

Dementia Screening for Older Adults by Police Officers

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Abstract

Background: Police officers frequently encounter vulnerable older adults who exhibit apparent but undiagnosed dementia and lack assistance from a caregiver or regular touch points with safety-net services, including primary care. Their untreated conditions decline, leading to calls to police. In the absence of a dementia diagnosis or caregiver advocacy, neither police nor crisis service responders have effective avenues to assist, contributing to feelings of professional burnout. Community-based dementia screening occurs upstream from traditional clinical settings, reaching vulnerable individuals. Currently, police do not routinely conduct dementia screening for older adults in the field and there is some concern that despite empowering officers with additional tools, the expanded work of dementia screening may exacerbate the risk of police officer burnout. We implemented pre-clinical dementia screening by police officers as a dual community-based dementia screening and police burnout mitigation strategy.

Methods: The Montreal Cognitive Assessment (MoCA) is a valid and reliable tool with multiple language and literacy versions and established effectiveness in non-clinical settings serving vulnerable older adults. MoCA screening was incorporated into workflows of specialized Crisis Intervention Team (CIT) officers in a large urban police department in the Southwestern United States. Officers completed the Maslach Burnout Inventory Human Services Survey (MBI-HSS) prior to MoCA training and program rollout.

Results: Emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) were quantified from ten participating CIT officers. The mean sum average scores for EE, DP, and PA were 11, 6.4, and 39.7, indicating less burnout compared to the general population of health and social service workers including public safety workers. For the occupational subgroup including public safety professionals, the mean sum average scores for EE, DP, and PA were 21.42, 8.11, and 36.43.

Conclusion: CIT squad officers have better baseline burnout scores than other public safety stakeholder groups, which remains consistent with previous CIT research. Therefore, they are a suitable group to take on the expanded work of upstream dementia screening to help establish pathways for follow-up diagnostic and management care for vulnerable older adults with previously undiagnosed dementia. Short-term proof-of-concept findings will examine outcomes of the screening program for community members and impacts on officers' professional burnout to guide program expansion.

Introduction

Police officers commonly respond to calls involving vulnerable older adults, and cognitive impairment is frequently suspected. The ability for police to deliver validated dementia screenings for community-dwelling older adults would fill a gap in services that could provide valuable insights allowing officers to support public safety while helping to potentially reduce officer burnout.

Methods



A pilot implementation study was conducted with the Phoenix Police Department in Phoenix, Arizona to establish a dementia screening program by police officers as a proactive community policing strategy utilizing the MoCA, an evidence-based, validated tool. Prior to program rollout, a training was held for ten participating police personnel covering basics of dementia, MoCA administration and scoring, and actionable next steps and resources to offer community members following screening.

To measure burnout pre-program implementation, the ten officers completed the MBI-HSS, a validated instrument measuring occupational burnout via EE, DP, and PA, prior to the training. Following three full months of program rollout, the ten officers were invited to complete the MBI-HSS for a second time. We compared survey responses from the two time points using Mann Whitney U and Wilcoxon tests to determine whether there were significant changes in burnout scores from pre- to post-program implementation.

Results

Prior to MoCA training and program rollout, the ten participating CIT squad officers' average scores for EE, DP, and PA were 1.22, 1.18, and 4.96. Post-program implementation, seven of these ten officers responded to invitations to complete the survey a second time. Their average scores for EE, DP, and PA were 2.19, 2, and 4.607.

Using a p value of .1 given the small sample size, there was a statistically significant difference in median (Md) EE scores at pre- ($Md = 12$, $n = 10$) and post-program ($Md = 20$, $n = 7$), $U = 54$, $z = 1.862$, $p = .07$.

There was no significant difference in median DP scores at pre- ($Md = 5$, $n = 10$) and post-program ($Md = 8$, $n = 7$), $U = 47$, $z = 1.181$, $p = .27$. There was no significant difference in PA scores at pre- ($Md = 41$, $n = 10$) and post-program ($Md = 40$, $n = 7$), $U = 23$, $z = -1.18$, $p = .27$.

When comparing pre- and post-program scores from the seven officers, there was a statistically significant increase in EE, $z = 2.201$, $n = 7$, $p = .028$. The median EE score increased from 11 to 20. There was no significant difference in DP, $z = .542$, $n = 7$, $p = .588$. There was no significant difference in PA, $z = -.339$, $n = 7$, $p = .735$. The median DP score was unchanged at 5 and the median PA score increased from 35 to 40 but neither of these were statistically significant.

Median total scores were reported as Mann Whitney U and Wilcoxon tests are non-parametric so evaluate the central tendency of non-normally distributed data, for example from small sample sizes.

In terms of scoring the MBI-HSS, higher scores in EE indicate higher burnout. For DP, higher scores point to higher burnout and regarding PA, lower scores indicate higher burnout (Maslach et al., 2018). Therefore, the statistically significant increase in median EE scores indicates higher burnout.

Results Continued

Officers' mean (M) sum scores compared to a published sample of public safety professionals (Maslach et al., 2018).

	MBI-HSS Scales		
	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Occupational Subgroups ¹			
Social Services (n=1,538)			
M	21.35	7.46	32.75
SD	10.51	5.11	7.71
Medicine (n=1,104)			
M	22.19	7.12	36.53
SD	9.53	5.22	7.34
Mental Health (n=730)			
M	EE (SUM) M: 16.89	DP (SUM) M: 5.72	PA (SUM) 30.87
SD	11	8.90 6.4	M: 39.7 6.37
Other (n=2,897)			
M	EE (SUM) M: 21.42	DP (SUM) M: 8.11	PA (SUM) 36.43
SD	17.71	11.5 10	M: 36.85 7.00

Conclusion

Although increases in EE scores were statistically significant, there were no significant changes in DP or PA. Results should be interpreted with caution. The sample size was small and restricted to one detail within a police department in a single metropolitan area in the Southwestern United States. Other environmental stressors may be reflected in these results.

Future studies are needed to evaluate dementia screening programs by public safety professionals. This includes examining programmatic impacts on burnout as well as outcomes for screened community members such as connection to follow up services and resources.

Reference

Maslach, C., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (2018). *Maslach Burnout Inventory Manual* (4th ed.). Mind Garden, Inc.

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For more information

Please contact Alisa Squires at asquire2@asu.edu with questions.