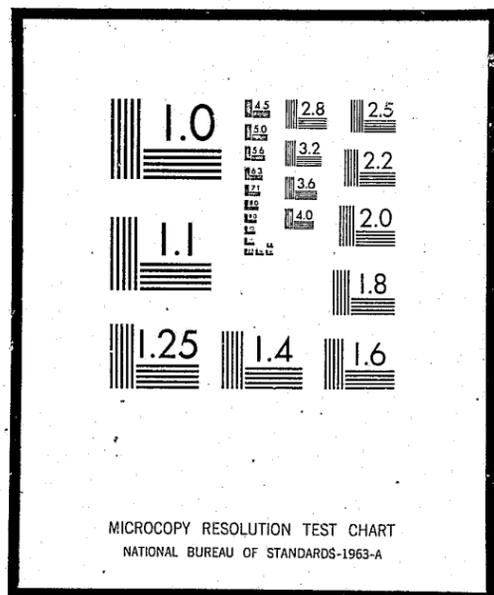


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LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE
WASHINGTON, D.C. 20531

Date filmed

12/23/75

18255

FAMILY CONSULTANT SERVICES

WITH
~~(Ontario)~~
LONDON POLICE FORCE

ANNUAL REPORT, 1974

Presented January 15, 1975, in London, Ontario at a meeting of Family Consultants, Chief of London Police Force, and representatives from Ontario Police Commission, Department of the Solicitor General, Canada and Ministry of the Solicitor General, Ontario.

interventions that were referred to community agencies during 1974 and the comparative figures for 1973 are presented in TABLE 3.

FAMILY CONSULTANT REFERRALS		
	YEAR	
	1973	1974
Interventions Referred	393	253
Percentage of Total Interventions Referred	27%	19%
Percentage of Initial Appointments Accepted	62%	70%

The referrals were distributed amongst 34 different agencies. Four agencies accounted for 70% of the referrals.

Most interventions, as indicated in TABLE 3, are not considered to be referred. These cases are usually divided into one of five categories. First, the family or individual may be already involved with an agency and the consultant contacts their worker to let them know of the police intervention. A second category is that the case was handled at the emergency department of one of the general hospitals or at LPH. A third category includes any referrals to professionals not part of a counselling agency such as lawyers, family physicians, and clergymen. The fourth category refers to individuals who are unmotivated to seek any help or do not really wish a referral at the time they are seen by the consultant. The fifth and final category includes all cases that are solved by the consultants' intervention alone and further referral is considered to be unnecessary. The percentage of each category of "non-referred" interventions is shown in TABLE 4.

FAMILY CONSULTANTS "NON-REFERRALS" FOR 1974		
	Absolute Number	Percentage of Total Calls
Total Interventions Not Referred	1058	81%
a) Cases Already Involved with an Agency and Agency Contacted by FC	303	23%
b) Cases Handled in Hospital Emergency Departments	138	11%
c) Cases Referred to a Family Doctor, a Lawyer, Clergy, etc.	154	12%
d) Cases not Motivated or not Wishing a Referral at Time of Intervention	136	10%
e) Cases Solved with FC Intervention Alone - No Referral Required	327	25%

Thus, in addition to referrals, a family consultant contacted an agency, hospital or professional person in 595 (or 46%) cases. Only 463 (or 35%) cases can really be considered "non-referrals".

One could summarize what happened to families with whom the consultants intervened in 1974 by the following:

For every 100 interventions the consultants had:

25 were solved with mediation alone;

23 were already involved with an agency and the worker was contacted;

19 were referred to 1 of 30 community agencies;

12 were referred to family physicians, lawyers, etc.;

11 were handled at a hospital emergency department;

10 were unmotivated or not wishing a referral.

c) Domestic Disputes in London - An indirect goal of the program when it initially began was to reduce the number of domestic disputes requiring the Uniform Division of the London Police Force.

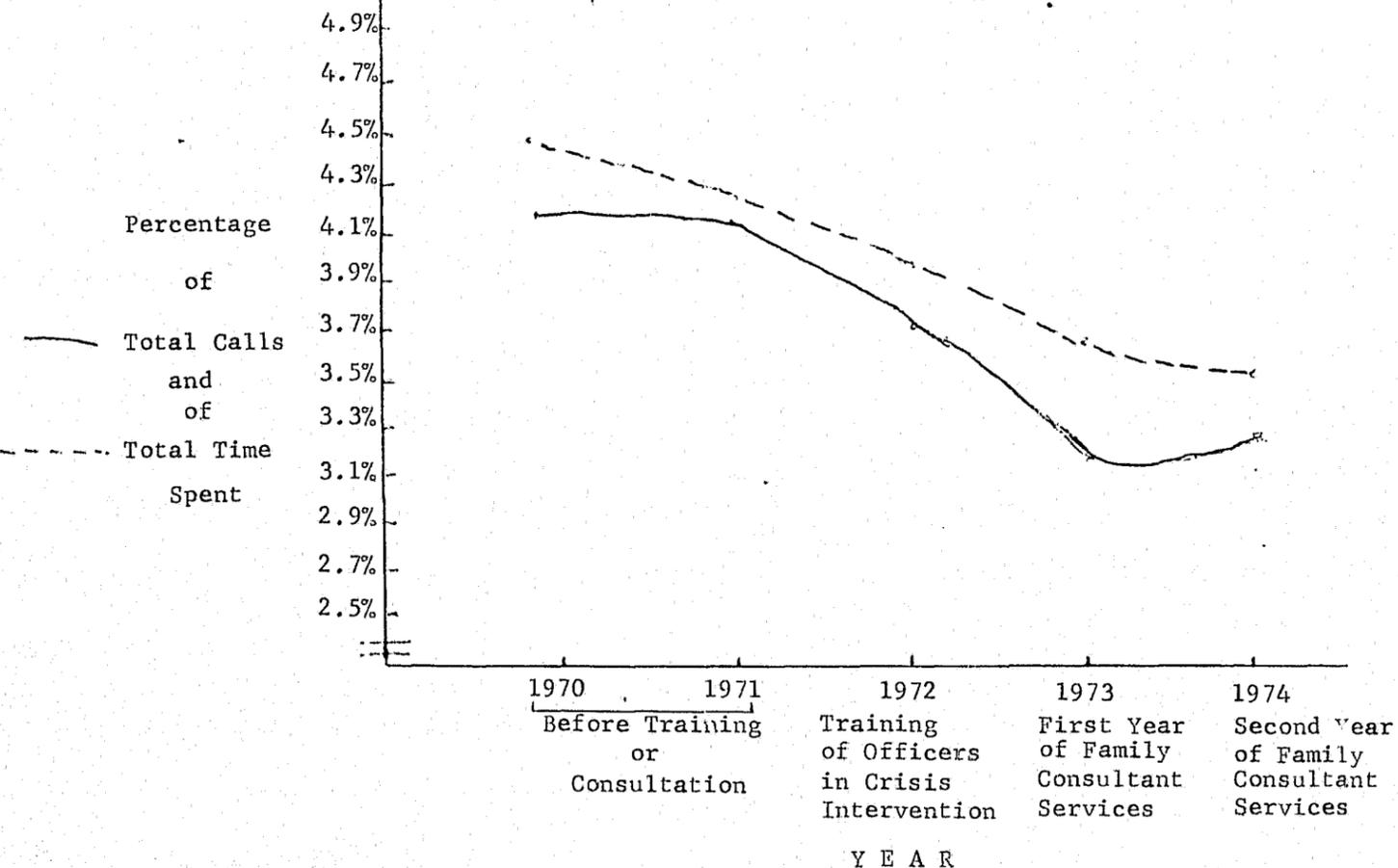
The data for the number of "family trouble" calls for the London Police Force is presented in TABLE 5 for 1974 and preceding years. These trends are graphically depicted in Figure 1.

Year	# of Family Trouble Calls	% of Total Calls	Amount of Time Spent	% of Total Time Spent
1970	3256	4.2	1849.41	4.5
1971	3579	4.1	1971.47	4.2
1972	3375	3.7	2117.29	4.0
1973	3038	3.2	2021.58	3.7
1974 (Pro-rated figures for 1974)	3213	3.4	2015.13	3.6

* Refers to family trouble calls handled by all uniformed officers.

FIGURE 1

DOMESTIC DISPUTES RESPONDED TO BY
LONDON POLICE FORCE, UNIFORM DIVISION



d) Summary and Conclusions

The global statistics for 1974 indicate several interesting trends associated with the Family Consultant Service.

1) The service is as heavily utilized in its second year of operation as in its first. Although its original raison d'etre was assisting police officers with domestic disputes it continues to be employed in a variety of situations in which individuals or families are in some form of psychological distress. Only half the interventions arise directly from domestic disputes.

2) It is interesting to note the police forces' utilization of the service compared to their use of agencies in the city of London. Before the officers received training in crisis intervention approximately 2% of all family disturbances were referred to agencies. In 1974, officers referred approximately 20% of domestic disturbances to the Family Consultant Services.

3) During 1972 when the officers on the London Police Force received their training and no consultant service was available, they referred approximately 10% of all family disturbances to one of a dozen agencies. One agency accounted for three-quarters of all referrals. Furthermore the acceptance rate of families for appointments was approximately 25%.

The family consultants referred almost 20% of their cases to one of 34 community agencies, with the bulk referred to four agencies. The acceptance rate of appointment with agencies by families in 1974 was 70%--almost three times the rate for police constables. This suggests that the consultants, as one would predict from a specialized unit, refer not only more often but also with a higher rate of success.

4) Although the 1974 figures for police responses to domestic disputes is slightly up over 1973, the figure is still markedly reduced from the rate before the programme began. One would certainly expect that this figure would be increasing significantly in most urban centres. It is hopefully more than chance that these figures are associated with the development of the Family Consultant Services.

II Improvements/Innovations in Service

a) Expansion - During 1974 the Family Consultants increased its complement in counsellors from 3 1/2 to 4 1/2. The additional staff member allowed for an expansion in shifts covered with the creation of a Monday to Friday 9-5 p.m. shift in addition to the noon - 8 p.m. and 8 p.m. - 4 a.m. shifts seven days a week. It was felt that this shift was necessary mainly to improve coordination with the hours of most community agencies and to provide more immediate follow-up for cases from the previous night. An additional benefit of this shift was to assign individuals to do the public relations activities that had been increasingly demanded by various community groups.

b) Communication with Officers - The volume of police referrals to the service continues to be at a high level. It is interesting to note from the previous statistics (TABLE 4) that in only 10% of referrals to consultants in 1974 did the consultant feel that the family (individual) was unmotivated and not wishing any help for their difficulties. This figure certainly indicates an appropriate utilization of the service.

An interesting feature of the officers making referrals to consultants is their level of motivation to receive feedback about case disposition. A consultant can hardly walk into the cafeteria or through the halls of the station without being besieged for information about the _____ family on _____ street. Most of this feedback is given informally but due to the volume of referral a more structured system has been put in effect. A feedback card (shown in Appendix B) is now sent to every officer if he cannot be contacted within 48 hours about the outcome of the family or individual he has referred. Officers have reported much satisfaction with this system.

An important aspect of the officers' communication is the new domestic disturbance report that is now sent to the consultants after every family dispute occurrence. The report (Appendix C) provides essential information on the name of the family and the underlying issues in the dispute. The report will supply the service

with the times that consultants are unavailable but required most by officers. This data could shape the service in future years. Furthermore the consultants will have a better view of problem families and hopefully intervene to prevent these families from becoming the chronic callers of 1975-76.

A final aspect of the communication between consultants and officers is the 1975 police force in-service training. No formal training of the force on crisis intervention has taken place since 1972. However, informal discussion of families, problems and therapeutic strategies has often taken place between officers and consultants. The consultants have been involved with the 1975 in-service training programme with the assignment of a 30 minute lecture period for groups of 20-25 officers. The focus of the lectures has been on providing information on the service's present activities and future plans as well as allowing for some discussion on improving the consultants' work. The response during these lectures to date has been excellent.

c) Communication with Agencies - Probably the best index of the Family Consultant Service communication with agencies is that in 1974 over 250 referrals were made to one of 34 agencies with an acceptance rate of 70%. These referrals are all first contacts with an agency for families or individuals. In almost every case the agency make an effort to contact the family or individual referred to them. In instances where the family does not keep an appointment it has been their change of heart as opposed to that of the agency.

The data about referrals is provided from an agency referral form (Appendix D). This form is sent to the agency at the time of referral and returned when they have seen the family (individual). The form sent to the agencies has been altered during 1974 to include information about treatment outcome in addition to the information about how often the family was seen.

A vital role of the Family Consultant Service lies in educating community agencies as to the nature of the police involvement in the mental health field. In particular, stress is

placed on the activities of the police force which place them in the "front lines" of the battle for mental health. Consultants serve this function through presentations to various agencies and organizations in the city of London. Ten agencies have requested and sent out their workers to observe the family consultants in operation. It is felt that contacts such as these will produce changes in agency involvement in the city's problems after five in the evenings and on weekends. This contact also assists police officers in gaining knowledge about agencies.

Interest in the program has been demonstrated outside the London area. Police forces from as far away as New Brunswick and British Columbia have written and inquired about how to implement similar programs. Social planning groups from Manitoba and Nova Scotia have visited the project to gain information to plan for more accessible community agencies in their areas. The communication with agencies in London and across Canada would indicate that the service may have a voice in guiding other developments along a similar theme.

Proposals for 1975

a) Expansion - In late spring 1975 the consultants will hire an additional staff member, to have double coverage for the peak periods of calls occurring during evenings and weekends. The consultants will also require additional support during the summer period to cover their annual leave. A graduate student in clinical psychology at the University of Western Ontario will be hired for the summer. This will not only fulfill the consultant's needs but also supply a valuable training setting for the student.

b) Evaluation - The evaluation and research aspects of the program are an on-going endeavour and naturally built into the service. The major evaluation during the year will centre on surveys of officers and agencies as to the benefits of the service. An attempt will be made to survey families who have been involved in interventions with the consultants to evaluate the impact of the

service on them. A closer examination will take place of actual crisis situations to discover which families respond best to interventions. An important observation to date has been that families appear to accept appointments with agencies and benefit most from counselling to the extent that agencies contact them within 24 hours of the crisis. An attempt to empirically validate this observation will also take place during 1975.

As in previous years a close watch will be kept on the number of family disputes that require the London Police Force. During 1975 data will be collected from other police forces in Ontario to examine comparative rates of family disturbances in cities without programs such as London's.

c) Chronic Families - A problem for any police force is the hard-core chronic families that over utilize police services in potentially dangerous circumstances. During 1975 the Family Consultant Service will attempt to closely follow these families and develop a program of intervention for 20-25 of them. This program will focus on employing inter-agency conferences and preventive calls on the family before they request police intervention.

APPENDIX A

FAMILY CONSULTANT SERVICES

Project Directors

Willard Reitz, Ph.D.
Peter Jaffe, Ph.D.

Date of Appointment

December 18, 1971
May 15, 1973

Assistant Director

Jean Poole

July 1, 1972

Family Consultants

James Rao
William Lewis
Rosemary Broenling
Elaine Robertson

December 1, 1972
December 1, 1972
January 20, 1973
June 21, 1974

Service Secretary

Lorraine McKeown

November 15, 1974

APPENDIX B

REFERRAL FEEDBACK TO OFFICERS

Date _____

To: PC _____ re R.D.# _____
From: FC _____

_____ of _____ was referred to the Family Consultants on _____

This family was referred to
 individual not referred because A. An agency is already involved
 B. The case was handled in Hospital Emergency Dept.
 C. The family doctor or lawyer or clergy was contacted
 D. They did not wish a referral at this time
 E. The crisis was resolved with mediation

Their present status is They accepted an appointment with the agency
 They did not accept an appointment with the agency
 Improved
 Deteriorated
 Unchanged
 Unknown

ADDITIONAL COMMENTS: _____

APPENDIX C

London Police Department
Domestic Disturbance Report

Date _____ R.D.# _____
 Beat Area (in which disturbance occurred) _____
 Family Name _____ Male _____ Female _____
 Address _____ Apartment _____ Phone Number _____
 Time Arrived _____ AM _____ PM
 Time Completed Call _____ AM _____ PM

Did you refer this case to an agency? () Yes () No
 If yes, please state agency: _____

Did you refer this case to a Family Consultant?
 () Yes () No

If no, we would appreciate you checking one of the following reasons. This information will be utilized to better the Family Consultant Service.

- 1. () FC not available at time of crisis
- 2. () Family already receiving help from an agency
- 3. () Family not wishing to see an FC at this time
- 4. () Referral to FC unnecessary: dispute resolved by the officer

We are concerned with the frequency of family calls which involve either drugs or alcohol or both. Please check one of the following:

- This case was:
- 1. () Alcohol related incident
 - 2. () Drug related incident
 - 3. () Both alcohol and drugs
 - 4. () Alcohol/drugs not involved

Was there: A Family Assault? A Police Assault? A Police Obstruction?
 () Yes () Yes () Yes
 () No () No () No

SIDE 2

Below are listed 15 possible reasons (other than alcohol or drug involvement) why you were called to this disturbance. Please circle one or more numbers which best describe why this family had a disturbance.

- 1. Infidelity
- 2. Sexual Problems
- 3. Money Problems
- 4. Possessions and/or Property
- 5. Employment or Unemployment
- 6. Lack of and/or Problems Regarding Residence
- 7. Separation Problems and/or Custody Rights
- 8. Fear of Physical Violence
- 9. Parents Negligence of Home Responsibility to Each Other
- 10. Complaint Regarding Another's Friends and/or Activities
- 11. Child Demands Greater Freedom
- 12. Loss of Family Member (death or divorce)
- 13. Poor supervision of Children or Not Enough
- 14. Child Adjusting to New Parent
- 15. Other _____

This space is provided for any additional comments you wish to make:

P.C. _____ # _____

APPENDIX D

LONDON POLICE DEPARTMENT
601 Dundas Street

Family Consultant
Referral Form

To: Agency: _____

Name _____ is referred to your agency by _____
 Address _____ on _____
 Telephone _____

Brief Referral Reason: _____

FOR AGENCY USE:	Agency Worker:	Name(s) of Person(s) Seen:	Date Contacted	Date Seen
Accepted Appointment?				
1. () Yes & was seen		1. _____	_____	_____
2. () No		2. _____	_____	_____
3. () Yes, but did not show		3. _____	_____	_____
4. () Agency unable to contact		_____	_____	_____
Other _____				

Number of Times Seen: _____

Was this referral seen as: 1. () Individual 2. () Couple 3. () Family Unit

DESCRIPTION ON INTAKE

- 1. () Co-operative, receptive to help
- 2. () Defensive, Hostile
- 3. () Depressed
- 4. () Not motivated/interested; not wishing help at this time
- Other _____

CURRENT STATUS

- 1. () Continuing appt's; Active
- 2. () Short Term, Mediation; Case Closed
- 3. () Referral Elsewhere; Specify: _____
- 4. () Case already active with another agency; Specify: _____

Is this referral:

- () Appropriate
- () Inappropriate
- If inappropriate please clarify: _____

TREATMENT OUTCOME: The family unit, couple, or individual is: (Please circle)

<u>Deteriorated</u>		<u>Unchanged</u>		<u>Improved</u>	
1	2	3	4	5	
greatly	slightly		slightly	greatly	

ADDITIONAL COMMENTS: Please feel free to use this space to clarify any of the above points or to make any comments which will assist us with referrals to your agency: _____

END