The psychological experience of a fitness-for-duty evaluatee: A case study

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The psychological experience of a fitness-for-duty evaluatee: A case study

Abstract
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THE PSYCHOLOGICAL EXPERIENCE OF A FITNESS-FOR-DUTY EVALUÉE:

A CASE STUDY

A THESIS

SUMBITTED TO THE FACULTY

OF

SCHOOL OF PROFESSIONAL PSYCHOLOGY

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KAYLA LINDSAY CARSON

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APPROVED: Genevieve L. Y. Arnaut, Psy.D., Ph.D.
Abstract

In this case study, a police officer’s psychological experience of two fitness-for-duty evaluations (FFDEs) following a critical incident was examined. The participant was a White, middle-aged male who was a former police officer; during interview, he spoke about his experience of a critical incident that took place and the FFDEs that followed the traumatic event. Three themes were identified: ambivalence, confusion about the nature of the FFDE, and distrust and defensiveness. More research is needed to determine whether these themes are generalizable to other FFD officer-evaluees.

Keywords: fitness-for-duty evaluation, critical incident, officer involved shooting, police officer.
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Introduction

In law enforcement, a high-stress event such as the shooting of an officer or suspect in the line of duty is referred to as a critical incident. Critical incidents are typically “specific, often unexpected, time-limited events that may involve loss or threat to personal goals or well-being, and may represent a turning point in the person’s life” (Everly, Flannery, & Mitchell, 2000, p. 24). Traumatic critical incidents are associated with a host of psychological problems, including symptoms of depression and anxiety, anger, grief, feelings of estrangement from others, and a decreased sense of mastery (Everly et al., 2000).

In order to moderate the likelihood of enduring psychological problems resulting from critical incidents, the International Association of Police Chiefs (IACP; 2009) established Officer-Involved Shooting Guidelines. According to these guidelines, police agencies may take three possible courses of action following a critical incident: A police chief or officer in a supervisory role might initiate a referral for therapy, a critical incident stress debriefing, and/or a psychological fitness-for-duty evaluation (FFDE). The purpose of an FFDE is to determine whether the officer involved in the critical incident is fit to perform his or her job in a safe and effective manner and to make appropriate recommendations for accommodation, counseling, treatment, re-training, and education, when appropriate (IACP, 2009). According to IACP (2009), an FFDE should only be initiated if there is reason to believe that the officer’s work is impaired as a result of psychological dysfunction. In other words, a police officer cannot be referred for an FFDE simply because he or she was involved in a critical incident; there must be
objective evidence of impairment that could be a result of a psychological problem (IACP, 2009).

IACP (2009) also developed the widely accepted Psychological Fitness-for-Duty Evaluation Guidelines for police agencies that request FFDEs and for the licensed psychologists and board certified psychiatrists who perform these evaluations. According to these guidelines, the evaluator may draw from a variety of data sources to assess an employee’s work fitness, including performance ratings, internal investigation reports, health records, objective personality tests, other cognitive and projective tests, collateral interviews, and a standard clinical interview (IACP, 2009). It is standard practice for the evaluator to send a report to the referral source that summarizes the results of the FFDE and includes an opinion about the officer’s work fitness (Miller, 2006).

The outcome of an FFDE can significantly impact an officer’s career and personal life, depending on the conclusion of the FFDE. According to Miller (2006), the evaluator might deem an employee unfit for duty, which means that the evaluatee cannot perform his or job in a safe and effective manner and does not have a psychological condition that the employer is required to accommodate under the Federal Americans with Disabilities Act (ADA; 1990). Second, the evaluator could conclude that the evaluatee is unfit for duty but treatable, which suggests that there is a potentially treatable psychological condition that requires disability accommodation. Third, the evaluator might conclude that there is no psychological diagnosis or reason to believe that the officer is suffering from psychological impairment. Finally, the evaluator could deem the evaluation invalid for a multitude of reasons. If the evaluator believes the employee is unfit but treatable, which
is the most common conclusion, it is standard practice to make recommendations for accommodation at work and for psychological intervention or treatment (Miller, 2006). When FFDEs catalyze psychological intervention or treatment, an officer’s work fitness and quality of life could potentially be improved (Miller, 2006). Thus, for police officers, FFDEs are important because they can greatly influence the trajectory of an officer’s career and ensuing psychological treatment.

FFDEs are also important to police agencies for several reasons. Police agencies are legally responsible for ensuring 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 to the employer and serious consequences” (Fischler et al., 2011, p. 72). Officers who are not fit for work due to psychological problems may pose a danger to themselves, fellow officers, and the public. Beyond these risk management concerns, Miller (2004) noted, “Considering the cost of replacing a lost officer, successful salvage efforts make fiscal, as well as psychological, sense” (p. 46). Thus, FFDEs are a method of risk management and budget conservation among police agencies.

In an address to FFDE evaluatees, Miller (2006) inferred that a referral for an FFDE is often greeted with frustration, fear, and uncertainty by the evaluatee:

You’ve been referred for a psychological fitness-for-duty (FFD) evaluation. You’re not happy about it. You don’t know what to expect and you’re not sure what the results will mean for your career. Although you should be cautious and concerned, there is no need for anger or panic. If carried out correctly, the psychological FFD need not be unnecessarily adversarial or demoralizing. (para. 1)

Although examiners may hold beliefs about evaluatees’ feelings toward an FFDE referral based on their clinical experience, no research to date has been focused on an
The purpose of the current case study is therefore to (a) explore a police officer’s attitudes and experiences related to an FFDE before, during, and after the evaluation following involvement in a critical incident; and (b) examine the context that influenced the evaluatee’s experience. This case study will serve as a preliminary investigation of an officer’s psychological experience of an FFDE. Results will provide insight for examiners who routinely perform this type of evaluation. Findings could have implications for the way these evaluations are approached and explained by the evaluator, ultimately improving the mental health services of officers who have been psychologically impacted by a critical incident.
Review of the Literature

In this review of the literature, I will discuss current controversies and professional practice issues, aspects of police culture, the impact of killing in the line of duty on mental health, and officers’ attitudes toward mental illness, mental health treatment, and mental health professionals. Each of these topics will be related to an officer-evaluatee’s psychological experience of an FFDE.

Current Controversies and Professional Practice Issues

FFDEs have been referred to as “the intersection of risk management, mental health, labor law, and internal discipline” (Stone, 1995, p. 109). This unique intersection has led to controversy around matters of disability accommodation, confidentiality, and other ethical and legal issues.

Some police psychologists have suggested that FFDEs are sometimes viewed as a method of removing challenging employees that allows the employer to evade civil service protections (Rybicki & Nutter, 2002). In other words, FFDEs may sometimes be used as an alternative to following formal disciplinary protocol, which is strongly discouraged by the IACP (2009, Psychological fitness). Using an FFDE in place of disciplinary action is problematic because an employee’s misconduct could be a result of a psychological problem, and, legally, the employer might be forced to accommodate the officer, which can cause a burden for police departments (Stone, 1995). Therefore, the evaluator must balance the officer’s legal right to disability accommodation with the potential safety threat of retaining an unfit officer. Also, because FFDEs are an
inherently intrusive, they should only be requested “when other options are inappropriate or inadequate in light of the facts of a particular case” (IACP, 2009, p. 1).

Confidentiality is another primary concern among those who conduct FFDEs. The Equal Employment Opportunity Commission (1978) and the Federal Americans with Disabilities Act (ADA; 1990) have emphasized employees’ rights to equal opportunity, personal privacy, and disability accommodation (Stone, 1995). As Bartol (2008) explained, the ADA “prohibits oral questions or questionnaire items pertaining to past medical history or otherwise soliciting information about disabilities” (p. 24) prior to hiring, but this prohibition does not apply to individuals who have already been hired. In an FFDE, the evaluator is performing a comprehensive and detailed evaluation of an employee for the employer (which may or may not change the employee’s disability and employment status) in compliance with these legal guidelines.

Courts have upheld the right of police agencies to mandate FFDEs in appropriate situations (Fischler et al., 2011). However, federal case law can impact the employee’s right to confidentiality in FFDEs. For instance, in California, Pettus v. Cole (1996) established that the evaluator can communicate information to police agencies about job fitness and restrictions, but the evaluator cannot share other detailed case information with the agency (as cited in Super, 1997). The Pettus decision and other federal cases have raised questions about the ownership of FFDE records. Consequently, it is important for the evaluator to make sure that the valuee understands the evaluator’s role and his or her rights with regard to confidentiality, and the evaluator should consider the needs of both the police agency and the employee (Rybicki & Nutter, 2002).
A survey of 37 American police departments provided some information about how confidentiality is handled in FFDEs (Rybicki & Nutter, 2002). Regarding matters of confidentiality, only 68% of departments indicated that they asked the evaluatee to sign a release of information form; the remaining 32% of departments did not use a form that explained the evaluatee’s confidentiality rights and limitations. Results also revealed that approximately 68% of evaluators submitted a report to departments that summarized the full content of the FFDE, whereas approximately 22% of evaluators only reported on the evaluatee’s functional impairments related to psychological conditions, according to the departments. Most of the departments (84%) indicated that evaluators gave written or oral feedback to the evaluatees regarding the FFDE. Clearly, police agencies handle matters of confidentiality in different ways (Rybicki & Nutter, 2002).

In sum, it is likely that FFDEs are sometimes inappropriately requested, and confidentiality may not always be sufficiently explained to the evaluatee. The appropriateness of the FFDE referral and confidentiality issues are factors that could influence the psychological experience of an FFDE evaluatee. When police agencies request FFDEs in instances where discipline would be more appropriate, the officer might interpret the evaluation as a punishment or a threat to his or her career. FFD evaluatees who do not understand their rights to confidentiality might feel more guarded or confused than do those who understand their rights to confidentiality.

**Police Culture**

Certain elements of police culture may also impact an officer’s psychological experience of an FFDE. Miller (2004) painted a picture of a generic “cop culture” that involves “the danger and unpredictability of police work, the collegial loyalty and
reliance of officers on each other for backup, a certain degree of discretionary autonomy in handling situations, and the need to assert and maintain one’s authority and credibility” (p. 37). When a critical incident takes place, an officer’s schemas related to the dangers of police work are reinforced. Some researchers have suggested that such reinforcement of cognitive schemas could be a risk factor for mental illness among police officers (Colwell, Lyons, & Garner, 2012; Sugimoto & Oltenbruns, 2001). An officer’s discretion and authority being called into question in an FFDE could be especially shameful for an officer because it violates the police culture that Miller (2004) described.

In a review of Working with Traumatized Police Officer-Patients: A Clinician’s Guide to Complex PTSD Syndromes in Public Safety Professionals (Rudofossi, 2007), Juettner and Steventon (2012) suggested that understanding a public safety professional’s occupational culture is crucial in providing sensitive and competent assessments and that conveying this knowledge to evaluatees is essential in establishing rapport and trust with the officer-evaluatee and lessening the evaluatee’s feeling of distance from the evaluator. If officer-evaluatees feel distant from the evaluator as a result of a strong occupational identity, this distance could impact the evaluatee’s level of disclosure and comfort in an FFDE.

One aspect of police officers’ occupational culture is aggression. In police work, aggression is sometimes necessary, and aggressive individuals might be more attracted to the field of law enforcement than non-aggressive individuals. Police behavior has been interpreted in relation to the frustration-aggression hypothesis developed by Dollard and colleagues (1939). Specifically, Griffen and Bernard (2003) posited that “the chronic stress of police work, along with the inability to respond to the actual sources of that
stress, increase both the perception of threats and the aggressiveness of responses to perceived threats” (p. 3). The authors argued that police officers are also likely to feel isolated from others, and, consequently, they are at risk of displacing frustration “onto visible and vulnerable targets” (p. 3). This proclivity to aggression in police culture could translate into feelings of anger toward the FFD evaluator when the officer-evaluee perceives the evaluator as a threat.

In summary, some core features of police culture may include the awareness of the potential danger inherent in police work; a need to rely on fellow officers for support and protection; a feeling of autonomy, social isolation, or distance from non-officers; and a proclivity toward aggression. Given the unique aspects of police culture, it is possible that police officers experience FFDEs in a way that is distinct from the experience of other types of professionals whose work fitness is evaluated. Factors associated with critical incidents may further shape an officer’s FFDE experience. When a critical incident takes place, an officer’s schemas related to safety are either reinforced or challenged, which could be related to an officer’s trauma response and to feelings of safety in an FFDE. When an officer’s work-related choices are questioned in an FFDE, an officer might feel that his or her integrity is being challenged, which could lead to feelings of shame. If rapport is not sufficiently established with an officer-evaluee, the evaluee might feel as though the evaluator’s reality is too different from his or hers and that the evaluator could not understand his or her experience. Lastly, it is possible that officers are more inclined to experience, express, and displace anger in an FFDE because of how they are trained to respond to threats.
The Psychological Impact of Critical Incidents on Officers’ Mental Health

Despite the lack of research on the way in which officers experience FFDEs, investigators have explored how officers are psychologically impacted by critical incidents. Critical incidents, especially officer-involved shootings, are frequently associated with symptoms of trauma.

MacNair (2002) coined the term Perpetration-Induced Traumatic Stress (PITS) to describe a form of PTSD that is caused by perpetrating violence. MacNair argued that those whose jobs entail violence and sometimes killing—including combat veterans, executioners, abortion practitioners, and law enforcement agents—may suffer from this distinct phenomenon, which may involve more severe symptomatology than does PTSD. MacNair explained that police officers who shoot and kill someone in the line of duty are exposed to the trauma that prefaced the shooting and the trauma of killing someone, which increases the likelihood of developing trauma-related psychological problems. MacNair also noted that police officers are likely to have experienced a traumatic event before facing a fatal critical incident because of both the nature of police work as well as the large number of police officers with military backgrounds. The author further reasoned that police officers who continue working after killing someone have “a constant reminder of possible trauma” (p. 58), which exacerbates PTSD symptoms. In summary, MacNair’s extensive research suggests that police officers who kill in the line of duty are especially vulnerable to developing PTSD and/or other mental health problems.

In a longitudinal study of 400 police officers, Komarovskaya et al. (2011) evaluated the relationship between killing or seriously injuring someone in the line of
duty and clinical symptoms of PTSD, depression, social adjustment, or alcohol abuse. The authors administered a battery of widely accepted self-report measures at pretest, posttest, and several time points in between. After a 3-year period, approximately 10% of the officers in the sample indicated that they had killed or seriously injured someone in the line of duty. The authors conducted four multiple regression analyses and found that killing or seriously injuring someone in the line of duty was significantly associated with PTSD symptoms but not with depression, social adjustment, or alcohol abuse.

In a review of the literature, Henry (2004) found that those who encountered grotesque death in the line of duty frequently endorsed feelings of helplessness and guilt as well as fear of the unknown. The author wrote that “police are expected to have the capacity to act with toughness and courage in the face of danger…as well as to behave compassionately and humanely with regard to those in need” and that when a police officer fails to fulfill both roles “a host of psychological consequences can be triggered” (p. 25). Based on this research, it is possible that talking about a fatal on-duty incident during an FFDE might trigger feelings of helplessness, guilt, and uncertainty in officers as they recall and reprocess the traumatic event.

Gaudenti (2005) conducted a phenomenological study of four police officers’ experiences of killing in the line of duty. The author identified 21 constituents:

Making Meaning Out of the Experience, (19) Coping Through Action, (20) Post-Shooting Psychological Disruptions, and (21) Officer’s Understanding the Suspect(s) as Adversaries (p. 99)

Unfortunately, the author did not explore how FFDEs impact or relate to officers’ greater experience of the critical incident.

In summary, research indicates that police officers who experience critical incidents are at risk of developing PTSD and other trauma-associated symptoms. In an FFDE, symptoms of hopelessness and helplessness and post-shooting anxiety could surface as fear of the outcome of the evaluation and feelings of being unable to influence the evaluator or powerless to impact the evaluator’s opinion.

**Police Officers’ Attitudes Regarding Mental Health Issues**

Researchers have explored police officers’ attitudes toward individuals with symptoms of mental illness, mental health treatment, and mental health professionals. In general, as indicated below, negative views toward individuals diagnosed with mental illness and mental health treatment have predominated. Officer’s views toward mental health professionals and FFDEs have generally been more negative than positive, though with some variation.

In a review of the literature, Patch and Arrigo (1999) found that police officers underutilized mental health resources in their interactions with individuals diagnosed with mental illness. For instance, officers were more likely to make an arrest in situations in which involuntary commitment would be an appropriate course of action. The authors suggested that officers were likely to perceive individuals diagnosed with mental illness as menacing and threatening to social order. This research suggests that police officers may be skeptical about the efficacy of mental health resources for chronic
mental illness and misinformed about the dangerousness of individuals with severe mental illness. However, this trend could also be a result of the greater amount of time that it takes for hospitalization in comparison with incarceration.

In England, Pinfold and colleagues (2003) investigated police officers’ attitudes toward individuals diagnosed with mental illness, their knowledge of mental health problems, and their knowledge of behavioral interventions. The authors administered questionnaires to 109 officers. Most of the participants were male (79%), and almost all were White (96%). Prior to attending a mental health training, 60% of participants agreed with the statement *We all have mental health needs*, and 57% of participants endorsed an item that read *Most people with mental health problems can with treatment get well and return to lead normal lives*. The participants’ responses suggest that these officers may not have recognized their own mental health needs or the importance of mental health treatment.

A survey of 75 police departments in Washington State revealed that police officers held negative beliefs about mental health professionals and, more specifically, FFDEs (Decker, 2006). Of the 75 survey respondents, 65% were male. Officers from rural, suburban, and urban departments and officers of various rank participated. A plurality of respondents (45%) endorsed negative beliefs about mental health professionals, and only 14% of respondents endorsed both positive and negative beliefs. Of the negative beliefs endorsed, respondents expressed doubt in the neutrality of mental health professionals and fear of job loss or lack of advancement as a result of contact with a mental health professional. Respondents also expressed a belief that mental health professionals do not understand police officers.
The same study revealed a variety of negative, neutral, and positive responses with regard to officers’ beliefs about FFD evaluators and FFDEs. Some of the negative, open-ended responses were as follows: “They are looking for a defect in you. They are biased to diagnose.”, and “They are perceived to work to confirm management’s preconceived opinions.” (Decker, 2006, p. 125). Some of the neutral open-ended responses included the following: “Everyone recognizes the need for only high quality, stable officers to make it through the hiring process and get back on active duty after a critical incident. Nobody wants unstable officers.”, and “If the FFD evaluation is for officer-involved shooting or critical incident it is viewed as a positive.” (p. 126). Some of the positive, open-ended responses included the following: “I believe law enforcement personnel realize that mental health professionals are there to assist them in time of crisis.”, and “They provide a valuable and difficult service to the community.” (p. 128). This study provides evidence that these officers were fearful about contact with mental health professionals for a variety of reasons. However, some officers did recognize the importance of mental health screening and treatment. Although this research provides valuable insight into how officers view mental health professionals and FFDEs, their beliefs may differ from those of FFD officer-evaluees.

In summary, research indicates that police officers are likely to believe that individuals diagnosed with mental illness are dangerous and untreatable (Patch & Arrigo, 1999). Also, officers are unlikely to acknowledge their own mental health needs (Pinfold et al., 2003). Police officers have expressed doubts about the neutrality of mental health professionals as well as skepticism about the FFD evaluator’s ability to understand police culture (Decker, 2006). In general, police officers appeared fearful about how contact
with mental health professionals would negatively impact their career, especially in the context of an FFDE. Based on these research findings, it is likely that an officer will express resistance to an FFDE and any mental health treatment recommendations. It is also likely that many FFD evaluatees will fear being misunderstood by the evaluator, who may be viewed as biased. On the other hand, an FFD evaluatee might interpret an FFDE referral as a supportive and sympathetic gesture by other evaluatees.
Purpose of the Study

As the daughter of a police chief and a psychotherapist, I have had a longstanding interest in police officers with mental health issues and needs related to traumatic work experiences. My father often voices an appreciation for the work of mental health professionals. However, in my two years as a Volunteer Crisis Counselor with the Seattle Police Department, I encountered many police officers who openly endorsed negative beliefs about both mental health professionals and those who sought mental health services. Other officers have told me that they relate less to other people the longer they serve in law enforcement. My conversations with police officers have made me think about the barriers that prevent officers from seeking mental health treatment, when needed. When an officer who was a family friend survived a shooting in the line of duty, I started reflecting on the interactions between law enforcement and mental health professionals in the aftermath of critical incidents and chose to research this topic.

The research reviewed sheds light on professional practice issues related to the appropriateness of FFD referral and matters confidentiality, highlights relevant characteristics of police culture, and reveals officers’ psychological responses to critical incidents and attitudes toward mental health issues. However, one can only speculate about how these factors might contribute to an officer’s psychological experience of an FFDE because research on this topic is lacking.

This study is a case study. Typically, phenomenological data analysis is not best suited for a case study. However, I chose to use this method because I planned to interview more participants on the same topic for my dissertation, which would allow me
to see whether there is a common thread in their experiences. In this way, I conceptualized this research project as a pilot study.
Method

In this section, I discuss inclusion and exclusion criteria, sampling method, participant information, procedure, analysis, and research design.

Inclusion and Exclusion Criteria

To be eligible for participation in my study, the individual must have been involved in a critical incident while serving as a police officer and referred for a fitness-for-duty evaluation following the critical incident. The officer had to be English-speaking and age 18 or older. Those who did not meet the eligibility requirements mentioned above were excluded from this study. Also, police officers who worked at Maryland Heights Police Department (Missouri) were excluded to avoid a potential conflict of interest.

Sampling Procedure

I originally contacted a police officer in the St. Louis, Missouri, metropolitan area, who had sustained a gunshot wound on duty a year ago for feedback on my thesis topic. This officer works at the same department as my father, and I consider him a family friend. This officer informed me of a support group for officers who have been involved in critical incidents and offered to tell the support group about my study and give my contact information to any officers who were interested in participating in my study. If more than one individual expressed interest, I planned to select the participant who had been through a fitness-for-duty evaluation most recently, to reduce memory-related error. If none of the individuals I contacted met inclusion criteria, I planned to ask them if they knew of someone who met the research criteria and ask for that
individual’s contact information. I planned to take this snowball approach until a participant was selected. However, I was not contacted by anyone in this group.

Next, I contacted a police officer in the St. Louis, Missouri, metropolitan area, who conducts critical incident stress debriefings at my father’s place of employment for feedback on recruiting a research participant. This officer informed me of someone he knew who met my inclusion criteria and who was willing to participate in my study. Following Institutional Review Board (IRB) approval, I contacted this individual via e-mail to invite him to participate. When he agreed to participate, we set a time and location to meet.

**Participant Information**

To protect the confidentiality of the participant, I refer to him by the pseudonym “Paul.” Paul identified as a White, heterosexual, married male in his 40s. At the time of the critical incident, Paul was married with one young child, and he was in his 20s. Paul described himself as a Christian and he mentioned God at several points during the interview. Paul’s faith influenced the way in which he interpreted the critical incident. For example, Paul explained that a confidential informant warned him that a suspect had a gun, and Paul’s partner gave him an extra bulletproof vest just before approaching the armed suspect’s residence. Paul experienced these two events as a “Godly thing” after surviving the critical incident.

At the time of the critical incident, Paul held an Associates degree, and he had served almost two years in law enforcement. According to the participant, he worked in law enforcement for a total of nine years and left police work for reasons unrelated to the critical incident. According to Paul, he went back to school and earned his Master’s
degree in Counseling Psychology and Psychological Examiner Certification approximately seven years after the critical incident. Paul indicated at the time of the interview that his primary work was conducting IQ testing in school settings. Before we began the interview, Paul mentioned that, even as a former police officer, it had been difficult for him to get into police departments to do mental health work. He stated that he had been able to successfully implement “care teams” in one police department, but he did not elaborate on what this role entailed.

**Procedure**

On December 26, 2012, I interviewed the participant at my family’s office facility, which was a safe, confidential, and convenient location. I started the interview by reviewing the informed consent form (Appendix A) with the participant and offering to answer any questions. I encouraged the participant to answer questions in as much detail as possible. I obtained background information about the participant and the critical incident. I next gave the participant the following prompts: *Tell me about the critical incident that took place, Tell me about your experience of being evaluated for fitness-for duty, and How did you feel before, during, and after the evaluation?* After the participant was done answering each prompt, I asked clarifying and follow-up questions, as needed (see Appendix B). The interview took 1 hr to complete, and the entire interview was audio recorded. I stored the audiotape in a locked safe located at my apartment after the interview took place. I then transcribed the interview for the purpose of analysis.
Data Analysis

I analyzed the collected description of the phenomena using Karlsson’s (1993) Five Steps of the empirical phenomenological psychological (EPP) method. The purpose of Karlsson’s EPP-method, based on the theories of Husserl, is to “trace out the meaning-structure of a phenomenon… the invariant ‘thread’ which runs through all diverse manifestations of a phenomenon” (p. 93). The first step of the EPP method is to read over the subjects’ descriptions several times in order to get a “sufficient understanding” of the entire protocol (p. 96). Once the researcher has a “good grasp” of the protocol, the second step consists of determining distinct meaning units within the subject’s description, dividing the text “where the researcher discerns a shift in meaning” (p. 96). In the third step, the partial phenomenological psychological eidetic reduction is employed in order to move “from the particular fact to its psychological meaning” (p. 97). The purpose of this step is to recognize and define “the implicit and explicit psychological meaning that the subject has lived through” in his or her experience of the phenomenon (p. 97). In other words, the researcher transforms the subject’s language of every-day experiences into the language of psychological research. The fourth step involves “a synthesizing of the transformed meaning units into a so-called ‘situated structure,’ presented in the form of a synopsis” (p. 106). Once this step is completed, the fifth and final step is to “move from the situated structure” of the subjects’ experiences to the “general structure” (p. 108). The general structure is the overarching theme that emerges across the situated structures that ties together all of the “meaning components of the phenomenon” (p. 108). According to Karlsson, it is not always possible for the
researcher to condense the situated structures into a general structure, and, when this
occurs, the researcher stops at the fourth step and provides a rationale for doing so.

After I identified the themes in the protocol, a fellow graduate student with
experience in qualitative research methods also coded the data. This second reader and I
discussed the themes until we were in agreement.
Results

In this section, I discuss background on the critical incident and themes that emerged throughout the protocol.

Critical Incident

Paul described being involved in a critical incident that took place approximately 15 years prior to interview. Paul reported that he was shot twice during an attempted arrest of a heroin dealer. Paul stated that he subsequently shot the armed suspect three times, with the first shot being fatal. According to Paul, he had not been seriously injured; one bullet skimmed his arm, and the other bullet was blocked by his bulletproof vest.

At the time of the incident, Paul was part of a select drug unit that formed as a cooperation between a large urban department and some of the surrounding departments in the greater metropolitan area. Although Paul officially worked for a department outside of the major city, he worked throughout the greater metropolitan area while on the drug unit. Paul explained that he had to go through two FFDEs following the critical incident due to conflict over which department had greater authority over him. Supervisors at his primary department requested one evaluation, and the urban department initiated the second FFDE. His responses during our interview reflected his experiences during both of these evaluations.

When asked how he believed he had been impacted by the critical incident, Paul stated that the critical incident made him think about life in a different way. For instance, Paul described the experience of going to the bathroom on the night that the critical
incident took place and having the sobering thought, “I’m going to the bathroom, and I could be dead right now.” Paul stated, “It put certain perspective on life; what was more important.” Paul also expressed that the incident made his job more meaningful, stating, “I just saw deeper into the meaning of the job.”

Themes

From the protocol, 90 meaning units were identified. Table 1 includes examples of several meaning units (Step 2), their formulated psychological meanings (Step 3), and their thematic content (Step 4). I identified three distinct themes within the protocol.
Table 1
Selected Examples of Meaning Units, Formulated Psychological Meanings, and Thematic Content

<table>
<thead>
<tr>
<th>Meaning Unit</th>
<th>Psychological Meanings</th>
<th>Thematic Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had to do two of them [FFDEs] cause I was with [specific department] and [specific department] . . .</td>
<td>Paul had to go through the psychological experience of being an FFD evaluatee twice, at the request of two different departments.</td>
<td>N/a</td>
</tr>
<tr>
<td>I didn’t quite understand the fit for duty thing.</td>
<td>Paul did not fully understand the nature of the FFDE.</td>
<td>Paul was confused about the purpose and process of the FFDE</td>
</tr>
<tr>
<td>Uh, but then, I was okay, what I believed to be okay. I wasn’t having any nightmares. I wasn’t crying uncontrollably. I didn’t have this rageful anger. I accepted it.</td>
<td>Paul believed he was psychologically well because he was not having nightmares, crying, or demonstrating rage and because he accepted what he went through.</td>
<td>Paul did not see the FFDE or professional help as necessary.</td>
</tr>
<tr>
<td>I would have liked for them [the evaluators] to go, “Well, hey, you’ve been in an incredible incident [laughter]. There is more to it, so can we at least talk about this?”</td>
<td>Paul wanted that evaluator to acknowledge what he had been through and invite him to open up about it.</td>
<td>Paul desired more therapeutic support from the evaluators.</td>
</tr>
</tbody>
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*Note: The first two meaning units listed are consecutive, and the first meaning unit does not have thematic content.

The main three themes that I identified were ambivalence, confusion about the nature of the FFDE, and distrust and defensiveness. The theme of ambivalence involved three subthemes: understanding of the FFDE as department protocol, view of the FFDE as personally unnecessary, and desire for therapeutic support. The theme of confusion about the nature of the FFDE involved three subthemes: lack of clarity concerning the FFDE process, a lack of awareness of rights to confidentiality, and misunderstanding of the role of the FFD evaluator. The theme of distrust and defensiveness included
apprehension, fear of being misinterpreted or misjudged by the FFD evaluators, distrust of his supervisors’ intentions, and fear of job loss. Table 2 includes a list of themes and subthemes.

Table 2
Visual Breakdown of Themes and Subthemes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambivalence</td>
<td>Understanding of the FFDE as department protocol</td>
</tr>
<tr>
<td></td>
<td>View of the FFDE as personally unnecessary</td>
</tr>
<tr>
<td></td>
<td>Desire for therapeutic support</td>
</tr>
<tr>
<td>Confusion about the nature of the FFDE</td>
<td>Lack of clarity concerning FFDE process</td>
</tr>
<tr>
<td></td>
<td>Lack of awareness of rights to confidentiality</td>
</tr>
<tr>
<td></td>
<td>Misunderstanding of the role of the evaluator</td>
</tr>
<tr>
<td>Distrust and defensiveness</td>
<td>Apprehension</td>
</tr>
<tr>
<td></td>
<td>Fear of being misinterpreted or misjudged by the FFD evaluator</td>
</tr>
<tr>
<td></td>
<td>Distrust of supervisors’ intentions</td>
</tr>
<tr>
<td></td>
<td>Fear of job loss</td>
</tr>
</tbody>
</table>

**Theme 1: Ambivalence.** Paul expressed mixed feelings about having to go through the FFDE process. On the one hand, he viewed the evaluation as procedurally necessary for the department but personally unnecessary for him. On the other hand, Paul voiced a strong desire for therapeutic support from the evaluators.
Looking first at Paul’s beliefs that the FFDE was conducted for the police department and not for his personal benefit, he consistently described the FFDE as “a checkmark for the department” or something they needed him to complete in order to protect themselves from potential litigation. Paul stated:

So . . . I don’t know if it [FFDE] was what I expected . . . I guess it was what I expected from the police department but not what I had expected for myself. The evaluation was just for the police department, so I thought, “What about me, and how I’m doing? Are you going to look into my side?” So, as far as the police department, it was what I expected. For myself, it wasn’t.

Paul believed the police department had not initiated the FFDE out of genuine concern for him but rather out of liability. Paul expressed, “Again, them building a kind of defense for themselves and really not much concern for me.”

Paul also viewed the FFDE as protocol or standard procedure. He did not believe that the FFDE had to do with evidence of impairment following the critical incident. Paul stated, “Again, I knew it was a procedure, so I didn’t feel something was wrong with me, that it was them going against me somehow.” Paul’s department told him that he had to do the FFDE and urged him to get it done without greater explanation. Paul explained that his supervisors told him, “This is what we have to do, so go do it, and be done with it.” He described the FFDE as “just another sort of procedural thing I have to go through.”

Viewing the FFDE referral as protocol and unrelated to signs of impairment, on the one hand, Paul did not believe that that the FFDE or professional help was needed at the time of the evaluation. Paul stated, “Yeah, at the time, um I didn’t think I needed it [FFDE]. ’Cause again, I talked to all of those police officers, and I felt comfortable inside.” Thus, Paul believed that he did not need professional help because he was able
to speak openly to fellow officers. On another occasion, he expressed some ambivalence about going through the evaluation process, stating, “I wasn’t afraid to do it [FFDE], didn’t need to do it.” Paul described himself as “that hardened police officer who believed he didn’t need any help.” Paul thought that he was psychologically well and that he did not need the FFDE because he was not experiencing symptoms of mental health problems. He stated, “I was okay, what I believed to be okay. I wasn’t having any nightmares. I wasn’t crying uncontrollably. I didn’t have this rabid anger. I accepted it [the critical incident].”

I asked Paul what his feelings had been toward mental health professionals before the evaluation. He stated that he thought he had a good impression of mental health professionals, but at the same time he conveyed negative beliefs about people who sought mental health services, favoring an independent coping style. He stated:

It [counseling] was for people who didn’t know how to handle their problems. Those sorts of things. I was going through a tough time with all these things going on, and my wife wanted to go through couples’ counseling, but I thought, “We didn’t need it. We’re fine. I can handle this [critical incident].” All that.

On the other hand, even though Paul did not see the FFD evaluations as necessary, his ambivalence was clear in that he reiterated that he would have liked to receive more emotional support from the evaluators throughout the interview. For instance, Paul stated, “I still would have liked to have had more counseling [from the evaluators], looking back” and “I really would have liked to have the extra support [from the evaluators].” In retrospect, Paul recognized that he would have benefited from treatment. Paul wanted the evaluators to acknowledge what he had been through and invite him to open up about it. He stated, “I would have liked for them [the evaluators] to
go. ‘Well, hey, you’ve been in an incredible incident [laughter]. There is more to it, so can we at least talk about this?’” After the evaluations, Paul expressed that he had the thought “I wish they would have talked to me more.” As Paul reflected on the evaluations during our interview, he recalled that he had been dissatisfied with the evaluators’ approach and wished that he had been given the opportunity to have more of a conversation about what he had experienced.

Paul mentioned that none of his fellow officers suggested that he seek therapy: “There was no other officer that came up to me and said, ‘Hey buddy, you really ought to think about talking to somebody. It could help.’” According to Paul, it was helpful for him to tell his story to supportive family members and friends, but he did not indicate whether it had been helpful for him to tell his story to the evaluators.

When asked, “If you could say something now to the person who evaluated you, what would it be?,” Paul stated that he would have asked the evaluators why they did not try to talk to him about his feelings and thoughts about the critical incident. Paul also expressed that he would have liked for the evaluators to recommend that he go through more sessions to make sure that he was doing well over time. Paul stated:

I would certainly ask them [the evaluators] why, even after a traumatic event, what stopped you from asking me more questions or getting to my feelings and thoughts more than what it was . . . a protocol and seeing where I was actually with that situation. I guess I would recommend to both of them to not just look at it like a time shot and for them to tell the chiefs, “Hey, look this guy just went through some trauma. I suggest that this is not a one-time check-off list.” You can be fit for duty in an initial session, but I’d really like to see where you’re at with all this and have it be more than just this one session.

Paul’s ambivalence was also reflected in his descriptions of feeling emotionally distant from the evaluators. Paul described the FFDE as “more dutiful, more of a checkmark kind of thing.” He described receiving “procedural questions” from the
evaluators. Paul characterized the FFDE as a symptom checklist. His description of the questions that were posed suggests that the evaluators went through the FFDE in a detached, cursory manner. Paul described the questions asked during the FFDEs as a “‘Hey, are you having bad nightmares? What about your anger? Sadness? Everything okay? You can go back to work’ sort of thing.” Paul expressed, “I didn’t get a sense of ‘Let me know more about you. Let me know more about the incident.’ It didn’t feel like they were trying to understand me.”

Despite feeling emotional distance from the evaluators, Paul did make note of one validating and supportive statement from one of the evaluators. Paul recalled,

“Yes, um, so that’s one thing I took away from the therapists [evaluators]: “You never ‘could have, should have, would have’ a situation unless you are in it.” And that’s why I didn’t let it [fellow officers’ judgment of his conduct] bother me.”

This quote exemplifies Paul’s belief that others should not hastily judge his conduct because they did not experience exactly what he did. Paul repeated this quote a second time during the interview, which suggests that he was impacted by it. In this way, the FFD evaluator had honored his experience.

**Theme 2: Confusion about the nature of the FFDE.** Despite having mixed feelings about the FFD evaluations, Paul clearly expressed his confusion with regard to the nature of the FFDE. Paul did not have a clear understanding of the FFDE process, his rights to confidentiality, or the role of the FFD evaluators. He reflected on his understanding of the FFDE before it took place, stating, “I didn’t quite understand the fit-for-duty thing. At the time, it was my understanding that you just do this little thing. They say you’re okay, and then you’re back on the street.” According to Paul, the evaluators gave him a general explanation of the purpose of the FFDE. He stated:
As I recall, I . . . sitting down, . . . I think they did [explain the purpose of the evaluation], without getting into too much detail. Again, it was just, “This is an evaluation to see if you are fit for duty and to make sure you are able to go back on the street.” So again, that was the platform for how I responded to the questions on, so they just told me the purpose. They didn’t really tell me what was going to be involved, so I know . . . I didn’t assume that I was going to have any more sessions.

Paul was not sure what to expect or think after the FFDE took place. He stated, “And then afterwards, I guess I did okay with that one. I guess I passed that one. I guess he’ll call and let me know. During the session, they didn’t see anything too obvious I guess, um, so I thought I had their blessing.” This suggests that Paul expected the results of the evaluation to be reported to him directly by phone or in session and not through the police department. When the evaluators did not say anything about his work fitness, he interpreted that as passing the evaluation.

Paul also seemed confused about the role of the FFD evaluator. Throughout the interview, he referred to the evaluators as therapists. At the time of the evaluation, he may not have had a clear understanding of the differences between a therapy session and a psychological evaluation. At the end of one of the evaluations, the evaluator suggested that Paul could return if he needed therapeutic support, which may have blurred that boundary between therapy and assessment. Paul stated, “But I do remember the [location] psychologist said that if anything were to come up, if I wanted to, I could come back.”

Adding to the confusion, Paul was unsure what it would mean if the two evaluators reached different conclusions about his work fitness. He stated, “But then, the other thing was, I have to go against two of them, and now we’re going to figure out what that meant.” Paul’s situation was unique because he was hired by one police department
and working in another jurisdiction, and there was not a clear precedent for how things should be handled with regard to the FFDE.

**Theme 3: Distrust and defensiveness.** Paul’s confusion about the overall FFDE process was accompanied by distrust of and defensiveness toward the evaluators and the police departments. Paul nervously anticipated what the evaluators would tell the police departments and how the departments would respond, stating, “The anticipation of ‘What are they really going to tell the police department?’ I wasn’t trusting. And then to see what the police department was going to do.” Paul repeatedly used the words “apprehensive” and “apprehension” to label his feelings approaching the FFDEs. Paul’s apprehension was tied to his lack of familiarity with the mental health field. Paul explained, “Before, I was apprehensive of going there [to the place where he would be evaluated], uh, because of not knowing the counseling field at the time.” Paul’s apprehension was also related to not knowing what to expect with regard to the FFDE. For instance, Paul stated, “So, yeah, that apprehension part of ‘What’s it really going to be like?’”

Paul expressed distrust of the evaluators’ intentions and unease about the content of the questions they would ask. Before the first evaluation, Paul had the thought, “Oh my gosh, what are they [evaluators] going to try to uncover? How deep are they going to go? Are they going to find some emotional scars?” Along the same lines, Paul expressed, “My thought at the time was ‘Oh my gosh, what are they going to try to pull out of me or get me to say to look weak or not credible?’” Paul feared that the evaluators would perceive him as emotionally damaged, weak, or untrustworthy.
Paul was concerned that the evaluators would misinterpret or misjudge him. He reported that he asked himself, “Are they [evaluators] going to see something that I don’t see or feel or say that I need treatment?” Paul also feared that the evaluators would question the credibility of his story. He stated, “Maybe, again, thinking they’d question, ‘Well, it didn’t happen that way’ because it was a traumatic event, and my blood pressure being normal [on his way to the hospital after the critical incident], so thinking they’d question that and what’s going on.”

Not only did Paul distrust his evaluators, he also expressed distrust toward his supervisors. He specifically stated, “Again, not trusting the administration.” Paul expressed concern that the department was using the FFDE to build a legal case against him. He stated:

I certainly thought, even with the drug test I had to take, “Are they really trying to find something here to defend themselves?” Because now they have an officer who killed someone and having to answer all of those questions from the public or whatever. Are they trying to put their case together?

Paul was distrusting of the FFDE process because he questioned the intentions of the supervisors who referred him for the evaluations. He stated, “But then, because it [FFDE] was for the police department, I didn’t quite trust that.” Paul stated, “So I felt like I had to come up with a defense if he does say I’m not fit to go back. How am I going to defend that? And how am I going to prove that? Um . . . So I prepared myself for that.”

Paul went into the FFDEs knowing that he could potentially lose his job, which fueled his distrust and defensiveness. Paul expressed that his main concern was the possibility of not being able to go back to work. He stated that going back to work was “all I cared about” when he was referred for the FFDEs. He also noted that he had
believed he had to respond a certain way during the evaluation. He mentioned “feeling like I had to answer a certain way but also be truthful.”

Rooted in his fear of job loss, Paul’s defensiveness was evident in his own questioning of how he handled the critical incident after it had happened. Paul felt justified shooting the suspect but still questioned his own conduct. Despite this questioning, Paul was generally confident that he would be deemed fit for duty. Paul stated, “Even after being shot, I still questioned my decision.” Paul further expressed:

Even though I felt completely justified in shooting this guy, after him shooting me first, there was still question of “Oh my gosh, are they really going to believe I was justified in shooting this guy?” So, it was that side, but, for the most part, I was confident that I was going to be fit for duty.

Paul attributed this questioning of his conduct to the culture of law enforcement, stating, “That environment teaches you to protect yourself from lawsuits. ‘Don’t cross this line. Don’t cross that line.’” He later explained, “As a police officer, you think you are doing right, but if it’s against policy, then it’s not.” Paul described another work incident in which his conduct was called into question:

Just for another example, we had just gotten cameras in the cars, and, of course, we didn’t like that, Big Brother watching over us. But, it clicked on as you turned on your lights. And I had just turned . . . This guy was driving crazy, and he pulled into his yard. And I just turned around real quick, turned my lights on real quick because he looked like he had a gun, so I got out and had my gun drawn. And while I was doing it, I got on the radio with my call, and so he goes back into his car and gets a cell phone, and so then I approach him, and then he gets back into his car, and I don’t know what he is getting, so I had to tackle him and arrest him and everything. I made a good arrest because he had warrants out and all this stuff, but I still get questioned, “Why didn’t I have my lights on earlier?” So it’s just those things.

Paul saw himself as fit for duty, and he hoped that the evaluators would reach the same conclusion. He stated, “I was hopeful that they would tell me I was fit for duty. In
my mind, I was fit.” Although Paul saw himself as fit for duty, he was still somewhat concerned because of the lack of transparency from the evaluators. He stated:

I really had no doubt [that I would be deemed fit], I mean, how could they not give me a fit ’cause I’m feeling the way I’m feeling, and I’m okay. But then, I didn’t know . . . it’s sort of that little picture, you know, when the client is saying something, and the therapist is writing, and you don’t really know what’s being written down. So like that Seinfeld episode with what’s her name . . . Ilene trying to get her records from the doctor, that’s the way I felt.

Paul expressed that he had questioned his conduct but ultimately believed that he had done the right thing. He stated,

You know, I was worried, “Oh great, did I do right? Was I supposed to shoot?” Questioning all this and fear of litigation and getting sued. There was no family member that came up and fought for their son or relative, so I thought, “Oh my gosh, what a horrible life he must have led.” Spiritually, I was comfortable. I protected myself. He chose to do what he did, and I had to defend myself and my partner, everyone who was out there. So, I was comfortable with that, and I certainly prayed over it, prayed for his family.

Paul stated that he did not feel anger or resentment toward the man who shot him, instead expressing empathy toward him and sadness at the thought of his death:

I was not angry at him. People are shocked at that. They thought that I would just have this huge grudge, but I actually felt sorry for him. He was 27 or 28, and he has no life anymore. His environment growing up put him in that situation—to defend himself over a gram of heroin and $1,600. That is very sad. I really felt bad for him.

Paul was able to find meaning in the traumatic event that occurred, stating, “I am able to share that story and help other people when they go through traumatic events.”

He reported that he has since been involved in critical incident stress debriefings as a mental health counselor to support officers who have had similar, life-threatening experiences in the line of duty.

According to Paul, he faced his emotions directly in the aftermath of the critical incident. Paul described himself as “the type of person who wants to know it all, wants
to face it all.” He continued, stating, “I know sometimes it is ugly and doesn’t feel good, but walking through it is the only way you are going to get healthier. I didn’t run away from it. I let myself cry, I let myself be angry, and I shared all that.” Paul denied receiving any mental health services following the critical incident.

Paul stated that he felt “genuine care” from “the guys but not the administration.”

Paul described being visited by his chiefs and fellow officers at the hospital following the incident, but he indicated that it quickly turned into a “political thing.” Paul explained:

The Captain of the drug unit came to me and told me, “Hey [Paul], you did a great job!” and offered to put me in TAC [explain abbreviation]. I always wanted to be a tactical officer, and so then my Chief called me in one day and said, “I just want to talk to you.” And I said, “Why?” and he said, “I know they may ask you for a job, but where are your roots?” and the Chief of [town name] put me up for a mandatory service award and then a medal of valor, and then the [county name] Chief found out that I did that, and then that captain pulled me aside and said, “Hey [Paul], I know the Chief put you up for those awards, but we don’t do that here.” So he recommended that I not accept those awards.

At the end of the interview, I asked Paul why he had agreed to participate in my study. He mentioned that he wanted to help me and that he loves sharing his story and talking about what happened. He indicated that he wanted the opportunity to share his perspective on what he went through so as to possibly help officers. Paul reflected on how the critical incident had changed his life and opened up new opportunities, stating:

When you throw a pebble in the pond, is the pond ever the same? Well, it’s not because the volume changes and everything. I look at life that way. How many people have I helped or met through this situation?
Discussion

The participant’s psychological experience of the FFDE was marked by ambivalence, confusion about the nature of the FFDE, and distrust and defensiveness. These results are consistent with prior literature on current controversies and professional practice issues surrounding the FFDE, police culture, and officers’ attitudes toward mental health professionals. For example, the previously discussed literature on current controversies and professional practice issues suggests that FFD evaluators have varied practices with regard to confidentiality and that valuees are often unaware of what will be communicated to them and to their supervisors (Rybicki & Nutter, 2002). This lack of awareness on the part of the valuee was apparent in the participant’s confusion about whether the results of the evaluation would be communicated to him directly or though the department. The participant also suggested that the department did not provide him with any details about the FFDE process, nor did the evaluators articulate their role as evaluators or distinguish themselves from therapists. In the participant’s case, this led to confusion and defensiveness.

Some prior research on police culture has highlighted officers’ reliance on fellow officers, autonomy, and emotional distance from non-officers (Miller, 2004; Rudofossi, 2007). My interview with the participant elucidated a picture of officer image and police culture that had both positive and negative impacts on the FFDE. For example, the participant emphasized the great support that he received from fellow officers. He even suggested that his fellow officers’ support contributed to his resilience after the critical incident. Yet, at the same time, he acknowledged that other officers never suggested that
he seek therapy. The participant tapped into police culture by discussing how he balanced making difficult, sometimes life-threatening, decisions and protecting himself from liability. He expressed that he had not been afraid to go through the evaluations and that he had been confident he would be deemed fit, projecting an air of toughness. All of these qualities are congruent with the reviewed research on law enforcement culture.

Research on police officers’ attitudes toward mental health professionals suggests that officers are unlikely to acknowledge their own mental health needs (Pinfold et al., 2003) and are likely to be skeptical about the psychological evaluator’s neutrality and understanding of police culture (Decker, 2006). Along these lines, the participant characterized himself as a “hardened police officer” who did not need professional help. He expressed concerns about being misperceived by the evaluator. He claimed to have a positive view of mental health professionals at the time of the critical incident, but he still admitted to thinking that people who sought treatment were weak. These examples suggest that the participant experienced the stigma surrounding mental health treatment that exists in police culture and that this stigma likely contributed to his apprehension toward the FFDE.

**Context-Specific Considerations**

The participant’s experience was unique in several ways. First, the participant experienced a double trauma; he killed a suspect, and he was shot in the same event. Not all police officers who are referred for FFDEs are involved in fatal incidents. The seriousness of the critical incident is likely to factor into on officer’s experience of an FFDE.
Second, because the participant was shot before firing his weapon, his actions were deemed appropriate by his supervisors and fellow officers. According to the participant, he was even awarded a medal of honor for his actions. Despite all of this, the participant was still distrusting and defensive toward his supervisors and the evaluators. Some officers who kill in the line of duty do not have the support of their department, and these officers are likely more prone to defensiveness and distrust.

Third, the participant described himself as an “open book” and discussed sharing the critical incident with friends and family members. Because of this personal quality of openness, it might have been less difficult for the participant to discuss the critical incident with the evaluators than it would have been for other officers.

Fourth, the participant had the unusual experience of going through two FFDEs, which could have added to his confusion about the FFDE process. He had to go through the same feelings for two separate evaluations and face the possibility of having the evaluators arrive at different conclusions. This may have added another layer of stress to the participant’s experience.

Finally, the participant characterized himself as resilient. He appeared to be trauma-affected, discussing how he was emotionally affected by the incident. However, he denied experiencing symptoms associated with psychological disorders. An officer’s resilience and psychological health in the aftermath of the critical incident are factors that could impact psychological experience of the FFDE. Officers with Acute Stress Disorder or PTSD might have different needs and fears than officers who are relatively symptom free.
Strengths and Limitations of the Current Study

This current study provides useful qualitative information about one officer’s psychological experience of two FFDEs following a critical incident. The results of this study may not generalize to the psychological experience of other FFD officer-evaluees. However, I believe the results of this study met the qualitative research standards of credibility and integrity. A fellow graduate student served as a second reader of the transcript to ensure that I accurately interpreted the participant’s meaning. My reader and I separately analyzed the data for themes, and, ultimately, we agreed in our interpretation of all three of the themes. Before the interview took place, I examined my own biases about the topic based on my experiences with law enforcement, and I reflected on these biases again during the interpretive stages of my research.

It is important to note that the guidelines that IACP developed for psychological FFDEs and officer-involved shootings were published in 2009, only several years prior to my interview with the participant. The participant went through the FFDEs approximately 11 years before these guidelines were published; thus, the current results may have been impacted by the timing of the interview. For instance, one of the subthemes that emerged from the transcript was the participant’s view of the FFDEs as department protocol following a critical incident. At the time of the critical incident, it truly may have been department protocol to request an FFDE following a critical incident regardless of whether there were any signs of impairment. It is also possible that the participant’s department regularly presented the FFDE as protocol to minimize conflict with or resistance from officers. However, FFDEs today should not be initiated simply because of involvement in a critical incident, according to IACP.
Another limitation of my study was the amount of time that has elapsed since the participant’s FFD evaluations. Because the evaluation took place roughly 15 years prior to my interview with Paul, he may not have accurately recalled all of the aspects of his experience of the FFDEs. However, he appeared to have a clear memory of the evaluations and was able to provide detailed information. For instance, the participant remembered two of the songs that came on the radio as he was driving to his first FFDE. Experiencing two FFDEs around the same time may have strengthened his memory of the experiences; alternatively, he may have merged some memories of the two FFDEs into one, thereby reducing the accuracy of his recall. The participant was very open about his experience, which may also have been related to the amount of time that had elapsed since the critical incident.

One strength of my study was that I received input on my topic and participant recruitment from police officers. I believe this input allowed me to approach this study in a culturally sensitive way. Due to my father’s occupation as a police officer, I believe that there was more trust and buy-in to my research than there would have been if I were entirely removed from that culture.

Conclusions

More research is needed to shed light on officer-evaluees’ psychological experience and to inform the practice of evaluators who work with police populations. However, my interview with the participant highlights several considerations that are relevant for evaluators who work with law enforcement populations and potentially police officers in supervisory roles.
More time may be needed to build trust with FFD officer-evaluatees than with FFD evaluatees from other professions because of officers’ concerns about job loss, attitudes toward mental health professionals, and distrust of supervisors. Some officers may present as distrusting and defensive toward the evaluator, and it might be helpful for the evaluator to empathically explore the officer’s concerns with regard to the FFDE. As previously noted, the participant in this study characterized both FFDEs as a “check-off list” of psychological symptoms, and he indicated that he responded to questions knowing that his responses could impact his employment. A symptom checklist is a very ineffective method of evaluating a defensive and distrusting officer’s psychological fitness. As the current guidelines for FFDEs suggest, evaluators should make use of collateral information and objective measures to supplement the clinical interview when necessary (IACP, 2009). With budget constraints, FFDEs that draw from a variety of sources may be particularly challenging, but limited finances are another reason police officials should only refer officers for FFDEs when they have observed signs of psychological impairment. Referring all officers who have experienced critical incidents for FFDEs is an inefficient use of department resources.

FFD evaluators should clarify any confusion on the part of the evaluatee about the nature of the FFDE. Police officers may perceive FFD evaluators as therapists and may not understand how confidentiality operates in the context of a psychological evaluation for a third party. FFD evaluators should explain how their role is both similar to and different from the role of a therapist. As part of the informed consent process, the FFD evaluator should also explain the relationship between the evaluator, client (referring police agency), and evaluatee (officer). For instance, the evaluator should explain what
information will and will not be shared with the evaluatee’s supervisors. Evaluatees should also be aware of how the results of the evaluation will be communicated to them.

Finally, the evaluator should clearly outline the FFDE process because the police agency may not provide officer-evaluatees with any information about the reason for the evaluation or the steps involved.
References


Appendix A

1. Study title

*The Psychological Experience of a Fitness-for-Duty Evaluatee: A Case Study*

2. Study personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Kayla Carson</th>
<th>Genevieve Arnaut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role</td>
<td>Principal Investigator</td>
<td>Faculty Advisor</td>
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<tr>
<td>Institution</td>
<td>Pacific University</td>
<td>Pacific University</td>
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<tr>
<td>Email</td>
<td><a href="mailto:cars9892@pacificu.edu">cars9892@pacificu.edu</a></td>
<td><a href="mailto:arnaut@pacificu.edu">arnaut@pacificu.edu</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>(503) 352-2900</td>
<td>(503) 352-2900</td>
</tr>
</tbody>
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3. Study invitation, purpose, location, and dates

You are invited to participate in a research study on the psychological experience of being evaluated for fitness-for-duty following a critical incident. This project has been approved by the Pacific University IRB and will be completed by July of 2013. The results of this study will be used to inform the practice of psychologists who conduct fitness-for-duty evaluations.

4. Participant characteristics and exclusionary criteria

To be eligible for participation in this study, you must have been 1) involved in a critical incident while serving as a police officer, within the last 10 years, and 2) referred for a fitness-for-duty evaluation as a consequence of observed impairment following the critical incident.
If you do not meet the eligibility requirements mentioned above, you will be excluded from this study. Also, police officers who work at Maryland Heights Police Department (Missouri) will be excluded to avoid a potential conflict of interest.

5. **Study materials and procedures**

This is a single case study design, which means that my research is focused on one individual. After obtaining background information, I will interview you about the critical incident and the fitness-for-duty evaluation. The interview will take roughly 2-5 hours to complete, and the entire interview will be audiorecorded.

You will pay for the cost of transportation to the location of the interview. A snack and non-alcoholic beverage will be provided, and a break will be offered, as needed. No additional costs have been identified.

6. **Risks, risk reduction steps and clinical alternatives**

I hope that you will experience relief and support while discussing your experiences. However, it is possible that you will experience unpleasant feelings while reflecting on your involvement in a critical incident and a fitness-for-duty evaluation. I will check in with you at the end of the interview and provide information about additional resources available in the geographic location, as appropriate.

In order to prevent any breach of confidentiality from insufficiently deidentified information being reported in my thesis, I will alter your name and demographic information as well as any other potentially identifying information about the critical incident so your identity cannot be linked to my thesis.

This study does not involve experimental clinical trial(s).

7. **Adverse event handling and reporting plan**

If an adverse event were to occur, I would immediately consult with my faculty advisor to determine the best course of action. Further, in the case of a minor adverse reaction reasonably attributable to participation in the study (e.g., reactivation of trauma), I will notify the IRB by the next normal working day. In the case of more serious adverse events that occur during or for a reasonable period following the study (e.g., suicidal ideation or intent, feelings that confidentiality was not maintained in thesis), I will notify the IRB within 24 hours.

8. **Direct benefits and/or payment to participants**

There is no direct benefit to you as a study participant, and you will not be paid or rewarded for your participation.

9. **Promise of privacy**

Participant information will be stored in a locked filing cabinet. The audio recording will be erased after transcription. No identifying information will be included in the transcript. When participant data are reported in my thesis, identifying information
(e.g., name, age) will be altered to protect your confidentiality. You will be informed of the limitations to confidentiality during the informed consent process.

10. **Medical care and compensation in the event of accidental injury**

During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete mental health care as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

11. **Voluntary nature of the study**

Your decision whether or not to participate will not affect your current or future relations with Pacific University. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you choose to withdraw after beginning the study, any data obtained will be destroyed.

12. **Contacts and questions**

The researchers will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. If you become injured in some way and feel it is related to your participation in this study, please contact the investigators and/or the IRB office. All concerns and questions will be kept in confidence.

13. **Statement of consent**

- [ ] Yes  [ ] No
- [ ] I am 18 years of age or over.
- [ ] All my questions have been answered.
- [ ] I have read and understand the description of my participation duties.
- [ ] I have been offered a copy of this form to keep for my records.
- [ ] I agree to participate in this study and understand that I may withdraw at any time without consequence.
- [ ] I give permission for the researcher to obtain audio/video data for analysis, understanding that any published reports will not use my image(s) in any form.
- [ ] I give permission for the researcher to examine my case file, but to use only the information specifically described above.

Participant’s signature  Date
| Principal investigator’s signature | Date |
Appendix B

Interview Questions

1. Tell me about the critical incident that took place.
   a. How old were you?
   b. How long had you been in law enforcement?
   c. What happened?
   d. How do you believe the incident impacted you?
   e. How was the incident addressed at work?
   f. Did a critical incident stress debriefing take place?
   g. Did you seek professional help following the incident?

2. Tell me about your experience of being evaluated for fitness-for-duty.
   a. How did you feel before, during, and after the evaluation?
   b. How did you feel about being referred for a fitness-for-duty evaluation?
   c. What was your understanding of the purpose of the evaluation at the time you were referred?
   d. Did the evaluator explain the purpose of the evaluation? If so, did it change your original perception?
   e. What did you expect the evaluation to be like? How was it different than you expected?
   f. What did you think the outcome of the evaluation would be?
   g. What concerns did you have prior to the evaluation?
   h. What kinds of thoughts and feelings did you have during the evaluation?
   i. How did you feel after the evaluation?
   j. How did you feel about the evaluator?

3. What contexts or situations influenced your experience of being evaluated?

4. Other
   a. What are your feelings toward mental health professionals, in general?
   b. If you could say something now to the person who evaluated you, what would it be?
   c. How could the evaluator have made the experience of being evaluated better for you?
   d. Why did you agree to participate in this study?
   e. Is there anything we have not talked about that you think is important for me to know?