



ALBUQUERQUE POLICE DEPARTMENT  
GENERAL ORDERS

SOP 1-11

Effective: 04/28/16 Expires: 10/25/16 Replaces: 12/30/15

## **1-11 BEHAVIORAL SCIENCES SUPPORT AND SERVICE**

### **1-11-1 Purpose**

The purpose of this policy is to describe the responsibilities and services of the Behavioral Sciences Division (BSD). BSD focuses primarily on psychological support for APD employees. For information on APD's response to mental health needs and behavioral health services available for the community, refer to SOP 2-19 - Response to Behavioral Health Issues.

### **1-11-2 Policy**

Department policy is to provide ready access to psychological services, including consultation and treatment, needed by APD sworn and civilian staff and their family members. Requests for such services can originate from the department, individual employees, or their family members. Services may be accessed by using direct or indirect referrals, or by participating in voluntary or mandatory services and treatment options. These services will be provided by staff or contract clinicians in BSD. These services are intended to improve the health of individual employees and the overall health of the department through direct service, outreach, and education.

### **1-11-3 Rules and Responsibilities**

- A. BSD will be led by the BSD Director, a full-time department employee who is a licensed mental health practitioner. The BSD Director will be responsible for initiating and monitoring contracts with other licensed providers to perform the services described in this policy.
- B. The BSD is responsible for the following services and activities:
  - 1. Conducting pre-employment psychological screenings for all police, Police Service Aide (PSA), and Prisoner Transport Unit (PSU) applicants referred by the department recruiting staff, to be performed by contracted psychological staff
  - 2. Providing on-site consultation at SWAT activations
  - 3. Providing psychological support for employees involved in duty-related shootings, crisis situations, and other critical incidents where psychological care, assessment and treatment may be required
  - 4. As requested, providing training in the behavioral sciences as it relates to employee health and wellness
  - 5. Assisting Crisis Intervention Unit/Crisis Outreach and Support Team with trainings and wellness programs



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6. Providing other services as needed, including, but not limited to, outreach to officers regarding available services; proactively offering services to supervisors and officers, such as wellness programs and de-stigmatization of psychological illness; consultation; and supervisory training regarding behavioral warning signs and behaviors

C. Referrals and Confidentiality

1. Self-referrals: When an individual self-refers to the BSD, a confidential therapist-client relationship is created. This privilege is based on current legal and ethical standards governing patient confidentiality. As such, confidentiality will be maintained unless a release of information is authorized by the self-referring individual. Exceptions to confidentiality, based on current legal requirements, include an individual's threat of immediate or reasonably anticipated physical harm to self, a threat of immediate or reasonably anticipated threat of physical harm to others, or a provider's reasonable suspicion that child or elder abuse has occurred or is occurring. If one of these exceptions applies, the clinical staff will discuss appropriate duty restrictions for the employee with department command staff.
2. Mandated referrals: Supervisors may make a mandatory employee referral to the BSD for intervention and assessment if the supervisor is concerned about an employee's psychological health, predicated upon work-related behaviors or an employee's apparent inability to perform job requirements and duties due to a possible psychological condition.

In the case of mandated referrals, general therapist-client confidentiality will be maintained. However, the employee will sign a waiver permitting the following information to be relayed through the employee's chain of command:

- i. Verification of contact with BSD for the initial appointment
  - ii. Employee attendance patterns
  - iii. Whether there is a need for continued treatment
  - iv. General progress of any continued treatment
  - v. Recommendations for possible duty restrictions
  - vi. Referral for a formal fitness-for-duty psychological evaluation, when necessary
3. The department will provide clinicians to employees, either BSD staff or contractors, and will post regularly-updated lists of these clinicians on APDWeb. Referrals will be delivered to BSD's administrative staff, who will schedule appointments for the employee with the requested clinician.
  4. Treatment services for employee family members will be accommodated as BSD contracted psychological staff schedules allow. If time is unavailable, referral options will be provided. The City Insurance and Benefits Division can provide a list of covered providers to employees and their families.



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5. BSD contracted clinical staff will not perform fitness-for-duty psychological evaluations for department employees. Should fitness-for-duty psychological evaluations become necessary, the Personnel/Payroll Division will refer the individual requiring the assessment to a non-BSD provider.
6. If it becomes necessary to establish a waiting list due to the high number of employees requesting services, the BSD contracted clinical staff will assist requesting parties to find other community counseling services.

D. Officer-Involved Shootings

In the event of an officer-involved shooting, the on-call BSD contracted clinical staff member will be contacted and will respond to the scene. BSD staff will perform the following services:

1. If possible, offer support for involved officers before they are transported from the scene.
2. Conduct a return-to-duty psychological screening for all involved officers. Clinicians will make a follow-up phone call a couple of days after the incident to check in with each officer. Within a week of the incident, the clinician will have an in-person meeting with the officer to discuss available resources and to assess the individual's ability to return to work. This assessment will be based on the employee's demeanor, emotional state, and ability to perform job requirements and duties.
3. Make recommendations to command staff regarding ability to return to work and need for time off for each involved officer via a memorandum directed to the Assistant Chief.
4. Provide continued support, treatment, and other services as needed for involved officer(s) and family members or significant others.

E. BSD Response to SWAT Activations

In the event of a SWAT activation, the on-call BSD contracted clinical staff member will respond to the scene after being contacted by dispatch. BSD will provide on-scene Crisis Negotiations Team (CNT) consultation, as well as consultation to the SWAT scene commander during the SWAT activation.

F. Critical Incident Response Other than Officer-Involved Shootings

1. BSD contracted clinical staff will respond to all critical incidents as requested by a supervisor. A critical incident is any extraordinary event which places lives and/or property in danger and requires the commitment and coordination of numerous resources to bring about a successful resolution.



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2. BSD contracted clinical staff will provide critical incident stress debriefings (CISD) as needed and as requested by a supervisor. Officers' attendance will be optional and will not be required by any supervisors. A CISD is a clinician-facilitated meeting that will be held approximately a week after the incident. At this meeting, involved personnel—including officers, dispatch, investigators, rescue personnel, and other personnel as needed—will discuss the event and their reactions to it in a semi-structured format, and they will receive support and information about additional resources available to them.

G. Placement on Leave

If deemed necessary for the psychological well-being of an employee, the BSD contracted clinical staff member may recommend that command staff place the employee on leave. If command staff agrees with the recommendation, it will be necessary for the employee to meet with a BSD contracted clinical staff member prior to returning to duty. At that meeting, the BSD contracted clinical staff member will interview the employee to evaluate and assess the employee's ability to perform his or her job requirements and duties. The BSD contracted clinical staff member will issue a letter to employee if the employee is ready to return to work. The employee will take the letter to the City Employee Health Division to be cleared to return to work.