

***ORGANIZATIONAL ISSUES
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THE PSYCHOLOGIST
WITHIN
THE ORGANIZATION

GAINING DEPARTMENTAL ACCEPTANCE

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When a mental health professional is brought in to serve as a consultant for a police department, the initial response can be quite negative. Some methods for gaining acceptance are described. These include: becoming familiar with the job, spending time at the academy, getting to know the families, volunteering time, establishing rapport with the Police Officer's Association, and using pre-hire psychological evaluations as a way to get to know personnel individually. Potential problems are discussed. Some of these—the maintenance of confidentiality, avoidance of conflicts of interest, and the maintenance of appropriate boundaries—are common to all mental health professionals, but others—notably lack of credibility—are issues that arise specifically for female mental health professionals because they operate in a mostly male environment.

The mental health professional who works as a consultant in the law enforcement community faces special problems with regard to acceptance. First, unlike what happens with those in private practice, the law enforcement mental health professional is there at the request of the department and not of the individual police officer. Second, as is well-known, law enforcement personnel tend to be deeply suspicious of people they regard as outsiders, even when those outsiders are not suspects. Our work involves employment assessment and counseling, including critical incident debriefing. In this paper, I describe some of the methods that I have found to be effective in gaining acceptance by the men and women with whom we work. I also discuss some of the problems involved.

STRATEGIES FOR GAINING ACCEPTANCE

Become Familiar with the Job

It is important that law enforcement personnel feel that the mental health professional really understands what dangers they face and what they have to do, on a daily basis, to get their jobs done. For this reason, the mental health professional should engage in what we call “the joining process.” That would include riding with police officers in their patrol cars and visiting homicide scenes with detectives. We try to do a ride-along for one shift at least once a month. If a jail system is attached to the department, it is a good idea to spend time with correctional officers inside the jail. If there is an aviation division, the mental health professional should arrange to fly with the police pilots.

Some mental health professionals will have qualms about being involved in these aspects of law enforcement; however, it is important to work through the fears. If the mental health professional has experienced fear on patrol, she or he can understand what a police officer who talks about fears experienced on the job is saying. In addition to developing understanding and empathy for the feelings of law enforcement personnel, the mental health professional will reap another reward: a bonding process occurs. Officers become familiar with the mental health professional, getting to know him or her on a first-name basis. Also, they are impressed when they see that the mental health professional is sufficiently concerned about them to volunteer time in order to learn more about them and their jobs.

Bohl

Spend Time at the Academy

The suspicion, hostility, and lack of trust that law enforcement personnel feel toward outsiders is learned, and it begins with the training received at the police academy. Because this is the case, it is a good idea to spend time at the academy with new cadets from the very first day of training. Cadets see that the department supports the use of mental health professionals, who are then not perceived as outsiders, and the use of their services is experienced as a normal, natural part of the way in which police officers function.

In the classes at the academy, we explain what mental health professionals do, what particular services we provide for each one of our departments, and how to obtain access to our services, even while at the academy. When those individuals graduate and go to work, they already know and are comfortable with us and our services. Should the need for counseling arise, we are regarded as trusted friends and not as feared strangers.

Get to Know the Families

Since most law enforcement personnel are married or have a significant other in their lives, the mental health professional should get involved with the families. If the families know the mental health professional personally and understand what he or she does, not only are their fears about the use of psychological services allayed but also they function as allies. Thus, it may be active encouragement on the part of a family member that persuades an officer who is having a difficult time at work or in dealing with a critical incident to seek help.

We begin the process of getting to know the family while cadets are still at the police academy. The significant others are invited to attend a class on relationships and law enforcement. Spouses benefit because they learn, in advance, what problems may arise later. Also, they get to know us personally and become comfortable with the idea that we may be involved in counseling their significant others.

Volunteer Time

Law enforcement personnel tend to think of mental health professionals as people who are concerned solely with making money. The assumption is that mental health professionals do not care about them as individuals. Therefore, it is crucial that mental health professionals volunteer time. By doing so, mental health professionals can counter both of these negative stereotypes and demonstrate a real concern and commitment. There are several ways to volunteer time. Some things that we do are provide classes for the Peace Officer's Association, provide classes at the police academy, offer free counseling for officers who need help and are not covered by insurance, offer free counseling for families of officers who are ill and out of work, and help with fund-raising drives carried out to provide financial assistance for officers who have been injured or have sick children.

Establish Rapport with the Police Officer's Association

It is also essential to have a good rapport and relationship with the Police Officer's Association--to get to know each president and the association members. If members are personally acquainted with the mental health professional, understand the services offered, and believe that what is offered is worthwhile, then they will actively promote the use of those services to other members of the association or department. The effect of this promotion on police officers is an increase in the level of trust. They can see that the department, their own families, and their association endorse the use of psychological support services.

Use Pre-Hire Psychological Evaluations Effectively

Although it may not seem obvious at first, the pre-hire interview presents yet another opportunity for the mental health professional to gain acceptance by getting to know law enforcement personnel on an individual basis. All too often, such interviews are conducted in an atmosphere that is hostile and intimidating, but that need not be the case. It is possible to make an adequate professional evaluation of an applicant without adopting a judgmental stance. We believe mental health professionals need to be as kind as they can when they conduct pre-hire interviews. It is important to keep in mind that the person whose interview results in a negative recommendation may be hired by another department for which the mental health professional provides services. If the oral interview process was unpleasant, it is not likely to be forgotten by the individual involved. It will be difficult or impossible to establish a sense of trust if it becomes necessary, at a later time, to carry out a critical incident debriefing. If, on the other hand, the interviewee was treated with respect and consideration, then the next time that the individual encounters the mental health professional, a positive bond will already be in place.

PROBLEMS

Maintenance of Confidentiality and Avoidance of Conflicts of Interest

The maintenance of confidentiality is crucial. Even if pressure is put on the mental health professional by the department to reveal what has been said in a counseling session, that pressure must be resisted. The best way to handle such a situation is to remind the department that mental health professionals are bound by the ethics of their own profession. According to the American Psychological Association's (1992) statement of ethical principles:

Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. (p. 1,603)

Issues of confidentiality and conflict of interest arise when a mental health professional working for a law enforcement agency tries to perform more than one function. For example, we provide pre-hire testing, counseling, and critical incident debriefings--all of which are support services. In terms of

acceptance, we are not perceived by an officer as someone who can harm him or her career. Anything told to us in a counseling session will not be passed along to higher levels. However, if we were also involved in carrying out fitness-for-duty evaluations, there would be an inevitable conflict of interest between our loyalty to the department and our loyalty to the individual officer. Our ability to counsel that individual after a critical incident would be greatly impaired because the officer would not want us to know anything that could be used to prevent him or her from returning to duty. By having fitness-for-duty evaluations handled by a different mental health professional, we maintain confidentiality, avoid a conflict of interest, and prevent a situation from arising where we may be viewed by the officers as betraying trust. My point is that sometimes, as Shaw (1988) has pointed out, different functions performed by a psychologist for a law enforcement agency need to be kept separate, with different individuals playing different roles. Otherwise, the psychologist who has labored to gain acceptance will lose it.

Maintenance of Appropriate Boundaries

Although I have emphasized the importance of "joining" and of making sure that the mental health professional is not viewed as a stranger, I want to emphasize also that there is still a great need to maintain appropriate boundaries. Dietz and Reese (1986) warned about mental health professionals who identify so strongly with police officers that they lose their own professional identities. Warning signs cited by Dietz and Reese were asking for a gun and badge, use of police jargon, swearing, and adopting an air of callousness. These authors say: "Law enforcement agencies do not hire mental health professionals to act like imitation police officers but to provide professional mental health services" (p. 399). Shaw (1988) made a similar point. He said that the psychologist must be accepted and respected but should not compete with police officers. I agree with these authors and would add some further points.

First, it is not necessary to become a reserve officer in order to develop rapport with law enforcement personnel. Nor is it necessary to have been a police officer. The idea that a mental health professional has to have such prior experience is a myth. Indeed, many police officers would be uncomfortable with a therapist who was also a police officer. Top administrators, similarly, do not like the idea of former police officers attempting to provide mental health services. As Dietz and Reese (1986) pointed out, what law enforcement agencies want is for psychologists to bring in their own specialized expertise. Psychologists can, and should be, sensitive to the needs of their law enforcement clientele without feeling that they have to be, or become, police.

Second, law enforcement work can be very exciting at times. The mental health professional should not get caught up in that excitement and lose objectivity. Otherwise, he or she will also lose credibility. The danger is that officers will view the mental health professional as being "starry-eyed" and naive about the true nature of police work.

Third, police officers are used to being intimidating. Giving in to that intimidation also will cause the mental health professional to lose credibility. What is required is to establish a balance of opposing forces. The mental health professional needs to be sufficiently assertive to counter any attempts at intimidation, but, at the same time, must project an image that is warm, caring, and empathic.

Female Dynamics

For the female mental health professional who works with law enforcement personnel, the problem of acceptance is magnified. Although the number of women in the field is gradually rising, it is still the case that the majority of law enforcement personnel, as well as the mental health professionals who counsel them, are male. That means that the female mental health professional is highly visible and may be regarded as an oddity. If she is young and attractive, there will be sexual overtures on the part of some of the men with whom she works. If she is single, she will be perceived by some men as being available. In a field in which macho values and behavior are still evidenced, she may seem to lack credibility. As a result, she has to work harder than her male colleagues to gain acceptance. Interestingly, however, once she has gained that acceptance, the woman mental health professional may have less difficulty during a counseling session in persuading law enforcement personnel to talk about sensitive emotional issues. Men who fear being labeled "sissies" find it easier to unburden themselves to women than to other men.

My advice to women mental health professionals in this field is to follow the guidelines for ethical behavior set down by the American Psychological Association (1992) for *all* mental health professionals, regardless of sex. The most important dictum is to make sure that the relationships established with clients are professional and not personal. To engage in a sexual relationship with someone who had been counseled in the past, is presently being seen for counseling, or even could later become a counseling client is unprofessional and exploitative. Not only should the female mental health professional follow the ethical guidelines laid down by the American Psychological Association but also she should, as Dietz and Reese (1986) recommend, bring to the attention of the law enforcement agency for which she works the fact that there is such a set of ethical guidelines and that she abides by them. With the occasional male law enforcement officer who engages in persistent sexual overtures, I have found that an effective way to maintain a professional stance is to make the sexual interest a therapeutic issue.

Mental health professionals who have the opportunity to consult to the law enforcement community will find it to be one of the most rewarding experiences in their careers. Once a relationship is formed and trust is built, it feels very rewarding to serve those who serve. I hope this article will encourage the mental health professional to continue working with law enforcement, providing the highest quality of professionalism and support.

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