

I. N. Perr,¹ M.D., J.D.

Psychiatric Screening of Civil Service Candidates with Particular Reference to Police Applicants

As a reaction to the tradition of corruption and reward ("to the victor belongs the spoils") in the distribution of governmental jobs, a civil service system has developed which regulates the granting of millions of such jobs. Basic qualifications are established for positions (age, education, physical size, special skills). Those eligible then take a written examination; a common practice is to allow a hiring authority to pick among the top three candidates on the basis of the test scores, allowing for some flexibility. In some jurisdictions, veterans are given an arbitrary number of points to add to test scores so that in some cases, the veteran applicant automatically will outscore the nonveteran. In the state of New Jersey [1], applicants are placed on eligible lists in the following order: (1) disabled veterans, (2) veterans, and (3) others.

The effort to hire through objective techniques allows little leeway in dealing with the quality of applicants. The usual civil service law will provide some degree of flexibility and allow for rejection or removal from an eligibility list under certain circumstances. In New Jersey [2] an applicant may be excluded if he or she "is physically or mentally unfit to perform effectively the duties of the position" or "is addicted to the use of drugs, narcotics or intoxicating beverages." These exclusions involve direct psychiatric input as contrasted to other types of exclusion, such as criminal record, moral turpitude, fraudulent application, etc, which will not be discussed.

The problem of mental capacity to perform a job is a delicate one. In the past, the lack of standardization of qualifications, procedures, type of testing, and nature of report has led to great variability in the use of this exclusionary power from jurisdiction to jurisdiction. In some localities, applicants are routinely excluded on psychologic or psychiatric grounds. Allegations of collusion or misuse have been common. In view of the increasing concern of psychiatrists and others about civil rights, this topic has been increasingly scrutinized; for example, in some areas black police candidates have complained of procedural arbitrariness. Some related problems are the legitimate concern that reasonable screening be done, particularly in sensitive areas such as police and highway patrol. Therefore, the subject of police screening has been a periodic subject of investigation. (Another related area of delicate sensitivity is personnel in the military involved in management of nuclear devices and espionage.) The problem of personality disorder is more relevant to a policeman who carries a gun than to a secretary who sends out water bills. Gross psychiatric disturbances are less likely to be a cause of dispute.

Presented at the 26th Annual Meeting of the Academy of Forensic Sciences, Dallas, Texas, 15 Feb. 1974. Received for publication 22 Feb. 1974; accepted for publication 3 May 1974.

¹ Professor of psychiatry and of community medicine, Rutgers Medical School, College of Medicine and Dentistry of New Jersey, Piscataway, N.J.

Civil Service procedure allows for removal from the eligibility list if a candidate "lacks the capacity to perform the duties of the class title as shown by clearly documented medical or psychological evidence" [3,4]. A person who is recommended for rejection may object and may submit a report from the doctor of his or her own choice. In the past, with two disparate sets of reports the Civil Service Commission would appoint a local examiner to provide a third report. The procedure has been time-consuming, often with three sets of reports transmitted to the Commission.

In all cases the burden is on the appointing authority to show cause for removal by a documentary substantiation of its case. Thus, ultimately the burden falls on the examiner for the appointing authority to demonstrate the adequacy of examination, information utilized, types of tests, and specific findings to justify specific conclusions.

In an effort to handle disputed removals, the Commission has established a Medical Review Board to study the data presented and to make a recommendation to the Commissioner. The Board has a Civil Service representative and two representatives of the Departments of Psychiatry of Rutgers Medical School and the New Jersey College of Medicine, both components of the College of Medicine and Dentistry of New Jersey. Both psychiatrists and psychologists have participated.

Applicants may appear before the Board to elaborate on the data reviewed (the data are made available by law to applicants or their representatives). The Board will not examine the individual and relies on the data submitted (medical and psychologic evaluations, hospital reports, Veterans Administration (V.A.) reports, police investigation, and any other documentation provided).

This paper reports on the quality of data submitted for the Board's review. Many psychiatrists participate in examinations for governmental employers or are placed in the position of writing letters about current patients and therefore should be cognizant of the issues involved.

Who Has Done the Evaluating?

A wide variety of examiners has submitted data dealing with the mental state of the applicant. In addition to psychiatrists and clinical psychologists, reports have been received from physicians, nurses (a nurse therapist who lists herself as a psychoanalyst), educational psychologists, industrial psychologists, testing services, etc. Some are vague as to the transmitter. Reports have been received which are unsigned, undated, with only the name "So-and-So and Associates" with no clarification as to type of company, agency, or profession. One physician's report was a brief handwritten note on a prescription blank. In some areas of the state, the local authorities hire the services of companies whose prime purpose seems to be personnel evaluation for industry. Brief, nonconclusive, self-administered personality assessments are used heavily, as are vocational interest profiles. These have limited usefulness to the Board. The standards of industry are hopefully the hiring of the best candidate for a position in accord with the wishes of the hiring agent. This degree of selectivity, even if scientifically merited, is not relevant to the problem of civil service exclusion, which is based on unfitness.

In certain cities examinations are performed on a contractual basis with superficial processing of significant numbers of applicants. One would surmise on the basis of the data provided that minimal compensation is involved in the final product.

Psychiatric Evaluations

The psychiatric evaluations have varied greatly in quality. A significant number, particularly those performed for hiring authorities, have been extremely brief—some

stating that the person was seen, had some unacceptable personality traits, and therefore should be considered unacceptable. Increasingly, the Board has requested that the extent of examination be delineated. Contact with a number of candidates indicates that in some cases applicants have been seen for only 15 to 20 minutes. The Board has not requested that there be a certain minimum time or content but is aware of the grossly inadequate examination as measured by simple time output. Many examiners specify the number of visits, the time expended, tests administered, etc. and obviously devote a related amount of time to report preparation. Occasional examiners have done an extensive work-up but find the time for report preparation unrewarding. Examiners need to keep in mind that action results from the report, not the examination. A reviewing board in a medicolegal or administrative matter acts on the basis of the information presented and is unable to speculate when this is omitted. Purchasers of services need to be oriented as to the need for remuneration for report preparation. Some psychiatrists have relied heavily on other data and psychologic testing without so specifying. Occasionally, the bulk of the brief report will be in the identical wording of a computerized test such as the Minnesota Multiphasic Personality Inventory (MMPI). Rarely does the question of neurosis, psychosis, or mental defect arise. Occasionally, references are made to "limited intellect" or "borderline retardation" without substantiating data, where information from other sources indicates that this is clearly not the case. Most of the better reports specify findings and make conclusions such as "no evidence of psychopathology from this examination" or "past history and current mental status demonstrate no findings to indicate that he would not be able to perform adequately as a police officer." Some thorough reports merely present the findings without specific recommendation. The other extreme is reflected in a note that the candidate was "perfectly normal." One short report, seven lines long, devoted only three lines to the history and mental status of the candidate, namely that aside from a history of occasional tension headaches, examination was negative.

Examiners seeing an applicant in response to a prior exclusionary examination need to be aware of adequate documentation, since often extensive reports are already available and a mere conclusional opposing opinion is not helpful.

A particular problem is that of the personality disorder, with an essential part of the evaluation being the history of past functioning. If the examiner does not include a past history in his report, then the reviewer does not know what information was considered by the examiner. Frequently the examiner has access only to selected information, and while his conclusion may be appropriate to the data available, it may be incorrect or distorted as a result.

Occasionally, there is an overemphasis on past history. For example, a man with severe delinquent problems in his youth followed by no reported behavioral abnormalities or criminal involvement in the following twelve years of adulthood and good functioning otherwise was recommended for rejection.

Reports by psychiatrists hired by the applicant tended to be more thorough than those done for hiring agencies—probably a reflection of motivation and adequate remuneration.

Psychologic Testing

The wide variety of quality in psychological services was striking, in keeping with the multiplicity of backgrounds and services of psychologists. The reports were more erratic than the psychiatric ones. Some were very poor. One psychologist in his paragraph on mental state would give some history with no clinical observations. Frequently the names

of the tests administered would be omitted and only conclusions given. Some applicants would be seen by a psychiatrist-psychologist team with well-substantiated data. Some reports, as with psychiatrists, were judgmental and moralistic.

One occasional problem was obvious—overinterpretation. One applicant with several I.Q. tests in the average range (90 to 100) was described as having above average intelligence because of one elevated subtest. Interestingly, intelligence levels are only of limited relevance. No candidate had a level so low as to be deemed intellectually incompetent—a finding which might be expected as the candidates had already passed written tests. A minimum level of intellectual functioning has not been delineated for police or fireman functioning, yet some examiners, without testing, have emphasized what they consider to be inadequate intelligence. Remarkable insights were offered in response to Draw-A-Person Tests, Bender-Gestalts, MMPIs, and Rorschachs.

As a result of seemingly unmerited conclusions or simply the lack of supportive data, the Board has requested the transmission of test protocols for review by its own psychologist. For the most part, conclusions have been well formed in the test data. If the writers of reports would specify some of the key observations referable to the data, this step could be omitted. Some of the examiners reacted quite negatively to the request for further details, one raising the question of confidentiality and ethics (the hiring agency here would usually be a governmental entity opposing the appointment).

Occasional reports were so bizarre in wording as to defy credibility.

The MMPI

Special attention is directed to this computerized test which is now readily and cheaply available. Mechanical use of this test is clearly unjustified, particularly as utilized by some professionals. One psychiatrist, heavily relying on the MMPI, reported it as a “very objective description.” In the particular context of Civil Service application, the MMPI must be used with caution. A high percentage of those who had MMPI copies in the records were reported as “faking good,” with denial and tendencies to present themselves in a favorable light. While correct, this is reasonably appropriate behavior under the circumstances. Many examiners simply ignore the caution to interpret the data in the clinical context.

Other Tests

The Board does not feel it appropriate to dictate the scope of clinical examination or extent of specific testing. Obviously there are many factors to consider: time and money, the experience of the examiner with a given procedure or test, and the needs of the situation, which may call for more or less testing. Nonetheless, the report must include the procedures or tests given, the major conclusions, and some of the data on which the conclusions were based.

General Issues

Not only the quality but even the validity of screening procedures are increasingly being attacked. The quality of examination requires no new concepts—adequacy of examination, exploration of the history and mental status, and observations as traditionally taught with utilization of specific tests and procedures as seem professionally appropriate. Access to other sources of information should be utilized when appropriate. As in general medicine, negative findings must be noted. Examiners must clarify with their clients or

patients the need for adequate report preparation. In particular, the slipshod practices of many governmental agencies in their routinized screening will be attacked. In reviewing many of these cases (all of which represent situations where the hiring authority has rejected the candidates on grounds of mental disability), a significant percentage has been overruled by the Board. In some cases the data presented were simply too fragmentary and insufficient to justify the hiring authority's act in terms of burden of proof or weight of evidence. In others the conclusion of unfitness did not seem merited.

In the future, communications to psychiatrists and psychologists in the state will elaborate on the issues of adequacy of examination and adequacy of report. Secondly, planning is proceeding for the establishment of guidelines for examiners. The Civil Service laws only provide general rules with little specificity and considerable discretion given to the Commissioner. This allows for flexibility and the establishment of administrative guidelines.

Examiners must be sensitive to some of the peculiarities of the situation. Applicants do wish to present a good picture of themselves, may be suspicious of hiring authorities and their practices, and may give limited histories. An interesting example of the role of motivation is that of the applicant who may have been discharged from the military with a pension for a minor physical or emotional problem, who goes to his periodic V.A. pension examination emphasizing his symptoms to maintain his pension and then does the reverse when he is interviewed for a job. There may be a bipolar distortion.

The law calls for exclusion based on lack of capacity to perform a job. The needs of the job must be considered, as well as the candidate himself. Gross psychosis and severe neurosis are not problem areas. The biggest problem is that of evaluating personality disorders or personality traits that may significantly interfere with functioning. Many traits such as hostility, immaturity, passive-aggressiveness, hostility to authority, impulsiveness, etc, are both common and relevant. A judgment as to degree is necessary, as well as an exposition of the relationship to the anticipated job needs. Because of the difficulties inherent in the evaluation of behavior disorders, the mental health professions must be very cautious and conservative in intervening in these areas. Further studies may help in creating a professional consensus where none now exists.

Input from those who screen applicants should be encouraged. In particular, studies on police should be furthered, such as that of Blum [5].

Summary

This preliminary report has reviewed the activities of a Medical Review Board for a Civil Service Commission. The responsibility of the Board is to review conflicting data in cases where the hiring authority has attempted to exclude a candidate, particularly a police candidate, on the grounds that the applicant is mentally unfit to perform the duties of the position. This rule has been applied primarily to police applicants, secondarily to fireman applicants, and rarely to others.

Psychiatrists who participate must be aware of the underlying conflicts within civil service systems, the possibility of manipulation, and the rigidity of the system which is designed to protect the greatest number. Civil service systems have limited discretion on personnel policies. Therefore, psychiatrists must be careful not to act as arbiters for social institutions without a sound and meticulous basis for their participation. For those psychiatrists who participate in the process, the urgent need to do so in accord with professional standards is stressed, recognizing that standards change and that the nature of participation will be scrutinized by many in society outside the profession.

References

- [1] New Jersey Administrative Code 4:1-11.2.
- [2] New Jersey Administrative Code 4:1-8.14.
- [3] Civil Service Personnel Manual (State Service), Trenton, N.J., 1973, 12-11.10 b (h).
- [4] Civil Service Personnel Manual (Local Jurisdictions), Trenton, N.J., 1973, 12-11.101 b (i).
- [5] Blum, R. H., Ed., *Police Selection*, Charles C Thomas, Springfield, Ill., 1964.

Rutgers Medical School
College of Medicine and Dentistry of New Jersey
Piscataway, N.J. 08854