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CONFESSIONS!

That's what examiners that use the Computer Voice Stress Analyzer have become known for. The exam is simple to conduct and the charts are very graphic and clear. With a simple explanation, the subjects can even read their own charts. With no inconclusives, very clear charts, and utilizing the interrogation techniques that we teach, confessions are usually the rule, not the exception with CVSA examiners.

Why wait 2-6 weeks for a polygraph test?

You've had it happen a hundred times: you have an excellent suspect sitting in front of you. You request that he take a polygraph test. He agrees, knowing that when you call him with a test date, it will usually be 2-6 weeks away. When the time comes, he either will not show up, or he says his 'attorney' has advised him not to take the test. Even when he shows up, 1 in 5 subjects will be inconclusive.

With the CVSA, when the suspect agrees to take the test, you simply reach under your desk, place the CVSA on top and begin to review your test questions. It's too late to back out. With clear charts and no inconclusives, 35 minutes later you will have either cleared the suspect, or be working on a confession.

When you ABSOLUTELY HAVE TO KNOW THE TRUTH, turn to the CVSA.

- 97.6 percent accurate
- Portable
- No inconclusives
- Any detective can be trained in the one-week certified examiners course.*
- Can be used overtly or covertly
- Not affected by drugs
- Eliminates waiting time for exam
- Low cost
- Has replaced the polygraph in over 65 departments in Indiana alone

The cost of the CVSA is \$6,675, which includes training for one investigator in the one-week course.

For further information, contact:

N.I.T.V.

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*The CVSA is sold only to government agencies.

that require psychotherapy or regular participation like Alcoholics Anonymous.

The major advantage of a close working relationship the psychologist/fitness-for-duty coordinator and staff is the augmentation of each of their areas of expertise. For example, psychiatrists who have little understanding of the demands of police work often advocate an officer's return to full active duty while the officer is still taking psychotropic medication. This leaves the officer, and the department (not to mention the psychiatrist) vulnerable if he has a mishap while operating a squad car or in any other police force. The expertise of the physician, augmented by the psychologist's objective assessment devices and understanding of mental illness, provides a strong legal defense made by the department about a member's ability to perform his duties.

This relationship between medical and psychological professionals can be extremely helpful in assessing and formulating plans for cases of psychosomatic illness and the numerous complaints that have psychological components.

The team's second mission involves evaluating psychological fitness for duty. In this regard, the psychologist should be familiar not only with police work, but also with issues in psychology, and possibly personal injury law. The team psychologist will become the department's primary resource in assessing which officers need to be relieved of duty on psychological reasons and determining when they should return to duty.

To accomplish this, the psychologist must be familiar with the department's standards for medical fitness, as well as also of psychological fitness standards from other law enforcement organizations such as the IACP. Since determining a person's ability to pursue a career must be considered—particularly since they can end in litigation—literature on fitness evaluations¹ and case law are essential. The psychologist/fitness-for-duty coordinator should be responsible for assessing candidates in the academy, field training whose low level of functioning raises questions about their ability to be trained for the job.

Given the potential for head injury in law enforcement, the psychologist should have training in neuropsychology. He should be able to make a determination from the department's perspective, on the extent—and job impact—of such ephemeral complaints as memory and concentration impairment, and should be knowledgeable concerning neuropsychological impairment inherent in acute medical disorders, such as stroke, AIDS, and alcoholism, etc. The psychologist would also have to be able to identify stress-related impairment such as hypertension, cardiac problems and ulcers. Such reports would be useful in litigation and disability claims, as well as be presented to disciplinary boards and firearm owner identification boards. The psychologist would be expected to provide an objective contribution or exacerbation of the job to a member's pre-existing disability.

The team's third mission concerns health promotion for a core of trained officers would be most effective. It is to help out to fellow officers at roll-calls within the district to realize the benefits of physical and mental wellness. It is to help out how strength and endurance can not only improve performance evaluations but also apprehensions and enhance performance evaluations. It is to help officers more resistant to injury. These officers can realize the benefits of proper diet and recreational interests. It is to help officers avoid the dangers of alcohol and substance use, and realize the benefits of the competent, educated, community-involved officer. These officers should stand as positive role models, multidimensional, resistant to the feelings of burnout resulting from living a role that is too narrow. It is to help promoting constant emotional and spiritual development and to help prevent progressive frustration, depression and despair.

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