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POLICE AND SOCIAL WORKERS AS MEMBERS OF NEW CRISIS-MANAGEMENT TEAMS

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ABSTRACT

[A variety of programs have emerged of late which involve the close collaboration and cooperation of police and social workers in order to deal with family crises. By pooling their respective skills and resources, police and social workers hope to respond more effectively to the diverse situations and challenges presented by family crises. Several of these programs are reviewed here and one is probed in depth. Also, various questions are raised regarding some of the possible problems associated with this kind of collaboration.]

In recent years, police and social workers in a number of cities across the country have begun to combine and coordinate their efforts in a concerted way. Historically though, this kind of collaboration has been difficult because of the almost antithetical roles, attitudes, and traditions of police and social workers. What has caused them to set aside their differences to some degree is the fact that both have concluded they need the other's help in dealing with family crises. (Such crises usually involve conflicts between married or unmarried partners, conflicts between parents and children, or conflicts between siblings or other intimates.) Many police and social workers feel that the challenge posed by family crises compels them to pool their respective skills and abilities if they are to have a chance of succeeding.

That family crises present a problem is clear from data provided by the FBI and other agencies. To begin with, such crises threaten the police who usually are the ones who intervene in them. In 1974 for example, crisis calls of this nature were responsible for the deaths of 22 percent of all the police killed on duty in the US, and for 28 percent of all the cases of assault upon police (FBI, 1975: 224,233). Moreover, the situation posing the greatest threat of physical assault for an officer in 1974 was the crisis call -- where husbands and wives sometimes deflect their aggression from one another to the hapless officer(s) attempting to quiet them down.

Family crises seriously threaten the participating disputants as well. Numerous studies have shown that three-fourths of all homicide victims are family intimates or friends or acquaintances of the offender. This is true for three-fourths of all aggravated assault victims too. Not surprisingly, a large majority of all homicides and aggravated assaults in the US occur in the home.

Urban police departments allocate about 10 percent of their manpower and budgets for the management of family crises, and this figure rises to around 35 percent if one includes felonies, juvenile problems, suicide attempts, and other calls for police service which grow directly out of family disputes.

One reason family crises take up so much police time is that police often have to return to the same families again and again to deal with their fighting. However, the chronic nature of some family conflicts is precisely what provides the possibility that something can be done about reducing their severity. A recent study in Kansas City revealed that there are usually ample opportunities for the police to change the outcome of serious family conflicts. According to the study, 90 percent of the family-related homicides and aggravated assaults there took place in homes where the police had responded at least once before to a disturbance call. And in over 40 percent of the instances the police had visited the home 5 or more times in the preceding 2 years (Schwartz, 1975:10). Thus, police have a chance to reduce family violence if more effective intervention and follow-up procedures can be developed.

Traditionally the police have been the only human services personnel who can and will make house calls when most family fights occur -- after 5pm in the evening. For this reason, most people, especially those in the working class, think of the police first when they or their neighbors are involved in a serious family fight. Also, they know what to expect with the police. If they call a social worker or a psychologist, they are less certain about what they are getting into because of the more diffuse role definitions of such professionals.

While the police are better prepared than most anyone else to deal with the violence that often explodes during family fights, others may be better equipped to handle the social and psychological aspects of such situations. This is where social workers, clinical psychologists, and various mental health professionals come into the picture. They have begun to contribute their skills at the scene* of family fights and at police stations where disputants can come for immediate help and crisis counseling.

*This activity must be distinguished from two similar, but distinctly different, kinds of activity which mental health workers have been involved in previously. The first is the ever-growing use of mental health workers to train police in crisis intervention skills. (The trained police then apply their newly acquired skills to the family crises in which they are called to intervene.) The CUNY Psychological Center in New York was the first to carry out such training. In 1967, a number of mental health professionals at the center trained 18 New York City policemen to deal with family crises in a more effective manner. Since then, several score other police departments throughout the US have had mental health personnel train some or all of their officers in crisis management techniques.

The second kind of activity is the older practice of using social workers (or police trained to do casework) in police stations. (See Chwast, 1954.) Such personnel spend much of their time treating and/or counseling runaways, incorrigibles, and juveniles suspected of felonies. Today, such activities are often part of the burgeoning number of programs designed to divert youths from the juvenile justice system.

As joint members of new crisis-management teams, police and social workers have become involved in a wide variety of programs, some of which will be reviewed here. Most of the programs entail modifications to some extent of the traditional roles of police officer and social worker. The programs which will be reviewed at this point have been selected from a much larger number across the country. They have been chosen because they illustrate different ways of combining the skills of police officers and social workers in order to cope more effectively with family fights.

MILWAUKEE AREA. In the Police Social Worker Program in Franklin, Wisconsin, MSWs intervene in family crises so as to reduce the demand on police time which these crises inevitably produce. As members of the Franklin Police Department, the social workers are on call 24 hours a day and also respond to suicide attempts, child abuse cases, and situations where elderly people have been abruptly abandoned. The MSWs provide counseling and follow-up services as well as referrals to a variety of community agencies.

Data from the first years of the program indicate that the police social workers are effective and are reducing the drain that family fights place on police manpower. Repeat calls have been drastically reduced and clients are taking advantage of the services made available to them by the police social workers and other welfare agents in the community.

SAN FRANCISCO AREA. Two police officers, a mental health worker, and a clinical psychologist operate together as a crisis intervention team in Vallejo, California. The mental health worker usually conducts the follow-up meeting the morning after a crisis, while the psychologist gets involved more in the actual crisis itself. (Most of the visits to disputatious families take place between 4pm and 2am.) Members of the crisis team also expend a good deal of time and energy counseling clients and keeping up contacts with the 20 or so agencies to whom they refer people.

The crisis team seems to be doing well. Before the project started, 10 percent of the crisis interventions conducted by the police in the city ended in arrests of family members. Since the project began, only 2 percent of the interventions have resulted in arrests. Also, some 87 percent of the parties referred to community agencies actually have been visiting the agencies -- a rather impressive follow-through rate.

CHICAGO AREA. Night and day, social service units consisting of two professional social workers and four students from the Jane Addams Graduate School of Social Work help police deal with family conflicts in Niles and Wheaton, Illinois. The service units also provide individual, marital, and family counseling at the police departments in these Chicago area cities. As participants in a three-year program called the Police Social Service Project, the social workers provide follow-up care, on-going treatment, and referral services to juvenile and adult misdemeanants involved in family conflicts.

Troubled clients are treated for 9 counseling sessions on the average -- the

median length of treatment being 2.6 months (Treger, 1975:xxi). A majority of the clients are juveniles, so a common treatment objective is to get youths and their families to understand the internal and external forces pushing towards family crises in order that all concerned can cope with them more constructively in the future.

A good feature of the Project is that social workers start rehabilitative treatment immediately after a person is arrested, rather than wait months (or years) until the offender is tried, sentenced, and finally enrolled in a correctional treatment program -- a period of time during which the risk of negative labeling and stigmatization runs high. This early treatment is beneficial too, because people in serious trouble are frequently quite receptive to treatment and help with personality reorganization immediately after crisis. They are often not as receptive a long time afterwards because they have had a chance to erect defenses, rationalize (neutralize) their behavior, or make patch-work, bandaid repairs which usually do not last long.

Most of the clients seen in the Police Social Service Project are white. They range in age from 6 to 91, the median age being 17 (Treger, 1975:xxiv). Despite the young age of many of the clients, as much responsibility as possible is given to them. This is unlike what happens in many correctional treatment programs where little responsibility is given clients. (Goals, rules and obligations are often set by the authorities and once clients come to grips with these, there is very little further incentive for them to change or grow.) Treger (1975:xxi) describes another reason for this style of treatment:

This placing of most of the responsibility on the client for himself, his behavior, and the changes he is going to make becomes an enabling force that allows the client to maintain a sense of self-worth and to feel a certain amount of competence in correcting his own situation.

An outside evaluator who studied the interaction between police and social workers in the Project determined that police attitudes toward social workers changed dramatically from very negative to very positive during the early years. (Social worker attitudes likewise changed in a favorable way as a result of the intense involvement with the police.) One explanation for this attitudinal about-face is that the police appreciated the fact that social workers gave continual feedback to officers regarding the progress of various cases in which they were interested.

SAN JOSE AREA. A dozen or so mental health workers in the San Jose, California area provide emergency treatment around the clock seven days a week to troubled adolescents and to people of any age involved in family fights or suicide attempts. If the violence potential of a situation is high, the police accompany the mental health response team during the "in-the-home" crisis counseling. (A good working relationship exists between the members of the mobile response team and the police in the area.)

The mobile response teams are comprised of one professional (usually a Ph.D. in clinical psychology) and one assistant (generally a graduate student intern from San

Jose State University). Right after a crisis is defused, follow-up meetings with parties to the crisis are scheduled. The actual meetings are then conducted by the team members who responded to the initial call, thus maximizing continuity and taking advantage of the rapport which comes from having shared an important experience with someone.

In a crisis situation involving an adult suspected of being severely disturbed psychologically, a different program comes into play: namely, the Mobile Emergency Services program. An example of such a situation would be a family fight where a husband attacks his wife because he feels she has been putting powder under his bed to make him impotent!

Though headed by an MSW, the Mobile Emergency Services program is staffed primarily by psychiatric technicians who have had extensive training and experience in handling hyperactive patients on the acute wards of state mental hospitals. Mobile Emergency Service units operate from 10am to 2am every day of the year. (Friday nights are the busiest times). The members of the units carry medications, handcuffs, and full leather restraints but feel that arm-twisting should be verbal rather than of the medical or physical variety. While unit members respond to mentally ill "dirties" (belligerent, resentful, not wanting help) and "cleans" (cooperative, appreciative, wanting treatment) in rather routine, straightforward ways, they have to be more imaginative and resourceful with the "greys" who vacillate between being dirty and clean.

The Mobile Emergency Services program is extremely helpful to the police because it provides not only crisis counseling but also on-the-spot evaluation of the severity of mental health disturbances of citizens. (This evaluation service is especially important if police are considering forcibly committing a person to a hospital for a few days for psychiatric observation.) Police need and appreciate help like this. In his study of a West Coast city with a population of 750,000, Bittner (1967) found that the 1,000 members of the police force apprehended mentally disturbed people as often as they arrested people for the crimes of murder, manslaughter, rape, robbery, aggravated assault, and grand theft combined. The emergency apprehensions made by the police accounted for more than one-fifth of all the admissions to the receiving psychiatric service of the public hospital.

PROJECT OUTREACH

To provide a better understanding of some of the issues involved in the close collaboration of police and mental health workers, a project being conducted in the San Francisco Bay Area will be examined in detail. Begun in 1973, the three-year project involves crisis intervention as well as short-term counseling of up to 10 sessions. The purpose of Project Outreach is to better deal with serious family tensions and conflicts in the city of Hayward by sensibly coordinating the police, mental health, and community service resources in the city.

An important feature of Project Outreach is that mental health workers respond

to "hot" family disputes along with police officers. To accomplish this, mental health workers take turns driving around the city in an unmarked police car during the period when families fight the most -- between 5pm and 1am on Fridays, Saturdays, and Sundays. (The "prime time" for family fights in Hayward is Saturday between 10pm and midnight and Sunday between 6pm and 8pm.)

The three mental health workers in the project are called "family counselors." The female counselor has an MSW and has worked extensively in social welfare agencies. One of the male counselors holds a masters degree in clinical psychology and has worked for Family Services and VISTA. The other male counselor is a skilled therapist who is fluent in Spanish. (Twenty percent of the population served by the project is Spanish speaking.) Student interns and other MSWs are also involved in the project from time to time. In addition, the project has a secretary, an evaluator, and a psychiatrist who provides 8 hours of casework consultation to the staff each month.

To give concreteness to Project Outreach, a description of a not-atypical case of family crisis intervention is presented at this point. The family counselor on patrol gets word over the police radio that there is a 415F (family fight) underway across town. He immediately drives to the address given but without screeching tires or flashing lights. When he arrives at the residence, two police cars are already there. The officer in charge answers the door and admits the counselor when he has ascertained there is no longer a serious likelihood of violence occurring.

Inside, an intoxicated man wearing workman's clothes is being gently confined to one corner of the living room by two officers while his obese wife sits at a table in an adjoining room. After listening to a few shouted exchanges between husband and wife, the family counselor has a sense of how each person perceives the conflict. She feels he drinks too much, and not only wastes money on beer, but spills it on her clean rugs. Conversely, he feels she is taking him for every cent he has. He supports her and her three children from a former marriage and he feels he gets nothing in return. She has turned her kids against him, and together the four of them present a united front of hostility towards him.

When officers take the increasingly irritable husband outside to cool off for a while, the counselor begins to make progress at getting the wife to express herself more fully. He uses active listening and empathy whenever appropriate. He tells the woman that he imagines she hurts a lot inside. After realizing that it is all right to level with the counselor and tell him what really is troubling her, the woman tearfully reveals that her husband tried to seduce her 15 year old daughter that evening. She says she is hurt, confused and frightened by his actions.

After much more discussion, the wife verbalizes her dilemma. She would like to leave her husband, but feels she cannot because she has no job skills with which to support herself and her children. She and her kids do not want to go on welfare and give up their current middle class standard of living. (They live in a comfortable new townhouse apartment.)

The family counselor then excuses himself to go outside to talk with the husband. Neither he nor the man bring up the question of whether he acted inappropriately towards his step-daughter. The man, still slightly drunk, keeps repeating that he feels exploited and unloved. He claims he spends all his weekly earnings -- except \$7 for beer -- on the family and gets no gratitude whatsoever. He too is in a dilemma. He would like to divorce his wife but is afraid of losing half of the goods and possessions he has bought for the family (which could easily happen given California laws regarding community property). After more discussion and some persuasion on the part of the counselor, the husband agrees to go to his brother's house for the rest of the night. He says he also will try to get to the police station for some counseling with Project Outreach.

The counselor then returns to the woman indoors. Because she already has a counselor at Family Services, he suggests she not get involved in the Outreach counseling program. He does recommend that she -- and perhaps her 15 year old daughter -- meet with her counselor as soon as possible and that she call the Outreach office at once if family matters get out of hand again.

As soon as the brother comes by to pick up the husband, the police drive off. The counselor returns to his patrol car and dictates the essence of the case into a dictaphone for Project records. He then resumes patrol. Sometimes a counselor will stay with a family well after the police have left in order to keep working towards resolution of some problem. If danger or the threat of violence materializes, the counselor immediately calls for help from police headquarters by means of the two-way radio he always carries on his person. Significantly, counselors do not carry handcuffs or weapons of any sort; nor are they authorized to arrest people except to make citizens arrests.

If the husband -- or any one who has been encouraged to get into short-term counseling -- does not contact the Project office, the counselors get on the phone to try to convince him of the merits of counseling. In situations where police deal with a family crisis while counselors are not on duty, counselors follow up with a phone call or visit as soon as they come on duty.

SHORT-TERM COUNSELING. Project Outreach personnel provide 10 free sessions of individual, couple, or family counseling to clients for whom it is deemed appropriate. They usually refer alcoholics, drug abusers, and people who need long-term, intensive counseling to community agencies which specialize in such clientele. Counselors use therapeutic techniques ranging from transactional analysis to assertiveness training, depending on the needs of the client(s).

Most counseling sessions (and especially the first one) are held at the Project Outreach offices at the police department. One reason for this is that it guarantees that help is close by if counselors find that a client is more troublesome than expected. Another reason is that clients seem to value counseling sessions more if they have invested something in the enterprise. Since the sessions are gratis, the investment they make is taking the time and trouble to get to the counselor's

office. Home counseling sessions are conducted from time to time, however, by the counselors.

Evidence from the early years of the project indicate that a good number of clients stay with the program for all 10 sessions. Many are quite pleased with the counseling as the following testimonials indicate (Whalen, 1974:40):

We can deal with situations without yelling now. We keep referring to our meetings with you.

I understand that idiot more than I ever did before. I see the pattern of his violent streak and act very calmly.

Because of you, it showed me that the Police Department is not only concerned in curbing crime, but also in people as individuals with their problems and their needs.

One result of the short-term counseling is that families who chronically called the police for help before the project began requested fewer police interventions after it started. Before the counseling began, there was an average of 39 days between the repeat calls from the same chronic families. After the counseling, there was an average of 113 days between calls. Also, in comparison with the preproject year, the first year of the project saw a 27 percent reduction in repeat crisis calls -- whether from chronic fighting families or others -- and a 22 percent decrease in all family crisis calls. While the project probably had a great deal to do with these reductions, it is possible that other unknown factors might have been partially responsible.

There seems to be more trust and rapport during counseling sessions if a counselor has intervened at a client's home and shared a crisis experience with him than if only the police responded and the counselor was notified later when he came on duty. This may be because clients trust and feel comfortable with someone who accepts them even though he has seen them at their absolute worst (e.g. emotionally out of control in a messy house and wearing a dirty, beer-stained T-shirt).

The presence of counselors during family crises was generally felt to be salutary by clients. Twenty-three randomly selected clients were asked whether police or counselors should intervene in family fights. Some of the typical responses were as follows (Whalen, 1974: 34, 56):

It's good to have a counselor with the police officer. You all came so quick. We wanted help right away, not two weeks later.

We need both, depending on the circumstances. If there is violence, then also [send] the patrolman.

Counselor needs to go [to fights] too. I thought 'Thank God, here comes someone who can really help.'

A formal survey revealed that police officers also felt positively about the presence of counselors at family crises. One said "They're useful in disarming and cooling the situation," and another stated, "They are far more qualified to handle a social problem than I am; they have the time to devote to it." Many police felt that they were able to learn a great deal about interpersonal relations and family dynamics by watching the counselors in action.

Some police also liked the fact that a counselor's presence made a "Pat and Mike" strategy possible, because the counselors' humanitarianism contrasted with their authoritarianism. By means of the Pat and Mike strategy, a humanitarian counselor ("Pat") can often get calm and cooperation from disputatious family members by threatening to unleash the fury of an authoritarian police officer ("Mike"). See Schonborn (1975:163-175) for a discussion of the distinction between humanitarian and authoritarian crisis management styles. Other police felt the advantage of having counselors on hand was simply that they reduced the authoritarian atmosphere which often accompanies the police: One Hayward officer stated, "[Counselors] help because the authoritarian police image is out of the picture or in the background."

An important issue that police frequently mentioned when evaluating the presence of counselors at family fights was the matter of "safety." Typical responses were as follows (Whalen, 1974:33):

Counselors hinder operations because we're concerned about their safety. I'm not real sure when we can bring them into an incident.

...we keep an eye on [the female counselor] and make sure she doesn't get herself out on a limb. Same with [the male counselors] but to a lesser degree.

However, the sex of a counselor really makes little difference with respect to their potential vulnerability as this comment from a policeman implies (Whalen, 1974:33):

Male or female or reserve [police officer], I'm still conscious of their safety; but no real problem. The counselors follow directions, wait until it's safe to come in.

Interestingly, although many police in other California cities and several score across the nation were killed in 1973 and 1974 while responding to family fights, the only violence directed at Hayward Outreach personnel in 1973 and 1974 was in the form of a sugar bowl thrown at the female counselor by a family disputant. It missed.

POLICE/COUNSELOR RELATIONS. Considering the many possibilities for tension and disagreement, relations between police and Project Outreach personnel are remarkably good. This can be explained by a variety of factors. The impetus for the project came in part from a former Hayward police chief, and so the project generally has received strong support from the command structure of the police department. Also the counselors have exhibited a good deal of sensitivity to various difficult

situations during the entire enterprise. For example, they did public relations groundwork in the police department before the project started; they got officers to participate in some of the early planning; and they apprised officers along the way of important decisions that were being made.

Some misunderstandings did occur between police and counselors in the beginning days of the project. However, after six months of working side by side, most of the misunderstandings -- including troublesome stereotyping -- had disappeared. Each side had demonstrated to the other that they possessed unique and indispensable crisis intervention skills.

The counselors did some other things that furthered good police/counselor relations. They gave officers feedback (verbally and by means of standardized forms) about the progress and disposition of families they had helped through crises. This made the officers feel integrated into the counseling effort and the project as a whole. The counselors also conducted training programs for the entire patrol division of the police department. The training programs covered such topics as abnormal psychology, transactional analysis, the assessment of dangerousness, ethnic and minority relations, and ways of utilizing social welfare resources in a community. Role plays of various crisis situations were staged as part of the training, and videotapes of the role play simulations were analysed and critiqued in order to foster greater learning and involvement.

Police officers felt very good about these programs according to post-training questionnaires and interviews. Many felt that the training and information concerning interpersonal relations enabled them to intervene in later family fights with more confidence. Most also believed that the conflict management skills they learned such as defusing, calming, interviewing, mediating, and active-listening helped them intervene more effectively. Not surprisingly, their attitudes towards intervening in family fights -- a traditionally disliked police task -- became more positive as a result of the training.

QUESTIONS TO CONSIDER

While these efforts involving cooperation between police and social workers seem eminently sensible and quite promising, it is important to ask a few questions about some of the possible problems associated with such efforts. For instance, who is legally responsible if someone is hurt after the police have turned a family fight situation over to non-police personnel? Such a question has more or less importance depending on the legalism of the locale involved. In legalistic New York City, for example, there is tension between the police department and a mobile crisis unit operating there. The police feel they cannot hand over responsibility for situations -- especially ones involving mentally unstable people -- to the unit because there is no physician in their 12-person van (which generally is staffed by a mental health worker, a psychiatric nurse, and a driver indigenous to the area). The psychiatrist who is on call back at unit headquarters can verbally release the police on the scene from responsibility by means of the radio equipment in the van, but this is not wholly satisfactory to the police (Ruiz et al, 1973).

Are citizens subtly coerced into starting (and continuing) treatment when the authority of the police is so closely allied with that of the counseling social workers? If so, is this entirely ethical and what impact does the intrusion of police department authority have on therapeutic theories and strategies based on the assumption that clients have freely chosen counseling?

Relatedly, what effect does close collaboration and communication among police and social workers have on the confidentiality of client revelations during counseling? Also, are clients counseled in police department buildings inhibited by the fact that an officer passing a treatment room might overhear them confessing to a crime and decide to hold them accountable? What kinds of assurances can be given to allay client fears that the police will eavesdrop -- electronically or otherwise -- on their counseling sessions?

If it were proposed that collaborative programs such as these be implemented on a wide-scale basis, how many social workers would be willing to give up their regular weekday schedules to work evenings and weekends when most family crises occur? And what kinds of personality changes will they experience if they (and their families) are subjected to the stresses of night-work, weekend-work, and a never-ending barrage of crises? The writings of Niederhoffer (1967), Trojanowicz (1971), and Kirkham (1975) give some indication of the kinds of personality variables that might be involved.

On the other hand, how many police used to paramilitary kinds of work atmospheres -- characterized by impersonality, cost-effectiveness, and rigid command-control structures -- will be willing to adapt to the less-structured, more tolerant world of social work? In the adaptation process, will they become less action-oriented and more reflection-oriented? By the way, it might be more difficult for the average police officer or social worker to make these adjustments than it was for the participants in the programs reviewed here because the participants may have been somewhat self-selected; that is the programs may have included a disproportionate number of police officers who have a predilection for social work and social workers who have a predilection for police work.

Although these and other questions still have to be thought through carefully, it does seem apparent from the programs reviewed that police and social workers who combine their skills and energies will be able to respond more fully to the wide range of challenges which family fights pose. Moreover, by cooperating and opening up communication among themselves, police and social workers will probably find new and more effective ways of dealing with the vexing problem of family crises.

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