To: Commission on Law Enforcement Accountability, Community and Transparency

Honorable members,

Please consider that addressing police training of any kind, but specifically to prevent or minimize bias enforcement practices is a task that must be considered in layers.

It needs to be quite clear that we can not train our way out of outright bias, including but not limited to racism, sexism, homophobia, xenophobia, and the like. We must prevent individuals with the propensity to draw on such narrow views of humanity from becoming police officers in the first place and we must be willing to support a police culture where currently serving officers with known bias are not tolerated and duly escorted out of the profession. Only with these layers in order can we train and educate quality officers about diversity and multicultural issues with the effect of reducing bias in police practices.

What is important to understand is that bias based on life-time developed beliefs and bias resulting from lack of exposure/ignorance are very different things when it comes to education and training. An individual who is an out-right racist (for example) and serving in law enforcement, is not likely to change their views with education and training. However, an individual coming into the profession, who has some ignorant or ill informed perceptions of people different from themselves, based on a genuine lack of exposure to diversity, is not necessarily firmly entrenched in negative bias, but may instead be very willing and able to be trained and educated. Knowing who is who is an important part of the recruitment and hiring of new officers in NH.

The PEPE is an integral part of the process of assessing candidates for fitness to serve as law enforcement officers, yet the disparity in quality of the evaluation is wide in NH. Many departments rely on an inexpensive mail-away bubble sheet questionnaire that provides no deep information about the candidate. Many NH officers hit the streets having never been evaluated by a psychologist (To be clear: reliance on the "mail-away" is not typically the result of a lack of desire to properly screen candidates, it is often a department budget issue). The value of the psychological evaluation is primarily in the clinical interview. Anyone can fill out a bunch of forms and tests, but the clinical interview is where the trained psychologist takes the time to sift through all the data and apply that data to a deep, in-person inquiry into the individual. Special attention is paid to any areas that may have "popped" (elevated scores outside the norm or expected) or were statistically close to popping. This interview helps to clarify these issues and determine to what extent the issue that was identified by the algorithms of the tests actually translate into real life. Nothing is perfect of course, the clinical interview is the key piece to the puzzle.
Assessing for bias is not about figuring out if someone is a racist or homophobic. It’s not that simple. Assessing for bias is about evaluating an individual’s reliance on rigid, predisposed, minimally informed presumptions of situations/scenarios and people. When a person shows tendencies to be both rigid and insecure (for example) the likelihood that they rely on stereotypes and predisposed expectations is high. Their lack of flexibility and lack of confidence does not allow them to perceive each encounter with a necessity to learn or adapt. This can play out negatively with not just race but gender, age, mental health issues, language barriers, etc. Evaluating for factors such as rigidity, self-confidence, willingness to acknowledge personal shortcomings, etc are all part of a good psychological evaluation for law enforcement fitness and career success. A quality assessment is aimed to reveal such markers, among other important factors (clinical psychosis, resilience, etc). BUT, just because a marker "pops" on a bubble sheet assessment does not mean that the individual is destined to fail as an officer (nor does it mean that if nothing pops they are destined to succeed). This is where a solid clinical interview process is important.

For example, we all know that "racists" rarely answer direct questions about their racist attitudes in the affirmative. On the other hand, socially sensitive people might endorse items out of guilt that maybe they have some inner biases and should take ownership of them. These folks, who might be open (flexible) to education and self-assessment (confidence) could be inadvertently screened out. Without a clinical interview with a trained professional, we could end up screening out the people we want for being truthful, while people with more significant biases will deny all items having even a little face validity ("I treat everyone the same with the same respect." YES...ALWAYS!) and "pass" the test. This is where the clinical assessment of rigidity and confidence and other factors come in. While they may "pass" the not-a-racist test, it is likely that they were elevated outside the norm in some other areas that with a good clinical interview will end up screening them out.

In order to seek improved outcomes for education and training of police officers, whether it be use of force, bias, officer safety tactics or the like... ensuring that we are focusing these efforts on individuals who are willing and capable of being educated and trained is imperative to success.

Thank you for your time and consideration.
Respectfully submitted,

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**Nicole L. Sawyer, PsyD is a licensed clinical psychologist in Exeter, New Hampshire and is the former Vice Chair of the NH Legislative Commission on PTSD & TBI. She has been in clinical practice since 2004 and works exclusively with Combat Veterans, Law Enforcement, FireFighters and EMS. She is a supporting psychologist for the NH State Police Peer Support Unit and the professional crisis intervention specialist for the Seacoast Emergency Response Team (SERT). She provides psychological assessment and evaluation for the Department of Defense, NH State Police, and for several local police and Fire/EMS departments across NH. She is a frequent speaker on such topics as veteran mental health care and the impact of military culture on health care access and engagement, as well as trauma mitigation and early**
crisis detection for law enforcement and Fire/EMS personnel. Dr. Sawyer is a passionate advocate for broadening civilian engagement with the military and veteran community, and for bringing emotional health and wellness into the culture of law enforcement, emergency personnel and military service.