

# A Survey of Police Officers' Experience With Tarasoff Warnings in Two States

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A desk sergeant at each of 48 Michigan police stations and 52 South Carolina police stations was surveyed about knowledge and experience of *Tarasoff* warnings. Respondents at 45 stations reported receiving warnings from mental health professionals, with a mean  $\pm$  SD of  $3.7 \pm 8.4$  warnings a year. Only three respondents were familiar with the *Tarasoff* ruling. Twenty-four stations had a specific policy on such warnings. Twenty-seven stations would not warn a potential victim. Michigan stations were much more likely than South Carolina stations to have experience with or policies on *Tarasoff* warnings. Because police apparently have limited experience with *Tarasoff* warnings, calling them may not be the best way to

protect potential victims from patients making threats. (*Psychiatric Services* 51: 807–809, 2000)

After the murder of Tatiana Tarasoff by a graduate student who had earlier consulted a psychologist, the California Supreme Court established a precedent, in 1974 and 1976 rulings, that if a patient tells a mental health professional that he or she intends to harm another person, the professional must take reasonable steps to protect the potential victim (1).

The landmark *Tarasoff* case has resulted in a dilemma for psychotherapists (2–5). The court rulings left open to interpretation what actions would discharge the duty to protect an intended victim; warning the victim or notifying local law enforcement officials were mentioned as possible courses of action (2).

The *Tarasoff* decisions have had an impact beyond California. Many therapists who feel a professional and moral obligation to follow the principles of *Tarasoff* may have created a new professional standard of care (6). The American Psychiatric Association has offered its district branches a resource document outlining reasonable precautions to prevent harm (7). The recommendations include warning the potential victim; hospitalizing, either voluntarily or involuntarily, the patient who voices the threat; or notifying a law enforcement agency in the vicinity of the patient or in the locale where the potential victim resides.

The purpose of the investigation re-

ported here was to determine whether police in South Carolina and Michigan are knowledgeable about or have experience with *Tarasoff* warnings.

## Methods

In 1998–1999 we telephoned 54 police stations in South Carolina and 50 in Michigan and administered a questionnaire created by the authors. The South Carolina sites included six urban police stations and 48 randomly selected rural sites. The Michigan sites included 25 in the Detroit metropolitan area and 25 randomly selected throughout the state. Police stations in cities with a population greater than 100,000 and stations in the Detroit metropolitan area were considered urban; others were considered rural. Twenty-two of the South Carolina cities had populations below 15,000.

The caller introduced himself as a researcher working in a medical center, explained the study goals and procedure, and obtained verbal informed consent. The questionnaire was administered to a desk sergeant. The questionnaire included seven questions; it also asked about the number of years the respondent had served as a police officer. The police officer was questioned about his or her lifetime experience with *Tarasoff* warnings by mental health professionals and the number of times during the past year that the officer had dealt with a *Tarasoff* warning. The officer was asked whether the warnings were systematically recorded, whether the station had specific policies and procedures

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**Table 1**

Experience with *Tarasoff* warnings among police surveyed in South Carolina and Michigan and comparisons of urban and rural police stations in both states

| Variable  | Total<br>(N=100) | South Carolina (N=52) |    | Michigan (N=48) |    | $\chi^2$ <sup>†</sup> | p     | Urban (N=35) |    | Rural (N=65) |    | $\chi^2$ <sup>†</sup> | p   |
|---|------------------|-----------------------|----|-----------------|----|-----------------------|-------|--------------|----|--------------|----|-----------------------|-----|
|   |                  | N                     | %  | N               | %  |                       |       | N            | %  | N            | %  |                       |     |
| Station has a policy on <i>Tarasoff</i> warnings    | 24               | 6                     | 12 | 19              | 38 | 9.2                   | .002  | 11           | 31 | 13           | 20 | 1.6                   | .20 |
| Officer has received a warning                      | 45               | 14                    | 27 | 31              | 65 | 14.3                  | <.001 | 20           | 57 | 25           | 38 | 3.2                   | .07 |
| Officer has notified a potential victim             | 73               | 30                    | 58 | 43              | 90 | 12.8                  | <.001 | 28           | 80 | 45           | 69 | 1.4                   | .25 |
| Officer has monitored a potential victim            | 46               | 11                    | 21 | 35              | 73 | 26.9                  | <.001 | 20           | 57 | 26           | 40 | 2.7                   | .09 |
| Officer has documented a warning call               | 80               | 37                    | 71 | 43              | 90 | 5.3                   | .02   | 29           | 83 | 51           | 79 | 1.3                   | .60 |
| Officer has notified other officers about a warning | 66               | 20                    | 38 | 46              | 96 | 36.6                  | <.001 | 27           | 77 | 39           | 60 | 3.0                   | .08 |
| Officer has knowledge of the <i>Tarasoff</i> case   | 3                | 1                     | 2  | 2               | 4  | .4                    | .51   | 2            | 6  | 1            | 2  | 1.4                   | .28 |

<sup>†</sup> df=1 for all comparisons

for handling this type of situation, whether the potential victim would be notified, whether information about the threat would be disseminated to other officers, whether the potential victim would be monitored, and whether the officer was familiar with the *Tarasoff* rulings.

Comparisons between states and between urban and rural police stations were made by use of chi square analysis. All statistics were computed using SPSS 6.0.

## Results

Results are summarized in Table 1. Desk sergeants at 52 South Carolina stations and 48 Michigan stations completed the interview. Four officers declined to participate. No difference was found between states in respondents' years of police experience (mean $\pm$ SD=16.3 $\pm$ 8.2 years). Officers at 45 stations (45 percent) reported that the station had received a warning from a mental health professional. The mean $\pm$ SD number of warnings received in the past year was 3.7 $\pm$ 8.4. Fifty-three officers (53 percent) reported that the station had never received a warning.

Only three officers (3 percent) were familiar with the *Tarasoff* case rulings. Only 24 officers (24 percent) reported that the station had a specific policy about therapists' warnings. Eighty offi-

cers (80 percent) indicated that if a warning was received, they would record the warning. Of those who reported that they would record the warning, 64 officers (80 percent) said that the potential victims would be notified. Among the 20 officers who said that the warning would not be recorded, nine (45 percent) said that the intended victim would be notified. Sixty-six officers (66 percent) reported that the station would distribute the warning notification to other officers, and 46 (46 percent) said that the station would provide some sort of monitoring of the potential victim.

Comparisons between states revealed that police stations in Michigan were much more likely than those in South Carolina to have experience with *Tarasoff* warnings or to have policies about them. Moreover, Michigan stations were more likely to notify potential victims or monitor them. When the data were combined, urban stations tended to have more experience, were more likely to provide monitoring, and were more likely to notify other police officers.

## Discussion

Although mental health professionals may assume that calling the police is an acceptable method of complying with the *Tarasoff* case rulings, the results of this study highlight the possi-

bility that this may be a flawed assumption (8). Veteran police officers in Michigan and South Carolina had limited experience with *Tarasoff* warnings and almost no knowledge of the *Tarasoff* rulings. The majority of police stations in both states did not have policies for handling *Tarasoff* warnings, and the reported cooperation with mental health professionals varied from station to station.

The lack of experience and knowledge about *Tarasoff* was particularly evident in South Carolina, although Michigan officers also reported limited experience. The limited police experience with *Tarasoff* warnings is consistent with a report by McNiel and Binder (9) that found that clinicians do not often make *Tarasoff* notifications. Rather than calling police, they may hospitalize patients when they are concerned about violence.

The principal differences found in experience, knowledge, and behavior were between Michigan and South Carolina rather than between urban and rural settings. The differences between the two states may indicate that the Michigan population is more urban, informed, or litigious than the South Carolina population. No information about police responses to *Tarasoff* warnings in other states was obtained, so further comparisons cannot be made.

The findings must be viewed within the limits of the methodology. The investigation had a relatively small sample and evaluated only two states, which have considerable demographic differences. The findings may not be generalizable. Although we sampled a wide range of police stations and found consistent results within states, we did not request copies of police policies, and it is not known whether the officers' responses were valid. Only one police officer at each station was questioned, although the officers questioned were highly experienced.

It is not clear what factors affect how police officers react to *Tarasoff* warnings in the absence of a policy. The findings suggest that police may

need to be trained in police academies or in local communities to better protect potential victims in *Tarasoff* warning cases. Calling the police may not always be the best way to protect potential victims from threatening patients. ♦

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