psychological specialty.

The Current Status of the Profession of Police Psychology

The IACP Police Psychological Services Section, in conjunction with members of the Society for Police and Criminal Psychology and the American Psychological Association (Division 18, Police and Public Safety Section), recently carried out a comprehensive survey of the field of police psychology. The Joint Committee on Police Psychology Competencies identified 57 separate competencies clustered or organized into four distinct domains of practice: assessment-related activities, intervention services, operational support, and organizational/management consultation (Aumiller & Corey, 2007). These core domains of practices include proficiencies such as job analyses; pre-employment psychological evaluations of police candidates; psychological fitness-for-duty evaluations; threat assessments; promotional assessments; psychological autopsies; test development; employee assistance counseling, individual therapy and counseling; group, couple, and family therapy; critical incident intervention; critical incident counseling; substance abuse treatment; wellness programs; and intervention-related consultation (Aumiller & Corey, 2007).

These practice domains represent the past in police psychology, the present, and the future. But what is most important is that the American Psychological Association has now recognized police psychology (inclusive of all the listed 57 competencies) as a true psychological specialty. This occurrence, like that for forensic psychology not long ago, has dramatic implications, such as coming graduate programs in police psychology, postgraduate training in police psychology, APA accreditation, and issuance of the ABPP diploma in police and public safety psychology. By establishing these 57 areas of core competencies, gaining APA recognition, and obtaining the specialty designation by the American Board of Professional Psychology, police psychology has truly established itself as a unique and valuable psychological profession with unlimited potential.

References and Further Reading

- Aamodt, M. G. (2004). *Research in law enforcement selection*. Boca Raton, FL: Brown Walker.
- ABAnet*. Litigation. Retrieved August 8, 2007 from <http://abanet.org/litigation/tips/>
- Abel, G. G., & Becker, J. V. (1979). *The sexual interest card sort*. Unpublished manuscript.
- Abelson, R. P. 1982. The psychological status of the script concept. *American Psychologist*, 36, 715–712.
- Abshire, J., & Bornstein, B. H. (2003). Juror sensitivity to the cross-race effect. *Law and Human Behavior*, 27(5), 471–480.
- Acton, R. G., & During, S. M. (1992). Preliminary results of aggression management training for aggressive parents. *Journal of Interpersonal Violence*, 7, 410–417.
- Adelmann, H. (1966). *Marcello Malpighi and the evolution of embryology*. Ithaca, NY: Cornell University Press.
- Adorno, T., Frenkel-Brunswik, E., Levinson, D., & Sanford, N. (1950a). *The authoritarian personality*. New York: Harper.
- Adorno, T., Frenkel-Brunswik, E., Levinson, D., & Sanford, N. (1950b). The adults: A review of social scientific research. *Aggression & Violent Behavior*, 12, 300–314.
- Akhtar, A. (1999). The psychodynamic dimension of terrorism. *Psychiatric Annals*, 29(6), 350–355.
- Akiskal, H. S., Kilzieh, N., Maser, J. D., Clayton, P. J., Schettler, P. J., Shea, M. T., et al. (2006). The distinct temperament profiles of bipolar I, bipolar II, and unipolar patients. *Journal of Affective Disorders*, 92, 19–33.
- Alarcon, R. D. (1999). The cascade model: An alternative to comorbidity in the pathogenesis of posttraumatic stress disorder. *Psychiatry*, 62, 114–124.
- Albrecht, S. (1996). *Crisis management for corporate self-defense*. New York: Amacom.
- Albrecht, S. (1997). *Fear and violence on the job: Prevention solutions for the dangerous workplace*. Durham, NC: Carolina Academic Press.

- Alder, C., & Polk, K. (2001). *Child victims of homicide*. Cambridge, UK: Cambridge University Press.
- Alexander, D. A. (1994a). Police stress: An inside job. In J. T. Reese & R. Solomon (Eds.), *Organizational issues* (pp. 3–16). Washington, DC: Federal Bureau of Investigation.
- Alexander, D. A. (1994b). The impact of police work on police officers' spouses and families. In J. T. Reese & E. Scrivner (Eds.), *Law enforcement families* (pp. 9–17). Washington, DC: Federal Bureau of Investigation.
- Alexander, M. A. (1997). Sex offender treatment probed anew. In B. A. Arrigo & S. L. Shipley (Eds.), *Forensic psychology* (pp. 391–395). Burlington, MA: Elsevier.
- Alexander, Y., & Brenner, E. H. (Eds.). (2001). *Terrorism and law*. Ardsley, NY: Transnational.
- Allen, J. J. B. (2002). The role of psychophysiology in clinical assessment: ERPs in the evaluation of memory. *Psychophysiology*, *39*, 261–280.
- Allen, J. J. B., & Iacono, W. G. (2001). Assessing the validity of amnesia in dissociative identity disorder: A dilemma for the DSM and the courts. *Psychology, Public Policy, and Law*, *7*, 311–344.
- Allen, R. F., & Pilnick, S. (1973). Confronting the shadow organization: How to detect and defeat negative norms. *Organizational Dynamics*, *1*, 2–18.
- Allen, S. G. (1983). How much does absenteeism cost? *Journal of Human Resources*, *18*, 379–393.
- Allison, D. B., & Roberts, M. S. (1998). *Disordered mother or disordered diagnosis? Munchausen by Proxy Syndrome*. Hillsdale, NJ: The Analytic Press.
- Allison, R. B. (1984). Difficulties diagnosing the multiple personality syndrome. *The International Journal of Clinical and Experimental Hypnosis*, *32*(2), 102–117.
- Alpert, J. (Ed.). (1995). *Sexual abuse recalled: Treating trauma in the era of the recovered memory debate*. Northvale, NJ: Jason Aronson.
- Altemeyer, R. (1988). *Enemies of freedom: Understanding right-wing authoritarianism*. San Francisco: Jossey-Bass.
- Altemeyer, R. A. (2007). The other authoritarian personality. In J. Crouse & D. Stalker (Eds.), Do right-wing authoritarian beliefs originate from psychological conflict? *Psychoanalytic Psychology*, *24*, 25–4491.
- American Board of Forensic Psychology (home page). Retrieved February 6, 2008, from www.abpp.org.
- American Board of Professional Psychology, Specialty Specific Requirements. Retrieved August 15, 2016, from www.abpp.org/i4a/pages/index.cfm?pageid=3612.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- American Psychological Association. (1978). Report of the task force on the role of psychology in the criminal justice system. *American Psychologist*, *33*, 1099–1113.
- American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct*. Retrieved February 26, 2008, from www.apa.org/ethics/code/index.aspx.
- American Psychological Association. (n.d.). Elder abuse and neglect: In search of solutions. *APA Online*. Retrieved March 11, 2008, from www.apa.org/pi/aging/resources/guides/elder-abuse.aspx.
- Ammerman, R. T., & Hersen, M. (1991). *Case studies in family violence*. New York: Plenum.
- Anastasi, A. (1976). *Psychological testing* (4th ed.). New York: Macmillan.
- Andersson, L. M., & Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, *24*, 452–471.
- Andersen, S. M., & Zimbardo, P. G. (1984). On resisting social influence. *Cultic Studies Journal*, *1*(2), 196–219.
- Anfang, S., & Appelbaum, P. S. (1996). Twenty years after *Tarasoff*: Reviewing the duty to protect. *Harvard Review of Psychiatry*, *4*(2), 67–76.
- Anson, R. H., & Bloom, M. E. (1988). Police stress in occupational context. *Journal of Police Science and Administration*, *16*, 229–233.
- Appleman, J. (2007). Successful jury trials. In J. D. Lieberman & B. D. Sales (Eds.), *Scientific jury selection*. Washington, DC: American Psychological Association.
- Arbisi, P. A., & Butcher, J. N. (2004a). Psychometric perspectives on detection of malingering of pain: Use of the Minnesota Multiphasic Personality Inventory-2. *Clinical Journal of Pain*, *20*, 383–391.
- Archer, J. (1991). The influence of testosterone on human aggression. *British Journal of Psychology*, *82*, 1–28.
- Arito, H., Sudo, A., & Suzuki, Y. (1981). Aggressive behavior of the rat induced by repeated administration of cadmium. *Toxicology Letters*, *7*, 457–461.
- Armstrong, K. R., Lund, P. E., McWright, L. T., & Tichenor, V. (1995). Multiple stressor debriefing and the American Red Cross: The East Bay Hills fire experience. *Social Work*, *40*(1), 83–90.
- Arnson, E. (1995). *The social animal*. New York: W. H. Freeman.
- Aronson, E., Wilson, T. D., & Akert, R. M. (2002). *Social psychology: The heart and the mind*. New York: HarperCollins.
- Arrigo, B. A., & Shipley, S. L. (2000). *Forensic psychology*. Burlington, MA: Elsevier.

- Arrigo, B. A., & Shipley, S. L. (2005). *Forensic psychology* (2nd ed.). Burlington, MA: Elsevier.
- Artwohl, A., & Christensen, L. W. (1977). *Deadly force encounters: What cops need to know to mentally and physically prepare for and survive a gunfight*. Boulder, CO: Paladin Press.
- Asch, S. E. (1956). Studies of independence and conformity: A minority of one against a unanimous majority. *Psychological Monographs*, 70(Whole no. 416).
- Ash, P., Slora, K. B., & Britton, C. F. (1990). Police agency officer selection practices. *Journal of Police Science and Administration*, 17(4), 258–269.
- Ashforth, B. E., & Humphrey, R. H. (1993). Emotional labor in service roles: The influence of identity. *Academy of Management Review*, 18, 88–115.
- Åström, P. (2007). The study of ancient fingerprints. *Journal of Ancient Fingerprints*, 1, 2–3.
- Aumiller, G. S., & Corey, D. (2007). Defining the field of police psychology: Core domains & proficiencies. *Journal of Police and Criminal Psychology*, 23(1), 23–48.
- Austin, E. J., & Deary, I. J. (2000). The ‘four As’: A common framework for normal and abnormal personality? *Personality and Individual Differences*, 28, 977–995.
- Autopsy shows teen died from “neck compression” (2007, December 12). *CTV.ca*. Retrieved March 21, 2009, from www.ctv.ca/servlet/ArticleNews/story/CTVNews/20071211/muslim_dad_071212/20071212?hub=TopStories.
- Avolio, B. J., Bass, B. M., & Jung, D. I. (1995). *Multifactor Leadership Questionnaire technical report*. Redwood City, CA: Mind Garden.
- Azen, S. P. (1974). Predictors of resignation and performance of law enforcement officers. *American Journal of Community Psychology*, 2, 79–86.
- Azen, S. P., Snibbe, H. M., & Montgomery, H. R. (1973). A longitudinal predictive study of success and performance of law enforcement officers. *Journal of Applied Psychology*, 57, 190–192.
- Balch, R. (1977). The police personality: Fact or fiction. In D. B. Kennedy (Ed.), *The dysfunctional alliance: Emotion and reason in justice administration* (pp. 10–25). Cincinnati, OH: Anderson.
- Barland, G. H., & Raskin, D. C. (1976). Validity and reliability of polygraph examinations of criminal suspects. In (Contract No. 75-N1–99–0001). Washington, DC: National Institute of Justice, Department of Justice.
- Bartol, C. R. (1982). Psychological characteristics of small-town police officers. *Journal of Police Science and Administration*, 10, 58–63.
- Bartol, C. R. (1991). Predictive validation of the MMPI for small-town police officers who fail. *Professional Psychology: Research and Practice*, 22, 127–132.
- Bartol, C. (1996). Police psychology: Then, now, and beyond. *Criminal Justice and Behavior*, 23, 70.
- Bartol, C. (2004). *Introduction to forensic psychology*. Thousand Oaks, CA: Sage.
- Bartol, C. R., & Bartol, A. M. (2004). *Introduction to forensic psychology*. Sage Publication, Thousand Oaks, CA.
- Beijen, D. J. (1995a). *Police seeking counsel*. Unpublished manuscript.
- Beijen, D. J. (1995b). *Police suicide: Its reasons, and training to prevent it*. Unpublished manuscript.
- Bell, J. L. (1995). Traumatic event debriefing: Service delivery designs and the role of social work. *Social Work*, 40(1), 36–43.
- Ben-Porath, Y. S. (2006). Differentiating normal from abnormal personality with the MMPI. In S. Strack (Ed.), *Differentiating normal from abnormal personality* (2nd ed., pp. 337–381). New York: Springer.
- Ben-Porath, Y. S., & Tellegen, A. (2008). *The Minnesota Multiphasic Personality Inventory-2 Restructured Form: Manual for administration, scoring, and interpretation*. Minneapolis: University of Minnesota Press.
- Ben-Shakhar, G. (2008). Effective policing: Understanding how polygraph tests work and are used. *Criminal Justice and Behavior*, 35, 1295–1308.
- Ben-Shakhar, G., & Dolev, K. (1996). Psychophysiological detection through the guilty knowledge technique: The effects of mental countermeasures. *Journal of Applied Psychology*, 81, 273–281.
- Benner, A. (1982). *Concerns cops have about shrinks*. Paper presented at the meeting of the American Psychological Association, San Francisco.
- Benner, A. (1994). The challenge for police psychology in the twenty first century: Moving beyond efficient to effective. In J. T. Reese & R. Solomon (Eds.), *Organizational issues* (pp. 363–374). Washington, DC: Federal Bureau of Investigation.
- Benner, A. (1997). *Class lecture on critical incident stress debriefing training*. Critical Incident Debriefing Training, San Francisco Police Department.
- Benner, A., & Quinn, V. (1993). *Critical incident stress debriefing manual*. Unpublished training manual, San Francisco Police Department.
- Bernstein, I. H., Schoenfeld, L. S., & Costello, R. M. (1982). Truncated component regression, multicollinearity and the MMPIs use in a police officer selection setting. *Multivariate Behavior Research*, 17, 99–116.
- Berry, C. O. (2007). Interpersonal deviance, organizational deviance, and their common correlates: A review and meta-analysis. *Journal of Applied Psychology*, 92, 410–424.