Unfit and Unfixable:
A closer look at officers found unfit for duty with little chance of recovery

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At the 2015 International Association of Chiefs of Police Conference, we had the opportunity to present the results from two large scale research studies on fitness for duty evaluations of serving law enforcement officers from New Jersey and New York; all of the evaluations were conducted by our firm, the Institute for Forensic Psychology. The aim of this research was to examine global outcome data on fitness for duty evaluations. Within this, there was a specific interest to see how frequently officers were found unfit for duty with little chance for recovery ("unfit and unfixable"). That is, serving officers who are sent for a fitness for duty examination and found unfit for duty with a poor prognosis for successful return to duty, even with treatment. This is, naturally, the most feared outcome of the fitness for duty evaluation for the subject.

Before moving forward, it is noteworthy that there is some variability across police psychologists in terms of the categories of fitness for duty outcomes. That said, most psychological examiners utilize four commonly accepted categories: (1) fit for duty; (2) not fit for duty, with possibility of recovery, light duty; (3) not fit for duty, with possibility of recovery requiring leave; and (4) not fit for duty with little chance of recovery.[1] If an officer is found fit for duty, then she or he is returned to work. When an officer is found not fit for duty with possibility of recovery, a decision must be made as to whether or not the officer can work in a light duty capacity while receiving treatment. As noted above, the finding of an officer as unfit and unfixable is the most feared outcome, as it signifies the end of the officer's career.

Some examiners will also sparingly use a fifth category, fit for duty with counseling. In general, this is used rarely, since it may open a department to potential liability—having an officer functioning in full duty who was declared in need of fixing. That said, this outcome is seen as defensible in cases where the recommended treatment is intended to maintain an individual's stability following the successful completion of a course of treatment. Probably the best example is an officer who successfully completes inpatient and/or outpatient alcohol treatment, is seen as stable, but whose continued involvement in 12-step meetings (e.g., AA, Bottles and Badges) would provide the officer with the best possible chance of maintaining their sobriety.

A review of literature revealed only one prior study that had examined outcomes from fitness for duty evaluations of law enforcement personnel. This was published by police psychiatrist Kathleen Decker, M.D. in her book, *Fit, Unfit, Misfit?: How to Perform Fitness for Duty Evaluations of Law Enforcement Professionals.*[2] Dr. Decker conducted a small study, with only 57 subjects from the State of Washington. Her findings were that 21 (37.8%) of subjects were found fit for duty, 11 (19.3%) were found not fit for duty, with possible recovery requiring temporary leave, 15 (26.3%) were found to be in an "other, not specified" category, and 10 (17.5%) were found not fit for duty with little chance of recovery. This study was obviously limited by the small sample size and the presence of a vague outcome category (i.e., "other, not specified"); these issues make it challenging to draw any significant conclusions from the study. That being said, the work does represent a data point from which comparisons in other research can be made.

In this present article, we hope to demystify the fitness for duty evaluation process by sharing the results of two research studies; these studies cover over 800 fitness for duty evaluations performed on police and public safety personnel between 2009 and 2014. We hope that this data is helpful to every law enforcement professional in New Jersey, not just Chiefs and command staff, but any person who might be referred for evaluation during her or his career.

Study 1

In this study, we included 337 fitness for duty evaluations conducted of police and public safety personnel between 2009 and 2010. The evaluations included in the study were only "new" fitness for duty evaluations—that is, prompted by new incidents or events. This study did not include fitness for duty re-evaluations following the completion of some recommended treatment. These 337 evaluations included a broad sample of police and public safety personnel, including police officers, correction officers, firefighters, dispatcher, and EMTs. Within this sample, 278 (82.5%) subjects were in an armed peace officer role (e.g., police officers, sheriff's officer, investigator), 15 (4.5%) were corrections or detention officers, 22 (6.5%) were firefighters, and 22 (6.5%) were in another public safety position (e.g., EMT, dispatcher, auxiliary police officer).

With regard to the reason for referral, 116 (34.4%) people were sent for evaluation due to their involvement in a domestic violence incident. Other reasons for referral included Aggressive/Bizarre Behavior (53; 15.7%), Stress Related (48; 14.2%), Alcohol Abuse (18; 5.3%), Abuse of Sick Time (17;5.0%), Depression (16;4.7%), Suicidal Ideation (15; 4.4%), Extended

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Administrative Leave (14; 4.1%), PTSD (8; 2.4%), Anxiety (8; 2.4%), Drug Abuse (6; 1.8%), Extreme Family Stressor(s) (6; 1.8%), Off-Duty Conduct (6; 1.8%), Bipolar Disorder (3; 0.9%), and Health-Related Issue (2; 0.6%).

The results showed that 197 (58.5%) subjects were found fit for duty and 29 (8.6%) subjects were found fit for duty with some recommended maintenance counseling (e.g., AA meeting attendance). In addition, there were 30 (8.9%) subjects who were found not fit for duty, but seen as capable of performing light duty while they received treatment, and there were 61 (18.1%) subjects who were found not fit for duty with possible recovery requiring leave. Lastly, there were 20 (5.9%) subjects who were found not fit for duty with little chance of recovery.

Upon closer inspection of those in the unfit and unfixable category, there were a variety of reasons for the determination. The most prevalent reason, present in 6 (30%) subjects, was chronic substance abuse. Other reasons included stress (3; 15%), thought disorder (3; 15%), borderline intellectual functioning (2; 10%), chronic mood disorder (1; 5%), repeated acts of harassment and stalking (1; 5%), chronic PTSD (1; 5%), and suicide attempt (1; 5%).

Study 2

In this study, we included 493 fitness for duty evaluations conducted between 2011 and 2014. in this group, we only included armed police officers and others in similar positions (e.g., State Troopers, detectives); this decision was made because the threshold for evaluating a subject's fitness for duty is significantly different for armed police personnel versus other unarmed public safety positions. There were 401 (81.3%) police officers 81 (16.4%) State Troopers, 9 (1.8%) detectives/investigators, and 2 (0.4%) sheriff's officers.

With regard to the reason for referral, 155 (31.4%) officers were sent for evaluation due to their involvement in a domestic violence incident. Other reasons for referral included Aggressive/Bizarre Behavior on Duty (57; 11.6%), Stress Related (38; 7.7%), Extended Administrative Leave/Suspension (36; 7.3%), Alcohol and/or Drug Abuse (36; 7.3%), Off-Duty Conduct (23; 4.7%), PTSD (21; 4.3%), Suicidal Ideation/Threat/Attempt (21; 4.3%), Extreme Family Stressor (19; 3.8%), Excessive Department and/or Citizen Complaints (18; 3.7%), Health/Medical Issue (9; 1.8%), and Bipolar Disorder (3; 0.6%).

The results showed that 283 (57.4%) subjects were found fit for duty and 27 (5.5%) were found fit for duty with some recommended maintenance counseling (e.g., AA meeting attendance). In addition, there were 63 (12.8%) subjects who were found not fit for duty, but seen as capable of performing light duty while they received treatment, and there were 90 (18.3%) subjects who were found not fit for duty with possible recovery requiring leave. Lastly, there were 28 (5.7%) subjects who were found not fit for duty with little chance of recovery.

Upon closer inspection of those in the unfit and unfixable category, there were a variety of reasons for the determination. The most prevalent reason, present in 12 (34%) subjects, was chronic PTSD. Other reasons included chronic substance abuse (6; 17%), stress (4; 11%), thought disorder (3; 9%), chronic mood disorder (3; 9%), suicide attempt (2; 6%), personality disorder (2; 6%), medical condition with anxiety and/or depression (2; 6%), and chronic panic disorder (1; 3%).

Discussion

Results from these two studies show some very consistent findings. First, across both studies, the number one reason that officers are referred for fitness for duty evaluations is involvement in a domestic violence incident. The New Jersey Attorney General Guidelines for Investigating Domestic Violence Incidents Involving Police Officers were published in 2009, which has obviously led to the large number of evaluations conducted following an officer-involved incident of domestic violence.

Second, again across both studies, over 60% of subjects were returned to full duty and approximately 75% of subjects were found to be capable of working in either a full duty or light duty capacity. In addition, about 94% of subjects were seen as either fit for duty or temporarily not fit for duty; this leaves just under 6% of subjects in the unfit and unfixable category. Given the fairly large sample sizes and the consistency of the findings across the two studies, we can see a clear pattern that the overwhelming majority of officers are found fit for duty or temporarily not fit for duty.

Within the unfit and unfixable category, there was a significant difference across the two studies. Chronic substance abuse was the most prevalent reason for the unfit and unfixable determination in study 1; in study 2 it was chronic PTSD. Those

officers found to have chronic PTSD had previously been involved in an officer-involved shooting or other highly traumatic incident at work, received a significant amount of mental health counseling, and felt that they could no longer work as an armed law enforcement officer. Our impression is that this significant increase in the PTSD diagnosis tracked the increase in officer-involved shootings during this more recent time period. In these cases, our determination and accompanying report helps these officers get the accidental disability pensions they deserve.

One-third of the officers in the Study 2 unfit and unfixable group presented to their evaluations wanting to be found unfit for duty; this means that only 4% of subjects who present for a fitness for duty evaluation believing that they are fit for duty are found unfit and unfixable. Moreover, those subjects who are found unfit and unfixable almost always had multiple repeated problems and/or courses of mental health treatment that were unsuccessful at preventing a recurrence of problematic behavior(s). Said another way, it is extremely rare to say that an officer is unfit and unfixable without evidence in the record of an attempt (or multiple attempts) to "fix" the officer.

It is important to acknowledge that light/modified duty is not available in every department or agency. It is our experience in working with a variety of police and public safety agencies that the likelihood of having a light duty option increases with the size of the department. Whenever possible, we strive to keep officers at work in some capacity, as work provides structure for people. In addition, being a police or public safety professional is also often a big component of a person's identity, so allowing them to work while receiving treatment can be beneficial. There are some instances, however, where being at work is contraindicated for an officer's mental health. One such example is when there is serious friction between the subject of the fitness for duty evaluation and one or more members of the department.

In conclusion, the research reflects that finding an officer unfit and unfixable is a very rare event. It is never easy to arrive at a determination that an officer is unfit and unfixable, and we do not make such a decision lightly. We take fitness for duty evaluations very seriously, and understand that there is often a lot of anxiety and uncertainty around them. It is hoped that this article will alleviate some of the concerns by sharing outcome data on fitness for duty evaluations.

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[1] Rostow D., Davis R. (2004) *A handbook for psychological fitness for duty evaluations in law enforcement.* Haworth, NY.

[2] Decker K (2006) *Fit, Unfit, Misfit?: How to Perform Fitness for Duty Evaluations of Law Enforcement Professionals.* Springfield, IL