

Fitness for Duty Evaluations



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Overview



- 1. Overview of mental illness and substance abuse
- 2. Reasons to request a fit for duty evaluation
- 3. How are FFDEs conducted and what they are meant to assess.
- 4. Results and recommendations that come from FFDEs
- 5. Do's and Don'ts of FFDEs
- 6. Case examples

Why Care?



- Public safety
- Departmental and personal liability
- Health and wellness of the officer
- Staff morale and esprit de corps

Fit For Duty Evaluation



- A fit for duty evaluation (FFDE) is a specialized mental health examination designed to inform the law enforcement executive of issues of mental impairment that may impact on the ability of the officer to perform his or her duty in a safe and effective manner.
- Rests on the principle that those entrusted with the power to take life or liberty under the law are psychologically fit and do not pose a threat because of mental illness.

Differences Between FFDEs and Standard Mental Health Evaluations



FFDE

- Referring agency owns the report
- Non-confidential
- Required collateral information
- No feedback about results typically shared with officer

Standard Mental Health Evaluation

- Client owns the report
- Confidential
- Self-report
- Feedback given to client regarding findings

What is mental illness?



- **What is mental illness?**
 - A disease that causes mild to severe disturbance in mood, behavior and/or thought patterns.
- **What causes mental illness?**
 - Situational stress (trauma, loss, relationship stressors)
 - Biological causes (chemical imbalance, genetic predisposition, brain injury)
 - Combination of stress and biology

Categories of mental illness



Schizophrenia Spectrum & Psychotic Disorders

- Symptoms:
 - ✦ Odd or Delusional thinking (Paranoia, grandiosity, bizarre)
 - ✦ Confusing thought processes (rambling, incoherent, “word salad”)
 - ✦ Hallucinations (visual, auditory, tactile)
 - ✦ Social withdrawal
- What might this look like in the work setting?
 - ✦ Often first noted in 20s or early 30s
 - ✦ Disorganization of thought
 - ✦ Disheveled appearance
 - ✦ Changes in interpersonal interactions (i.e. suspicious)
 - ✦ Detachment or isolation from peers

Categories of Mental Illness



Depressive Disorders

- Symptoms
 - ✦ Sadness
 - ✦ Tearfulness
 - ✦ Hypersomnia or hyposomnia
 - ✦ Isolation
 - ✦ Irritability
 - ✦ Difficulty completing tasks
- What might this look like in the work setting?
 - ✦ Lateness
 - ✦ Inability to complete tasks on time
 - ✦ Irritability
 - ✦ Overwhelmed by even small demands
 - ✦ Deterioration of hygiene or appearance
 - ✦ Weight gain or loss

Categories of Mental illness



Bipolar Disorders

- Symptoms

- Periods of:

- ✦ Mania:

- Excessively talkative
- Decreased need for sleep
- Hypersexual
- Grandiosity
- Labile emotions
- Disorganized thought
- Lasting 4+ days (may require hospitalization)

- ✦ Depression:

- Same symptoms as identified in depressive disorders section

- What might this look like in the work setting?

- Periods of stability and acute periods of instability
- Not coming to work at all or arriving late
- Excessive talking
- Disorganized
- Grandiose
- Appears hyper or depressed
- Psychiatric hospitalizations

Categories of Mental Illness



Obsessive Compulsive Disorder & Related Disorders

- Symptoms
 - Repetitive behaviors
 - Anxiety symptoms
 - Rigidity in behaviors
 - Hair-pulling
 - Skin-picking
 - Hoarding
- What might this look like in the work setting?
 - Rigid behavioral patterns (i.e. light switches, hand-washing)
 - Hair-pulling
 - Skin-picking (scabs, acne, scratching)

Categories of Mental Illness



Somatic Symptoms & Related Disorders

- Symptoms
 - Without medical diagnosis:
 - ✦ Frequent complaints of pain (particularly headaches and GI pain)
 - ✦ Worry about future medical ailments
 - ✦ Feigning medical ailments for secondary gain
 - Anxiety about existing medical ailment that exacerbates medical condition
- What might this look like in the work setting?
 - Frequent absences
 - Arriving late or leaving early due to physical ailments
 - Many doctor visits/ trips to the nurse's office without resolution
 - Fearfulness of others' illnesses

Categories of Mental Illness



Anxiety Disorders

- Symptoms
 - Fearfulness
 - ✦ Generalized
 - ✦ Specific object
 - ✦ Of separation from person/place
 - Fidgeting
 - Sleep disturbances (nightmares, inability to fall asleep or stay asleep)
 - Hypervigilant
 - Hyperventilating
 - Panic attacks
 - Avoidant
- What might this look like in the work setting?
 - Poor concentration
 - Difficulty completing tasks
 - Appears fatigued
 - Fidgety, inability to sit still
 - Jumpy
 - Avoidant of certain places/objects/topics
 - Reluctant to share in class/ raise hand

Categories of Mental Illness



Trauma & Stressor-Related Disorders

- Symptoms
 - Recently experienced fear-inducing event or major life stressor
 - Hypervigilance
 - Difficulty sleeping
 - Avoidance of topics/places
 - Depressive symptoms
 - Re-experiences traumatic event (“flashbacks”)
 - Emotionally detached from others
 - Emotional numbing
- What might this look like in the work setting?
 - Jumpy
 - Avoidant of certain topics/places
 - Appears fatigued
 - Seems disconnected from peers
 - Socially withdrawn
 - Irritable
 - Tearful

PTSD

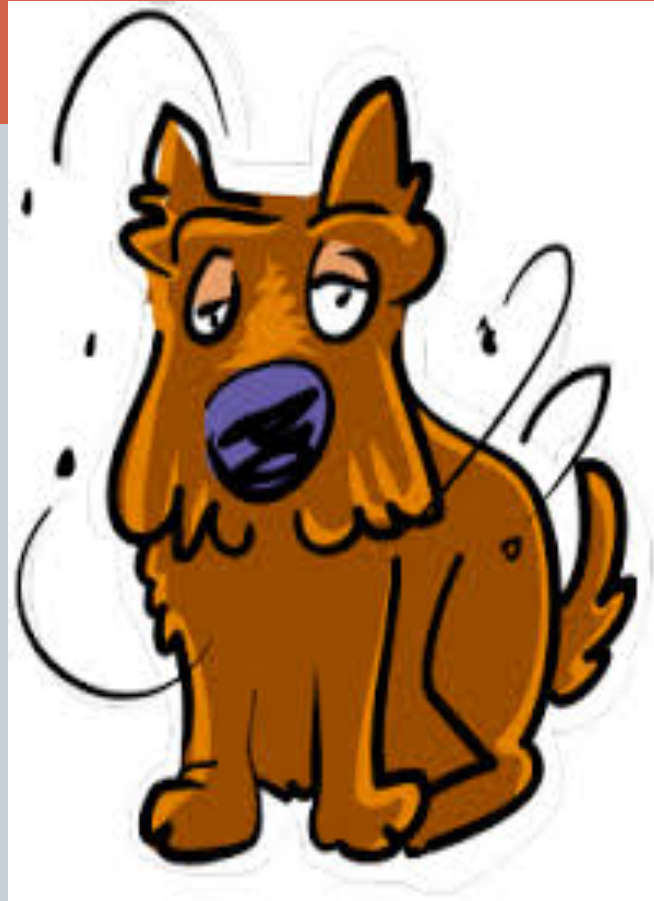


- Can affect someone who:
- directly experiences the traumatic event
- witnesses the traumatic event in person;
- learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental)
- experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

PTSD



- The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning.



Categories of Mental Illness



Personality Disorders – Cluster A

- **Symptoms** (consistent pattern with marked impairment)
 - Oddities in thought
 - Social withdrawal
 - Paranoia
 - Eccentricities in behavior and/or attire
- What might this look like in the work setting?
 - Prefers to be alone – few friends, eats alone, rarely socializes or attends group functions
 - Suspicious of others, untrusting
 - Rigid behaviors

Categories of Mental Illness



Personality Disorders – Cluster B

- **Symptoms** (consistent pattern with marked impairment)
 - Emotional reactivity
 - Unstable interpersonal relationships
 - Disregard for others' emotions
 - Unstable self-identity
 - Demanding
 - Poor impulse-control
- What might this look like in the work setting?
 - Frequent interpersonal problems with colleagues/parents
 - Exploits others
 - Disregard for rules/policy
 - Dramatic emotional reactions
 - Poor accountability for own actions

Categories of Mental Illness



Personality Disorders – Cluster C

- **Symptoms** (consistent pattern with marked impairment)
 - Avoidant
 - Fearful of rejection
 - Fearful of losing relationships
 - Unable to make independent decisions
 - Excessive need for orderliness
 - Sensitive
- What might this look like in the work setting?
 - Sensitive to criticism
 - Extreme difficulty making independent decisions (i.e. repeatedly asks for approval for even minor decisions)
 - Over-accommodating to others
 - Approval-seeking
 - Anxiety

Personality Disorders



- Constellation of problematic personality traits that cause impairment in functioning
- Tend to begin in adolescence and are largely inflexible
- Difficult to treat

Categories of Mental Illness



Substance Use Disorders

● Symptoms

- Problematic use of intoxicating substance (illicit, prescription, or otherwise)
- Lateness and/or increased missed days of work
- Erratic behaviors
- Changes in mental status
- Increased time/money to obtain substances

● What might this look like in the work setting?

- More missed days of school
- Arriving late
- Dramatic change in emotional reactions
- Appears disheveled, malodorous
- Appears fatigued OR extremely hyper
- Irritable
- Confused or disoriented
- Wearing more perfume/cologne
- Missing deadlines

Early signs of mental illness or instability



- **Changes in behavior**

- Arriving late to work or having more absences than usual
- Isolating from peers
- Staying at work much longer or much less than normal
- Inability to complete tasks that were previously done on-time and to expectations
- Talking significantly more or significantly less

Early signs of mental illness or instability



- **Changes in mood and cognition**
 - Tearfulness
 - Irritability
 - Fatigue
 - Appears overwhelmed
 - Poor concentration
 - Forgetful
 - Fidgeting

Early signs of mental illness or instability



- **Changes in appearance**
 - Disheveled clothing
 - More provocative clothing
 - Changes in hygiene (malodorous, unwashed hair)
 - Puffy and/or red eyes
 - Dramatic weight gain or loss

Signs of Substance Abuse in the workplace



- Signs of substance use can look much like signs of mental illness, most notably:
 - Lateness
 - Missed deadlines
 - Altered appearance (disheveled, unkempt or provocative)
- As well as:
 - Altered consciousness
 - ✦ Labile mood, disorientation, confusion,
 - Smell of alcohol or heavy perfume/cologne

Reasons to Request a Fit For Duty Evaluation



- *The officer appears to exhibit behavioral problems that while not individually catastrophic, suggest a collapse of integrity, motivation, effectiveness, and/or judgment.*
- E.g. Absenteeism, moodiness, poor work

Reasons to request a FFDE



- *When an officer has a good history of conduct and behavioral control, the onset of sudden onset of forgetfulness, hostility, depression, withdrawal, or irrational speech.*

Reasons to request a FFDE



- *Emergence of prejudicial, bigoted, or overbearing written or spoken conduct or behavior, especially when it is connected with threats of the violation of citizen's rights.*
- Discipline versus FFDE

Reasons for ordering a FFDE



- *Allegations of the excessive, inappropriate, and unexplained use of force.*
- A pattern of excessive or unusual interest in confrontation

Reasons for ordering a FFDE



- *Threats or insinuations of violence, particularly when associated with aggressive displays toward colleagues, superiors, or the public.*

Reasons for ordering a FFDE



- *“Mystery” medical conditions that are often associated with excessive absenteeism.*
- When medical fit for duty evaluations find no medical cause.

Reasons for ordering a FFDE



- *Complaints by family, friends, relatives, or associates of bizarre off-duty behavior (e.g. spousal abuse).*

Reasons for ordering a FFDE



- *Signs of instability following a traumatic job-related incident.*
- Everyone responds to traumatic experience differently.

Reasons for ordering a FFDE

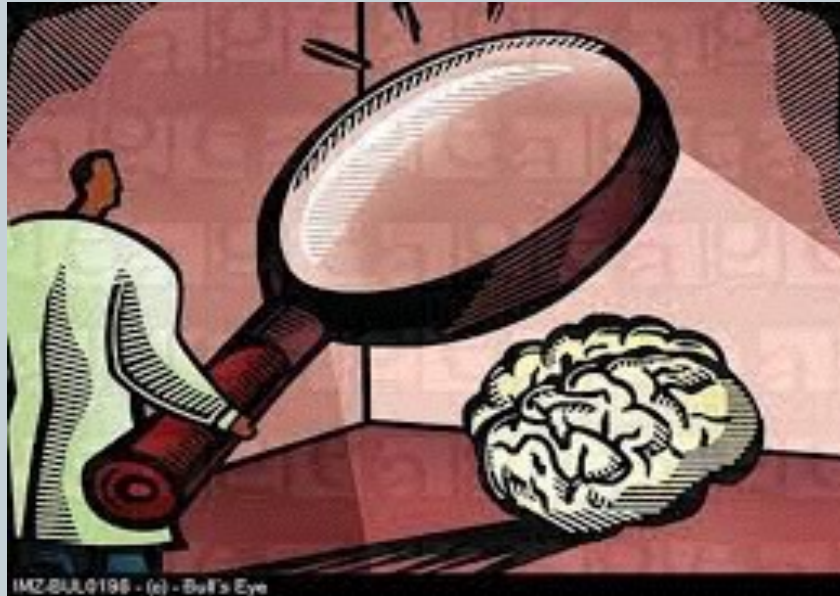


- *Sexual inappropriateness or acting out.*

How FFDEs Are Conducted...



- Testing
- Review of collateral information
- Interview



Diagnosis/ Prognosis



Diagnosis/ Prognosis



Psychological Testing



- Questions are standardized, generate scores, permit comparison's to normative samples
- Minimize examiner bias
- Basis of decisions is transparent
- Validity scales



Malingering



- *The intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives... (APA, 2013)*
- 1. Fabrication of false symptoms
- 2. Suppression of true abilities
- 3. To avoid undesired consequences or obtain desired goals
- 4. Driven by external incentives

Review of Collaterals



- Superior's documentation of problematic behaviors, attempts to remediate, clear job-related questions regarding suitability, performance evaluations, disciplinary history, commendations, internal affairs investigations, complaints, use of force incidents, officer involved shootings, civil claims
- A more objective account of officer's behavior

Interview



- The officer's perspective
- Assessing self-report and behavior



Results of Evaluation



- No mental Illness and/or impairment
- Invalid presentation
- Currently unfit but treatable. Prognosis and recommendations

FFDE Recommendations



- Path to restoring fitness
- Examples include counseling, modified assignment, mentoring, training, other remedies, re-review

Don'ts of FFDEs



- FFDE not indicated if officer has engaged in the clear violation of the criminal justice code.
- Don't request an FFDE when the sole purpose is to dispose of a marginal or annoying officer whose behavior has not changed substantially in recent times.
- Use an FFDE as a punishment
- Don't use an FFDE as a fishing expedition into criminal other misconduct
- Don't order an FFDE to satisfy curiosity

The Do's of FFDEs



- Intervene early (e.g. EAP, outside referral)
- If requesting an FFDE, choose a qualified professional and avoid conflict of interest
- Document problematic behaviors and their impact on job-related functions
- As early as you can, provide the evaluator with collateral information

Sergeant Smith



- Sergeant Smith is a 45 year-old police Sergeant who has spent 14 years with the Anytown Police Department. Generally, he has received “above average” performance reviews, his performance leading to his promotion to the rank of Sergeant in 2013. He has also been the subject of numerous disciplinary investigations (19), most “not sustained,” but others resulting in warnings, suspensions, and other discipline. The most serious sustained infraction was for excessive force.

Sergeant Smith (continued)



- Typically, citizens have complained that Officer Smith is confrontational and easily provoked to anger. Recently, Sergeant Smith was observed by several officers to be belligerent and very drunk at a bar after work.

Questions



- What additional information do you need in this case?
- What action, if any, should the department take?

Officer Jones



- Officer Jones has had a history of discontent with the Mytown Police department for nearly 20 years. She is known to carry on his person a manual of “rules and regulations” and over the years, has filed numerous union grievances and otherwise “written up” several supervisors. Recently, the Chief received a call from Officer Jones’ husband indicating that their marriage is ending and that he “worries about her”.

Officer Jones



- Officer Jones has called out of work on several occasions over the past 3 weeks and her partner describes her as “kinda not all there”.

Questions



- What additional information do you need in this case?
- What action, if any, should the department take?

Dispatcher Johnson



- Dispatcher Johnson has been with the Anywhereville Police Department for 3 years. His work performance has been average. He is known by his colleagues to be introverted and seldom socializes with colleagues outside of work. In the past, he revealed to several co-workers that he was once psychiatrically hospitalized and is currently seeing a psychiatrist. Recently, he revealed to a co-worker that he does not always take his medication as prescribed and is “sometimes suicidal”.

Questions



- What additional information do you need in this case?
- What action, if any, should the department take?