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Protecting the Protectors: Enhancing Emotional Well-Being in Law Enforcement

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A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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Dedication

This project is dedicated to all law enforcement professionals and their families. Thank you for your courage, and thank you for the compromises you make every day. We appreciate the work you do to keep our communities, our families, and our clients safe.

Acknowledgements

I would like to acknowledge my partner Chris for his inspiration, his bravery, his honesty, and his perseverance. I would also like to acknowledge Dr. Lennis Echterling for his steady and gentle guidance through this project. Finally, I would like to thank my family, my best friend Brooks, my supportive cohort, and my professors who always remind me that I can do whatever I set my mind to.

Table of Contents

Dedication.....	ii
Acknowledgments.....	iii
Abstract.....	v
I. Introduction.....	1
II. What Could Stress Police.....	11
III. Stress Outcomes.....	17
IV. Law Enforcement Culture.....	23
V. Current Practices.....	30
VI. Incorporating Counselors.....	35
VII. Recommendations for Law Enforcement Agencies.....	45
VIII. A Last Look at Officer B.....	50
IX. Selected Resources.....	52
X. References.....	55

Abstract

Law enforcement officers face a myriad of stressors, both personally and professionally, and regularly suffer serious outcomes that affect their physical health and psychological well-being. Fortunately, counselors have important skills that can be used to assist officers in building resilience, coping with stress, and managing negative outcomes, such as posttraumatic stress syndrome and interpersonal troubles. This project outlines the various difficulties that law enforcement officers may experience, explores current practices to manage these concerns, and provides a discussion of useful approaches counselors and law enforcement agencies can take in supporting their most valuable assets.

Introduction

A look at any news program will tell you that law enforcement is under intense scrutiny, with citizens even insinuating, for example, that the police officer who shot the teenager was inherently evil or power-hungry. However, when we consider law enforcement training, police culture, typical police stressors, and critical incidents, the haze may begin to lift on why officers may fail to regulate their emotions with a citizen in hazardous and chaotic situations.

The majority of the public may assume that law enforcement officers are resistant to the negative effects of their work, however police are not invulnerable to stress. How can we expect police officers who work under extreme stress to maintain emotional control? Law enforcement will always be an inherently stressful profession; therefore, counselors can use their skills to coordinate with law enforcement agencies to ensure that the best care is given to officers who bravely serve our communities.

One Counselor's Experiences of Law Enforcement

My own experiences with law enforcement have been eye opening and have given me inspiration to explore law enforcement officer (LEO) well-being. My first significant interaction with an LEO was during a ride-along with my local agency, and as fate would have it, I later was in a relationship with the officer who provided me this experience. As I sat in the waiting room at the police department anxious to see with whom I would be spending the next eight hours, I pictured an older, slightly overweight, weathered, white man. But as Officer B turned the corner, I saw a thin white man in his mid-twenties with a beaming, friendly face. He regularly jokes now that my assumption of his appearance was so wildly inaccurate.

I was excited to see what work in law enforcement looked like, and as we began the ride-along, my first observation was that people seemed to act differently around us. Cars would drive more cautiously than when I normally drove in my Prius, people would occasionally hush when we walked into a crowded area, and as I stood with this officer, I held my head a little higher.

Much of this first ride-along consisted of B telling many funny and gross-out stories, providing an overview of the contents of the back of the police car, and conducting a considerably aimless and boring patrol. I also vividly remember sitting with several other officers as they ate dinner, and I was told about the most interesting death scenes they had witnessed. Their stories were discussed with flippancy, as if they were comparing who had the coolest tennis shoes. However, the conversation also felt like a test, with all three officers looking to see how I would react to their gruesome descriptions. When I asked about a rumor I had heard about the odor of these scenes, they quickly answered and changed the subject.

As the night went on, I witnessed Officer B pull over a woman who was driving recklessly, talk to a storeowner after a larceny at a toy store, and go to a building to investigate a tripped security alarm. Our final call of the night was a domestic dispute, which incited more alarm for Officer B. After asking if I was supposed to come in the house, B quickly said I needed to stay in the car for my safety, and that domestic violence calls can be the most dangerous. The excitement I initially felt turned to anxiousness, and I experienced a tightness in the pit of my stomach as he walked into the townhouse. Twenty minutes later, he emerged from the home with a furrow in his brow, and we

drove back to the police department where he would finish paperwork and I would go home.

Of course, this was not the last time I saw B. As he and I began to grow closer in our personal relationship, I made other observations, mostly about him. B would tell me stories of his time at work, most of which were humorous. However, some nights B would come home with much more on his mind, and I saw that some of this lightness is essentially a way to cope. One night, I received a telephone call from an anxious B who had tackled a civilian who he thought was intoxicated and dangerous, however later discovered the man was actually having a health emergency and could not speak clearly. For B it was an honest but scary mistake, and I started realizing the true heaviness of the work. B also described once having a shift from two pm to midnight, however near the end of his shift a call went out for a robbery. B stayed up all night helping to process the scene, and then had to go to court the next morning. After court, B was scheduled for another eight-hour shift, but had already been awake for 24 hours, and fortunately was allowed to take his next shift off.

Eventually, I noticed less obvious behaviors connected to his work. B always ate his food quickly, even while off duty, later describing doing this in case something was to happen and his meal was to be cut short. He would carry a gun with him whenever we went out, and also kept one under his pillowcase at night. Wherever we went together, he noticed someone he had arrested. One night while we were out to dinner, a man he had arrested during a serious domestic dispute was seated at the table next to us. B explained this made him feel nervous, not just for his safety, but for mine as well. He led a very

private life, rarely took pictures with me, and always sat where he could see the whole room to make a quick exit if necessary.

B's work impacted our relationship in both negative and positive ways. Because he was a younger officer, he was typically asked to work holidays. B also worked second shift, generally between two or four pm until midnight or later. While I was at work, he would be at home, and once I was free, he was only in the first hour of his workday. I would often stay up late to see him arrive home safely, but some nights I could not help but fall asleep. Sometimes, I would meet him during the quiet times on his shift, however we never knew when we would be interrupted, and he would be called away. At the same time, I felt much pride for B's career. I appreciated his bravery, and I appreciated feeling safe with him wherever we went. When I started working for the Office of the Chief Medical Examiner, he was able to be supportive when I experienced difficult reactions at work.

At work, B was nicknamed "Officer Death" because he went to more fatalities than his co-workers. One fatality included his ex-girlfriend's mother, and B was asked to make the death notification. As a counselor, I realize this experience could reasonably shake anyone, however B later explained the only direct emotional assistance he was given throughout his "death streak" was a pamphlet on the Employee Assistance Program. During and after this time, B was experiencing symptoms of depression and PTSD, but there were few other resources within his agency that could help him or that he was willing to use.

Near the end of his law enforcement career, B was in training accident and was reassigned to light duty. To me, B looked to have experienced an identity shift, as he was

no longer on adrenaline-producing patrol but sitting behind a desk taking telephone calls from frustrated citizens. Ultimately, B's injury from the training accident caused B to experience an extremely painful nerve disease in his leg, and after almost a year of light duty, he was medically retired from the police force. The retirement ceremony does not wipe clean one's experiences, however, and B continued to suffer with emotional and physical scars from his experiences. B is but one example of officers who experience the strong negative effects from their career.

What Could Stress Police

It is helpful for counselors to know what kinds of stressors police regularly face before attempting to implement strategies to sustain emotional well-being for law enforcement. There is an array of literature, personal accounts, and thoughtful explorations on the stress police officers routinely manage on job. The public, and even mental health providers, may be quick to assume that being a law enforcement officer involves many traumatic and life-threatening situations, which can create long term mental health concerns for LEOs. Although it is true that many officers deal with critical incidents and have adverse effects on mental health from these events, these are only one kind of stressor officers face.

Many factors can affect what stressors officers face, such as differences in personality and coping strategies (Lucas, Weidner, & Janisse, 2012; Kirschman, Kamena, Fay, & Scrivner, 2014). What is stressful for one officer in a small rural agency may not be a stressor for another officer working in New York City (Page & Jacobs, 2011). Officers may also experience differences in stress levels depending on the district they are policing (Hickman, Fricas, Strom, & Pope, 2011; Page & Jacobs, 2011), or the specific kind of work they are doing (Habersaat, Geiger, Abdellaoui, & Wolf, 2015).

Critical Incidents

As stated before, critical incidents are the first kind of stressor many identify for law enforcement. Officers are required to respond to unpredictable fatal accidents, shootings, domestic and child abuse, and suicides, or have to investigate sexual crimes against children, homicides, and neglect. Police may have to shoot or kill a suspect of a crime, or even witness a fellow officer being killed. The daily work of an officer can go

quickly from long stretches of boring patrol to intense and life threatening calls (Toch, 2002; Hickman et al., 2011). Even during uneventful patrol, LEOs may feel as though they must always be vigilant to protect themselves and others from these kinds of incidents. Certainly critical incidents are a form of police stress, but they may not play as heavy of a role as organizational stressors. Crime related television shows and movies often portray officers living under a constant barrage of what would be deemed critical incidents; however, some patrol officers instead feel more overwhelmed by paperwork.

Organizational Stressors

Research has suggested that the primary stressors for officers are organizational, and LEOs have many of the same stressors as others who work within the context of an agency. Officers may feel that administrators are incompetent or enforce values that are not congruent with an individual officer's values (Kirschman et al., 2014). Officers may desire more freedom, more recognition for their work, better pay, or improved communication from their supervisors (Shane, 2010; Carlan & Nored, 2008). Further, LEOs may feel unsupported or misunderstood by their supervisors because administrators do not understand the current climate of the work on the streets (Toch, 2002; Hickman et al., 2011; Tuckey, Winwood, & Dollard, 2012), meanwhile fearing punishment for small mistakes or infractions (Shane 2010).

Officers may also have to enforce laws they do not believe in or are required to meet demanding arrest quotas, and, therefore, may be working under rules placed upon them while feeling little autonomy (Clark-Miller & Brady, 2013; Carlan & Nored, 2008; Shane, 2010). Further, LEOs may have many different competing job-related tasks and find themselves being pulled in many directions at once. Smaller departments or newer

officers might have to use old or broken equipment (Carlan & Nored, 2008; Page & Jabobs, 2011), and co-workers or supervisors may not be cooperative with their needs (Habersaat et al., 2015). Because many police agencies are a quasi-military organization, the officers who have the least input tend to carry out the majority of the demands, and the flow of information within the agency may be stagnated (Shane 2010). Officers might also feel frustration with outcomes from the criminal justice system after seeing criminals they have worked diligently to seek justice for end up getting lenient outcomes (Carlan & Nored, 2008).

Officers come into this line work knowing that dangerous situations are bound to occur, and therefore end up feeling more stress from the way their administration is treating them. In interviews with former officers conducted by Tuckey et al., (2012) one officer was quoted saying “It’s funny, but I guess when you become a police officer you expect to be ill-treated out on the streets. But when it comes from within, who are just using and abusing you, it has a very different effect” (p. 234).

Shift Work

Accidents, disputes, and crimes occur through all times of the day and night, and long working hours play another role in officer stress. Law enforcement does not typically keep regular working hours and, often due to personnel shortages, may be denied days off (Shane, 2010). While an officer may be working an eight-hour shift, the workload can go on much further than those appointed eight hours. If there is inclement weather, or if a call comes in 15 minutes before the end of the shift, an officer may be working hours past originally planned. Officers then have an added responsibility of attending court or attending community events, which may be on days off (Kirschman et

al., 2014; Shane 2010). There may be little time for self-care, particularly during the times when self-care is most needed.

Relationship Stressors

These unusual working hours may create struggles with family and significant relationships. Officers may not be home for the family meal or may have to miss a child's birthday party, and even the most understanding of partners may feel frustrated by the LEOs occupational commitments. Relationships may also be strained because officers may not want or be able to talk about their shift. Some LEOs may fear traumatizing their family by talking about their work experiences at home (Kirschman et al., 2014; Evans, Pistrang, & Billings, 2013), while family members may shut down when officers attempt to discuss gory or traumatic situations.

Public Scrutiny

An apparent stressor given recent events is the ongoing scrutiny of the public, as the entire law enforcement professional is being held accountable for the actions of the few. There may be demands for officers to wear body cameras and be otherwise more transparent, despite being legally unable to explain their side of the story during an open investigation. Officers are made out to look suspicious and uncaring after a critical incident, when they themselves could also be considered victims (Kirschman et al., 2014). Officers must manage the awareness that they are being watched closely for how they behave. On the job, officers may take various forms of verbal abuse, and may be spit on or physically assaulted while maintaining the safety of others and their composure. To react may cause more public scrutiny while not reacting may communicate that they are

not capable of asserting authority. Officers work to balance the needs with the wants of the public alongside with what officers are actually capable of doing.

Stressors for Female and Minority Officers

Additional stressors may be placed on minorities within the profession of law enforcement, including female officers and racial minorities. Females comprise about 12% of officers in all local law enforcement agencies, and 9.5% of supervisory positions (Reaves, 2015). Female officers tend to experience more stress than their male counterparts, facing concerns such as having more negative perceptions of their work from family and friends, biases about their abilities, lack of role models, and harassment (He, Zhao, & Ren, 2005; Toch, 2002; Menard & Arter, 2014). Female police officers have also reported they feel more pressure to prove themselves to supervisors and other officers (Menard & Arter, 2014; Toch, 2002).

About 27% of police officers belong to a racial or ethnic minority (Reaves, 2015). Minority officers have the added stressors that all racial minorities face on a regular basis, such as racial discrimination from co-workers work and civilians (Toch, 2002; Clark-Miller & Brady, 2013; He et al., 2005). Further, officers who are a racial minority may face disapproval of their career from family and friends or feel as though they have to work much harder to gain approval of their co-workers (Daniello, 2011). Moreover, particularly considering recent events, African American officers may also feel pulled between their bond to their racial group and their job (He et al., 2005).

Normal Life Stressors

Law enforcement seem to be placed on a pedestal of being either the heroes or the villains of the community, however they face the same stresses of any other human being,

such as financial problems or physical health problems. They may be caring for an aging parent or trying to connect with a child who is acting out. As the counseling profession is well aware, clients can present with a myriad of concerns that may not be due to their career choice.

Stress Outcomes

The literature shows that LEOs are generally a resilient population, albeit not completely immunized to occupational and personal stressors. However, officers may still experience emotional and psychological distress specific to their occupation (Steinkopf, Hakala, & Van Hasselt, 2015).

Posttraumatic Stress and Burnout

A well-studied concern for LEOs is posttraumatic stress disorder. Officers are trained to be constantly aware of their surroundings, and a critical incident can shake an officer's sense of safety and control. After a critical incident, officers are at risk for developing PTSD, or have posttraumatic stress that does meet criteria for the disorder. Research suggests that between 7 to 19% of officers may meet criteria for the disorder, with female officers being more affected by PTSD than male officers (Menard & Arter, 2014; Arnetz, Nevedal, Lumley, Backman, & Lublin, 2009). Studies also indicate that up to 34% of officers may not meet the criteria but have PTS symptoms that cause impairment (Arnetz et al., 2009). Beyond typical symptoms of PTS, such as nightmares, hypervigilance, irritability, or flashbacks, officers may specifically experience guilt and shame (Chopko, Palmieri, & Facemire, 2014; Daniello, 2011). This shame may arise when officers feel they were unable to save a life or help a victim of abuse. Officers may feel they have failed at their job or wonder what they could have done differently despite the fact that most critical incidents happen quickly with little time for officers to consider multiple options for actions (Clark-Miller & Brady, 2013; Daniello, 2011). Further, believing they have failed may be easier for an officer to cope with than to believe some situations cannot be controlled or prevented. Shame could be exacerbated by the

reactions of the public, administrative suspension, or other interference from an internal affairs investigation (Kirschman et al., 2014; Daniello, 2011).

Long-term occupational stress and trauma can also lead to burnout. Symptoms related to burnout can include poor work performance, misconduct, emotional exhaustion, disengagement, cynicism, and anger (Toch, 2002; Kirschman et al., 2014; Bakker & Heuven, 2006). Poor job performance and other behavioral concerns may arise at work (Arnetz et al., 2009; Bakker & Heuven, 2006), but may also leak into home life (Kirschman et al., 2014). Officers may be emotionally distant and detached when working with citizens, or irritable or suspicious with family and friends. Further, while officers are taught that aggression, in some forms, is helpful and appropriate on the job, it may also be a maladaptive reaction to stress and be based in hypervigilance or fear. For example, officers may overreact to a benign circumstance in fear they have lost control of a situation. (Toch, 2002; Kirschman et al., 2014).

Alcoholism

Another common outcome of police stress is excessive alcohol use. Alcohol consumption has historically been part of the police subculture; therefore, even though alcohol use may start out as a way to be integrated into the group, drinking can lead to a form of avoidance and other negative coping styles (Kirschman et al., 2014; Menard & Arter, 2013). Further, alcohol use is not illegal, and co-workers may easily overlook abuse and addiction. Some but not all research suggests that rates of alcoholism, binge drinking, and death due to outcomes from excessive drinking are all higher in law enforcement than in the general population (Chopko, Palmieri, & Adams, 2013; Mumford, Taylor, & Kubu, 2015). Studies have also shown a link between alcoholism

and symptoms of PTSD and Depression (Menard & Arter, 2014; Menard & Arter, 2013; Kirschman et al., 2014; Chopko et al., 2013).

Domestic Violence

Domestic violence within law enforcement families can be another unfortunate outcome of the pressures an officer may face within the profession. The actual rate of Officer Involved Domestic Violence (OIDV) is not empirically known, however research suggests the rates of officers committing domestic violence in their families ranges between 1% to 40% (Johnson, Todd, and Subramanian, 2005). Rates between law enforcement families and the the general population are therefore difficult to compare, however potential influences on OIDV include PTS symptoms, shift work, burnout, and alcohol use. Further, LEOs are trained to work with an authoritarian and suspicious attitude, which can cause relationship strain when this approach is not kept at work (Kirschman et al., 2014; Johnson et al., 2005). Officer stress can therefore create problems, not just for officers themselves, but their loved ones. Meanwhile destructive interpersonal relationships compound other stressors officers are experiencing at work.

Sleep Disturbances

For many law enforcement officers sleep quality and quantity may be drastically affected by their work (Habersaat, et al., 2015; Mumford et al., 2015; Kirschman, et al., 2014; Rajaratman et al., 2011). One study by Rajaratman et al. (2011) found that, of officers studied, 40.4% met criteria for one or more sleep disorders, and 26.1% had fallen asleep while driving at least once a month. Crises happen at all hours of the day and night. As such, officers may be called into work at unusual hours, however this shift work can impact circadian rhythms and overall health. LEOs are also regularly called to

court, an event which may occur when an officer normally sleeps. And if an officer or their families are struggling financially, officers may take on more shifts which may exacerbate their sleep concerns (Kirschman et al., 2014).

Shift work may not be the only culprit, as symptoms of anxiety, depression, PTSD, and burnout that many officers suffer from can correlate with sleep disturbances. Specifically, insomnia, drowsiness, and nightmares may emerge, all of which can affect one's work performance and emotional tolerance during the day (Rajaratman et al., 2011). Fatigue caused by lack of sleep has been shown to reduce cognitive functions such as attentiveness and judgement while increasing anxiety and irritability (Rajaratman et al., 2011). Lack of sleep increases the likelihood of an officer getting into various kinds of accidents which have shown to kill more officers than criminal assaults (Rajaratman et al., 2011).

Physical Health Problems

As counselors are well aware, physical health strongly correlates with emotional health, and physical health problems within law enforcement have shown to be common. Given officers' working schedules it is difficult for them to find time to eat well, get quality sleep, or exercise regularly, factors also contributing to long-term physical health (Mumford et al., 2015; Violanti et al., 2006). Further, officers on patrol duty have to wear heavy and sometimes ill-fitting uniforms while spending much time seated which can contribute to physical pain. Other common physical concerns within law enforcement include cardiovascular diseases, diabetes, lowered immunity, obesity, gastrointestinal complaints, accidental injuries, cancers, sexual dysfunction and lowered life-expectancy

(Habersaat et al., 2015; Hickman et al., 2011; Rajaratman et al., 2011; Gu, Charles, Burchfiel, Andrew, & Violanti, 2011; Carlan & Nored, 2008).

Depression, Anxiety, and Suicide

Other mental concerns beyond PTSD, anger, burnout, and substance use can occur for officers. Depending on officers' ability to cope with stress, depression and anxiety may become a part of life (Kirschman, et al., 2014; Violanti et al., 2006; Chopko et al., 2013; Chopko et al., 2014; Mumford et al., 2015). Officers may experience symptoms of helplessness, low self-worth, shame, betrayal, fear, and engage in behaviors like avoidance and repression, changes in eating and sleeping, and isolation (Daniello, 2011; Kirschman et al., 2014).

An even more serious outcome of these reactions to stress is police suicide. Research has not yielded clear evidence as to whether officers commit suicide more than the general population. Demographic variables are also not always taken into account when comparing police suicide rates to the general population, and there is variation in the branches of law enforcement studied. Regardless, LEO suicide is tragic, and studies do agree that officers are far more likely to die by their own hands than by the hands of a criminal suspect (Chopko et al., 2014; Kirschman, et al., 2014). Contributing factors empirically associated with officer suicide include job loss or retirement, a sense of betrayal from other officers or administrators, feelings of failure, personal and familial concerns, past suicide attempts, mental health diagnoses, alcohol abuse, and other symptoms of PTSD and depression (Chopko et al., 2014; Kirschman, et al., 2014; Rouse et al., 2015).

A Return to B

B was somewhat open with me regarding his emotional concerns, but when I suggested counseling, B seemed quite uncomfortable with this idea, saying, “Counseling won’t help” or “I don’t want to tell a counselor something and that could be used against me later on.” B rarely asked for help and liked to attempt to solve problems on his own. B also explained that, in his agency, an officer many years prior had been involved in a shooting, and his counselor later testified against him in court. This officer came back to work when B was in training, and B would hear this officer regularly tout the dangers of seeing a counselor. B felt this other officer’s worry and described that the attitude of the department was not keen towards mental health providers. Nevertheless, we could no longer pretend he could be supported without professional help, as I was in graduate school, his physical pain was worsening, and he was considering amputating his leg. B finally agreed to go to counseling when doctors required it for his surgery, and I felt much relief.

Law Enforcement Culture

Law enforcement has its own culture and norms, therefore counselors have an opportunity to gain multicultural competency in working with police. There are aspects of law enforcement culture that both contribute and detract from officer well-being of which counselors should be aware. Just with the variability of police stressors and reactions, each agency has their own culture. An agency's view of emotional health can vary depending on factors such as how many officers are employed and if the agency is in an urban, suburban, or rural environment (Page & Jacobs, 2011). However some underlying themes of law enforcement culture have been identified in the research, such as loyalty, emotional and physical control, autonomy, and other elements of masculinity. Counselors should be open to incorporating these themes into therapy.

Loyalty and Trust

The majority of law enforcement officers chose their career to help people, however the required values to reaching this goal may look different from other careers. Because LEOs regularly go into threatening conditions as a part of their job they rely on their co-workers to keep them safe. LEOs, particularly officers who work in a small agency, see each other as family, sometimes with officer's actual family being close to the inner circle. Officers value solidarity and trust with each other, which can have both a positive and negative effect on officer emotional well-being (Shane, 2010; Karaffa & Tochkov, 2013; White, Shrader, & Chamberlain, 2015).

Given the distinct and occasionally grotesque job tasks officers are required to complete, police appreciate the implied understanding of talking to other officers. Officers are trained to think and act in ways different from civilians to keep themselves

and others safe, and so interacting with other officers requires no confusion or explanations (Karaffa & Tochkov, 2013). When officers talk to civilians, they may feel alienated, however talking to other cops can serve as a reminder that they are not alone in their values and experiences. This support can lessen the shame and self-criticism officers may feel about their work (Evans et al., 2013), has been shown to be helpful in reducing symptoms of PTSD after a critical incident (Evans et al., 2013), and can act as a mitigating factor for suicide (Rouse et al., 2015). The law enforcement inner circle also provides opportunity for the use of humor. Police often engage in gallows humor, which has shown to be helpful in changing the emotional charge of an otherwise difficult situation while reducing the sense of threat. Humor also allows officers to create distance between their emotional connection and a potentially traumatic situation and encourage social connection and cohesion (Coughlin, 2002; Kirschman et al., 2014; Evans et al., 2013).

In conjunction, police are also known for their “code of silence,” which means officers are reticent to out a fellow officer for concerns considered to be a threat to ones job (Shane, 2010; Karaffa & Tochkov, 2013; White et al., 2015). Officers may also feel that the administration does not understand their work nor care about their well-being (Tucky et al., 2012; Shane, 2010). When something begins to go wrong in an officer’s work or life, co-workers protect each other from upper management threats or internal affairs (Shane, 2010).

Although the values of loyalty, control, and social support from other cops can act as a protective factor, the consequence of these values can also be damaging when an officer begins to experience emotional concerns. When cops feel they are only

understood by other cops, they may be hesitant to talk to anyone help who could provide help. In a study by Page & Jacobs (2011) identified that 71% of rural law enforcement officers surveyed would prefer to talk to each other about an emotional concern than a mental health provider. Meanwhile other officers may not be able to identify when a fellow officer needs help emotionally or know how or want to intervene when these concern arise, leaving the ailing officer to manage with out appropriate support.

Officers also use their social support in a different way, and the mutual understanding of job stressors often remains unspoken. Support may come through the encouragement of avoidant coping strategies, such as alcohol use or withdrawal from outside family or friends (Menard & Arter, 2013). While alcohol use can begin innocuously, a culture that encourages its use to relax may inadvertently create an environment where alcohol abuse is overlooked (Menard & Arter, 2013; Chopko et al., 2013; Menard & Arter, 2014). Cops may also disconnect from other sources of support believing that they can only benefit from the support from co-workers (Steinkopf et al., 2015). Further, if trust is not fully yet developed between cops, officers may not come to their peers with their experiences for fear that this information would find its way to the rest of the department.

Officers who strongly identify as an LEO and often operate with “us vs. them” perspective, differentiating their own social world from those people who are not in law enforcement. LEOs associate with being helpers and distinguish themselves from those they are assisting. Police may also feel they live with different standards and see the world with a more cynical lens. Officers do not trust people who are unknown because being too trusting while on the job can lead to disaster (Karaffa & Tochkov, 2013). Police

who work within the lower ranks may also hold an “us vs. them” viewpoint against administration if they feel upper management is unsupportive or does not understand the work being done in the community (Shane, 2010).

Police can be slow to trust mental health providers because clinicians are also seen as “them” (Evans et al., 2013; Karaffa & Tochkov, 2013; White et al., 2015; Kirshman et al., 2014). In fact, counselors and psychologists are occasionally put in an adversarial position of deciding which officers are fit for duty, therefore officers may be suspicious that providers are attempting in some way to find the weak officers (Kirschman et al., 2014). If an LEO sees a clinician for counseling, she will likely be slow to feel trusting and will want to ensure the clinician has competence in working with police if the clinician has not already been an officer themselves (Karaffa & Tochkov, 2013). Due to the “code of silence”, officers may also be uncomfortable with sharing personal or job related experiences with clinicians. Counselors may not always recognize how important it is for officers to hold secrets, and for LEOs, talking about their work could be seen as a betrayal (White et al., 2015). Officers will not feel comfortable expressing their concerns if they have uncertainty about confidentiality, as they fear that their information could be shared during litigation and put their cases, their reputation, or their job in jeopardy (Karaffa & Tochkov, 2013).

Autonomy and Control

Police are trained in maintaining control, including emotional self-control (Kirschman et al., 2014). When working with aggressive citizens, it is imperative that officers do not express anger or frustration to not escalate a confrontation and increase dangerousness. LEOs must exude confidence to ensure that others feel safe, even when

responding to gruesome scenes or notifying a citizen of a loved one's death. Officers also must regularly move towards situations that most would run away from while making quick but weighted decisions. Fear, sadness, anger, disgust, or confusion do not facilitate good police work despite these being normal reactions to the kinds of calls to which officers must respond. As reported in research conducted by Evans et al. (2013), "The ability to remain calm and dispassionate in response to potentially emotive incidents was seen as the hallmark of a reliable police officer" (p. 3).

Additionally, officers are inherently problems solvers and are taught to get the job done quickly and smoothly to keep civilians safe (Evans et al., 2013; Kirschman et al., 2014; White et al., 2015). Unlike counselors, LEOs do not have much time to delve deeply into bio-psycho-social influences on a criminal's behavior. In fact, they often have to respond to calls with little information provided and make decisions in order to maintain safety. The actions officers take must also be free of mistakes or officers will experience the consequences, whether through feeling guilt, being investigated by internal affairs, hurting or killing a civilian, getting a complaint from the public, or being shamed on the television and internet.

And while law enforcement agencies continue to employ more female officers (Reaves, 2015), the police profession continues to value generally masculine traits, such as independence and aggressiveness (Karaffa & Tochkov, 2013; White et al., 2015; Evans et al., 2013; Steinkopf et al., 2015; Rouse et al., 2015). Officers do not often have a supervisor or other back-up available when they respond to calls, therefore LEOs must exert confidence in making their own decisions, act with autonomy, and use their authoritarian presence to assert control.

The ability to act with control and autonomy is paramount while on the job, however these values do not translate well to functioning in other parts of life. As explored before, police are susceptible to the effects of stress, yet they operate within a culture that is uncomfortable with expression of the normal emotions that may arise during normal police work. Mental health is highly stigmatized within the law enforcement profession and emotional well-being of officers is typically not a priority. LEOs may fear that if they disclose they are experiencing stress reactions or even normal human emotion they may be seen as weak and unreliable and unable to do the tasks necessary within police work (Karaffa & Tochkov, 2013; Evans et al., 2013; Tuckey et al., 2012). They fear this perception could then result in a loss of their reputation and disavowal from the police culture.

Officers may also believe that if upper management feels they are unreliable, they will be deemed unfit for duty and suspended or fired (Tuckey et al., 2012), however leaving law enforcement can incite crisis of meaning and loss of the circle of trust. If an LEO is forced into leaving the career in an anything but honorable way, the officer may also not be able to keep his or her gun and badge, symbols of an officer's identity (Kirschman et al., 2014; Rouse et al., 2015). Losing one's gun means losing one's safety blanket, therefore an officer may be worried emoting will lose him his ability to protect himself through both his weapon and his social network.

As a result of the fear of being seen as weak or unreliable, officers may again attempt to manage their stressors in unhealthy ways, including self medicating through alcohol, acting aggressively at home, and withdrawing from social supports. LEOs may refuse to acknowledge or discuss the very things that are burdening them, and deny

themselves peer or professional assistance (Menard & Arter, 2013; Chopko et al., 2013; Menard & Arter, 2014; Chopko et al., 2014; Carlan & Nored, 2008; White et al., 2015). To ask for help can go against an officer's core value of independence (Karaffa & Tochkov, 2013), however symptoms of PTSD, depression, somatic complaints, absenteeism, and behavioral concerns may be exacerbated when the officer is left to suffer with little true support. Research done by Tuckey et al. (2012) conducted interviews with officers who had left the force due to psychological concerns, and identified a paradox for officers who needed express their distress with their social network. In asking for help they were gambling with losing the social network they needed most. Additionally, officers may have had few opportunities to see emotional well-being modeled for them by other officers or family members, and are therefore ill equipped to identify helpful strategies on their own.

Fortunately, the kind of culture, and therefore the level of stigma, within different law enforcement communities is varied. White et al. (2015) identified that the discomfort with exploring emotional health is altered by a number of personal and cultural factors, such as age, gender, and race and ethnicity. The rank an officer holds, the number of years one has been employed, and the size of the agency also affect the manner in which matters of emotional health are treated. Culture is fluid, and the way in which the values of emotional control, loyalty, and masculinity are expressed have the potential to be directed to better serve those who live under these standards.

Current Practices

With all that can happen emotionally to an officer from normal departmental working conditions, there is a long growing movement towards providing LEOs the support they need through various avenues. Tuckey et al. (2012) described how officers might receive support via primary, secondary, or tertiary prevention programs. Within the population of law enforcement, primary intervention includes trainings and support that work to maintain emotional well-being and prevent stress reactions, while secondary prevention involves identifying officers at risk for stress reactions and poor emotional health. Tertiary intervention is utilized once an officer is already struggling and works to help officers cope and heal (Tuckey et al, 2012; Arnetz et al., 2009; Steinkopf et al., 2015).

Primary Prevention

Oliver and Meier (2009) identified that the most common method used to maintain emotional well-being is stress management education, a primary intervention. These trainings can vary greatly in the amount of time they take to implement, lasting between 30 minutes to weekly trainings, and cover topics such as stress awareness, positive coping techniques, resiliency, relaxation training, mindfulness, and EMDR (Patterson, Chung, & Swan, 2014; Steinkopf et al., 2015). These programs can be implemented within in the police academy or in in-service trainings and during role calls. However, the efficacy of these trainings has not yet been confirmed. In a meta-analysis of research on various stress management trainings, Patterson et al. (2014) cited concerns that stress management education is not individualized to the organizational stressors officers face daily, that the research between types of trainings is not comparable, and

that these trainings lose effectiveness over time (Oliver & Meier, 2009). Alternatively, of the studies included in the meta-analysis, there were some positive effects shown on officer's physiological or behavioral measurements (Patterson et al., 2014).

Another form of primary prevention many agencies utilize are physical wellness programs. Physical wellness is a less stigmatized topic, and because many officers might fall short of the psychical health requirements of the job, these programs are more highly utilized than emotional wellness programs. These programs encourage officers to exercise regularly, make healthy eating choices, and decrease sedentary time (Mumford, 2015). Fortunately, some agencies incorporate stress management and emotional wellness into their programs; however, these components do not garner the same level of attention because physical wellness outcomes can be more easily measured.

Secondary and Tertiary Intervention

There are many resources available to officers who may be at risk or have developed stress reactions and mental health concerns, and include mental health providers within the agencies community, police psychologists, chaplains, or an agency's EAP. Alternatively, these kinds of resources may not be as widely used because of concerns due to stigma associated with asking for help and talking to professionals outside of the agency, and a fear of being deemed unfit for duty (Steinkopf et al., 2015). Depending on an agency's financial resources and commitment level, some departments have been able to implement more comprehensive services to their officers. Generally the larger the agency, the more resources are available to their officers (Page & Jacobs, 2011).

A widely used secondary intervention is Critical Incident Stress Debriefing (CISD). Agencies may supply clinicians or trained peers who can facilitate debriefings to officers who have been involved incidents such as shootings, motor vehicle accidents, suicides, and serious officer injuries and deaths. CISD typically occurs within 24 to 72 hours of the incident (Daniello, 2011; White et al., 2015; Toch, 2002). During debriefing, clinicians and peers will assist officers in a safe group format with processing their experiences, normalizing reactions, making meaning of the experience, and encouraging post traumatic growth (Arentz et al., 2009; Daniello, 2011). Some agencies require debriefing after a critical incident, while in other agencies attendance is voluntary. Although CISD is one of the more widely utilized secondary interventions, it has not been well-studied, and the research has cast doubt on its efficacy (Oliver and Meier, 2009; Arentz et al., 2009; Menard & Arter, 2013; Violanti, 2006).

Given that officers prefer to talk to each other rather than to outside professionals, peer-to-peer support programs are valuable and frequently implemented, both in large law enforcement agencies and collaboratively with smaller agencies (Page & Jacobs, 2011; White et al., 2015; Carlan & Nored, 2008). Potential peer counselors are also available to meet within officers' working hours and understand the unique police experience, and therefore they are able to provide normalization of emotions and decisions officers face during their work (Carlan & Nored, 2008; Kirschman et al., 2014). Becoming a peer supporter is generally voluntary, but these officers typically go through intensive training to learn how to assist fellow officers with professional and personal concerns. Because social support has shown to be of significant value to positive coping, there is presumably much value of structural peer support (Menard & Arter, 2013).

Additionally, peer supporters are typically asked to sign an agreement of confidentiality; however, they are not legally required to maintain this in the same manner as other mental health providers. This can lead some officers to continue to feel hesitant to share their emotional experiences (Karaffa & Tochkov, 2013; Kirschman et al., 2014).

Police chaplains can be an excellent but overlooked resource, particularly if an officer is struggling with concerns related to spirituality and meaning making (Kirschman et al., 2014; Page & Jacobs, 2011). Chaplains not only counsel officers, but also assist in community outreach, aid crime victims, and provide support during death notifications (International Conference of Police Chaplains, 2016; Kirschman et al., 2014). Because police chaplains can maintain multiple roles within an agency, the sense of stigma may be reduced when an officer decides to meet with this kind of provider.

Police psychologists are another resource that can be found within a law enforcement agency, and can provide services such as consultation, assessment and evaluation, critical incident stress debriefing, and counseling to officers and their families. Police psychologists can also provide training and supervision to peer supporters (Kirschman et al., 2014; Trompetter, 2011). The number of police psychologists and other mental health providers that work in or are contracted for police agencies is growing. However, in one study of rural and small police agencies, only 8% of surveyed officers indicated having a full time counselor on staff, and 12% indicated having a part time counselor on staff (Page & Jacobs, 2011).

A final, and very commonly implemented service for law enforcement agencies are Employee Assistance Programs (EAPs), which are utilized by work forces and paid for by an employee's health insurance. Their purpose is to help employees address

personal and job related problems (Page & Jacobs, 2011; Donnelly, Valentine, & Oehme, 2015). Typically EAPs provide a limited number of counseling sessions and, if needed, provide a referral to an outside mental health provider. In one study by Donnelly et al., (2015) 16.2% of surveyed officers reported utilizing their EAP services, with only 56.4% of officers actually being aware of the existence of these services. EAPs may be vastly underutilized because officers do not know these services are available or feel that EAP counselors cannot understand their unique concerns. Officers may also worry that, because EAPs are typically connected in some way to their agency, their confidentiality could be broken and their reputation and job could be jeopardized (Donnelly et al., 2015; White et al., Karaffa & Tochkov, 2013; Page & Jacobs, 2011; Tuckey et al., 2012).

Incorporating Counselors

Given the stressors police face, common outcomes such as PTSD and alcohol abuse, a culture that stigmatizes emotionality, and prevention and intervention strategies that are not available to all agencies, counselors are in a fortunate position of being able to provide needed assistance to those officers who so bravely serve their communities.

Making Connections

Counselors who are not already integrated in some way with law enforcement should remember to be patient as trust is built. Clinicians can begin to build on their presence by doing ride-alongs with their communities police or sheriff's department to learn, in vivo, what a career in law enforcement can actually entail (Kirschman et al., 2014; Karaffa & Tochkov, 2013). Clinicians can also find ways to volunteer for events their local agency, take part in a local citizens academy, or offer trainings on topics unrelated to officer well-being as a means of introducing one's self and services (Kirschman et al. 2014).

Training Considerations

Of course, officers can certainly benefit from a clinician's expertise on stress management, a resource that can promote emotional well-being, normalize stress reactions, and help officers better assist their co-workers in need (Karaffa & Tochkov, 2013; White et al., 2015; Tuckey et al., 2012). Research has suggested that stress management training should be adapted to help officers cope with the specific organizational and job stressors they face (Lucas et al., 2012; Chopko et al., 2013; Karaffa & Tochkov, 2013), and has shown that no specific stress management training is more effective than another (Patterson et al., 2014). Depending on an agency's areas of

growth, some helpful subjects identified in the literature include mindfulness training (Christopher, et al., 2015), psycho-education on work-family spillover, sleep hygiene, and signs of suicidality (Johnson et al., 2005; Kirshman et al., 2014; Chopko et al., 2014; Rajaratnam, et al., 2011), and Motivational Interviewing (Steinkopf et al., 2015) to name a small sampling.

One study by Christopher et al. (2015) explored the benefits of an eight-week Mindfulness-Based Resilience Training. The 43 officers who were included in this study attended training for two hours a week during their shift where they learned and practiced different areas of mindfulness in the context of police culture. Assessments were provided before the first class, four weeks into the class, and at the end of the class. Results from this study indicated significant improvement in officers' mindfulness, resilience, emotional regulation, emotional intelligence, mental health, physical health, as well as reduced levels of burnout, organizational and occupational stress, anger, fatigue, and sleep disturbances.

Another study by Arnetz et al. (2009) researched the effects of a Resiliency Training program occurring two hours a week for 10 weeks. During this study, 18 officers were trained on how to induce relaxation and were guided through visualizations of stressful occupational situations. Participants also were educated on other cognitive and behavioral coping skills, provided space to discuss these skills, supplied cue-controlled relaxation tapes, and encouraged to practice relaxation at home. After the end of the training, officers were deployed into a simulation of an armed robbery. During and after the simulation researchers measured biological markers such as heart rate and cortisol levels, behavioral performance, mood, and perceived stress, with results showing

that officers who had taken the Resiliency Training had significantly lower levels of perceived stress, higher mood, and had a more effective job performance.

Rouse et al. (2015) outlined results found from psychological autopsies of officers who had committed suicide, and researchers found that co-workers felt unprepared to help other officers who were struggling with risk. Therefore, clinicians should remember to include instruction on how to identify an at-risk colleague and ways to intervene and provide support. Other pertinent subjects include the normal reactions officers can have to critical incidents and organizational stress, the effects of stress on emotional and physical well-being, how exercise and nutrition affect emotional well-being, coping techniques such as relaxation techniques, and the importance of social support. Clinicians can also encourage officers to explore the stigma of emotional health, and educate trainees on past research which has indicated officers typically have positive experiences with counseling (Evans et al., 2013; Millar, 2002).

During training, clinicians should also always consider psychoeducation to help demystify and destigmatize the counseling process. Clinicians should explore how counseling can be helpful for police through describing that counseling gives officers a place to feel and express emotion in a safe place, helps officers find new ways to cope, and assists with management of family and occupational relationships. Counseling can also help officers identify what their individual stressors are if they were previously unaware (Carlan & Nored, 2008). During trainings, counselors should also describe how to obtain services, how to use insurance, and limits of confidentiality.

Mental health providers can act in other roles for agencies, such as assisting with building a peer support program, providing critical incident stress debriefings, giving pre-

treatment support through Motivational Interviewing, and consultation about community mental health services. Steinkopf et al., (2015) discussed why Motivational Interviewing (MI) may be an advantageous support strategy for law enforcement. Initially studied with populations struggling with substance abuse, MI works towards collaboration between clinician and client and helps clients identify goals and build motivation for further treatments. MI has shown to be effective with resistant treatment populations. Steinkopf identifies law enforcement as one such population, who can be both resistant to counseling and struggling with concerns with which MI has shown to be helpful, such as substance abuse, relationship concerns, and suicide risk. Clinicians can also provide MI interventions to officers before treatment, during treatment, or as stand alone treatment, and can also train peer supporters on utilizing MI strategies (Steinkopf et al., 2015).

Training and consultation can also involve assisting agencies with connecting officers in need to EAP or community services. Research has revealed pragmatic concerns LEOs have regarding counseling related to privacy and service accessibility (Karaffa & Tochkov, 2013; Page & Jacobs, 2011; Donnelly et al., 2015). For example, officers in rural communities may worry they will be put in waiting room with other clients who could potentially identify them through their job (Page & Jacobs, 2011). During training or as a part of consultation, clinicians can educate officers on finding and connecting to providers, navigating health insurance or other forms of payment, and accommodating for physical privacy concerns. Counselors can provide a resource list to agencies of providers who are competent in working with law enforcement, and have a back entrance, takes the employee insurance, or who accepts low cost out of pocket

payments. A resource such as this could also include answers to frequently asked questions about counseling.

There are several other considerations clinicians must make before offering training and support. Given the irregular amounts of resources individual agencies may have, the kind of stress management training clinicians offer will need to be balanced with what is feasible while still effective (Patterson et al., 2014). If possible within the agency structure, stress management trainings should include officers' family and friends to assist their efforts in supporting their loved ones during their law enforcement career (Evans et al., 2013). Further, if viable, trainings should be offered at a minimum annually as the positive effects have been shown to be reduced over time (Oliver & Meier, 2009). And finally, given that 71% of departments serve fewer than 10,000 residents and 48% of agencies employed less than 10 full time officers, clinicians should consider reaching out to smaller or more rural agencies as they likely have fewer resources to provide assistance to their officers (Page and Jacobs, 2011; Reaves, 2015).

Clinical Considerations

Although clinical considerations such as CISD or other treatment modalities have yet to be proven effective, clinicians should remember the inherent value of real and compassionate human connection with clients. Law enforcement officers may rarely have these kinds of moments on the job where everyone involved is truly being heard.

Clinicians know the intrinsic value of counseling, be it in an individual or group setting, and therefore should not be intimidated away from the process because an officer is a client. Just as law enforcement officers can be role models for their community, so to can clinicians act as role models and guides for officers who are struggling to be comfortable

with such connectedness. As Bakker et al. (2006) explored in their study about burnout for human service professionals, officers may regularly manage emotional dissonance, meaning what they feel does not match what they outwardly express. Continuing to manage emotional dissonance can lead to emotional exhaustion, disengagement, and a host of other emotional concerns. However being able to have time and space to express true emotion, such as in a counselor's office is inherently valuable to well-being. This dynamic may be helpful to identify in the beginning of treatment with law enforcement professionals.

An officer who is also a client will often feel much more comfortable having control about what is shared and where that information goes (Evans et al., 2013), therefore when working with officers consider the extent to which they likely value confidentiality. Not only is it important for a clinician to be fully aware of the limitations of confidentiality, clinicians must also be transparent about how these limitations could affect an officer. LEOs can be apprehensive about sharing information that could lead to a tarnished reputation, job loss, or a compromised legal case concerning themselves or a criminal they have worked persistently to apprehend (Karaffa & Tochkov, 2013; White et al., 2015; Millar, 2002). Unless a clinician is tasked specifically to complete a fitness for duty evaluation, a clinician's work should remain separate from the officer's department to ensure the officer feels confident that their job and reputation would not be at risk by continuing services. Remember that officers may not trust a mental health provider quickly despite the provider's best efforts. Trust is built slowly and happens more effectively when a clinician is able to individualize treatment to an officer's career values and needs instead of pushing an officer to act within the counselor's standards.

Furthermore, when a clinician realizes that they are meeting with a law enforcement officer, he or she may make assumptions about what the client will be like. However, while an officer's career can be a bigger part of his or her life than for people in other occupations, do not assume that the client's concerns will be all work related. Just as clinicians are warned against assuming an LGBT client is presenting with identity concerns, so should clinicians be cautious in the initial approach with a LEO. Even if the job is causing stress, officers may not be ready or willing to talk about their profession in the counseling room. Clinicians can work to identify how an officer's identity may be a piece of the puzzle of their distress but should be patient with an officer's willingness to go more deeply into their professional experiences.

Remember to consider the officer who is a client with a holistic lens. It may be appropriate to explore the client's family background, trauma history, social economic status, race and ethnicity, gender identity, sexual orientation, and current coping styles (Habersaat et al., 2015; Carlan & Nored, 2008; White et al., 2015). Past traumas of child physical and sexual abuse or a neglectful, narcissistic, or alcoholic parent can be particularly impactful on an officer's ability to cope with personal and work related stressors (Kirschman et al., 2014). In addition, remember that there are many layers to an officer's job that relate to stress, therefore helpful things to examine could include the officer's rank, number of years in the department, supervisory experiences, peer support, assigned area and shift, and specific job tasks. All of these factors may still be important even when the client is a retired officer, because the connection between the job and one's identity will likely remain strong.

Counselors should remember they need to “pass the test” with a law enforcement client by showing an understanding of the culture and tolerance for gruesome stories (White et al., 2015; Kirschman et al., 2014). The therapeutic relationship may also benefit from a clinician’s validation of an officer’s use of gallows humor. A clinician’s role is never to decide if a client is guilty or innocent, therefore counselors should not question in session an officer’s actions on the job. Stepping out of the counseling role in this way could make the client feel antagonized and can imperil the therapeutic relationship. Moreover, while clinicians may be inclined to use clinical or scientific terminology when talking with clients, this will likely not foster trust for an officer working with a clinician. Instead, using psychological jargon may encourage the “us versus them” dynamic between client and counselor (Kirschman et al. 2014; White et al., 2015). Construct language that better parallels an officer’s identity as a warrior rather than a broken patient and use an officer’s strengths and values to support their growth in counseling.

Working with officers should also involve much introspection on the part of the counselor. Hearing about occupational experiences from a LEO has the potential to be taxing on a clinician, especially when the client’s emotional expression does not match what is being said. While self-care is always important, it becomes even more so when clients work law enforcement. Clinicians must also ensure they have the ability to receive supervision or consultation regarding these clients because of the complexity and the legal concerns that can arise. Additionally, clinicians need to engage in introspection of their biases around the law enforcement profession within to safeguard against unintentionally alienating clients.

Mental health providers should also create relationships with other clinicians that can work to support an officer. One such important relationship to foster is with an area psychiatrist. In the book “Counseling Cops,” Kirschman et al. (2014) reminded the reader that, in some cases, law enforcement officers may be struggling so significantly that medication is warranted. However, officers may fear the side effects of psychotropic medications could affect their work or be uncomfortable with the stigma attached to taking medication. LEOs may also have concern that, if they were to be involved in a shooting, investigatory agencies may request a blood sample and test for such medications that, if found, could challenge that officer’s case. Counselors should ensure that the psychiatrists they refer to are competent in addressing these fears and know the state laws pertaining to LEO rights after a critical incident.

Clinicians should also form relationships with area attorneys knowledgeable in law enforcement specific concerns who can be a referral resource for officers. Not only is legal assistance helpful for the officer who may have concerns about their confidentiality or departmental standing, attorneys can provide clinicians with consultation regarding the more unusual legal concerns officers may bring to the counseling room. One example of a potential legal issue is the strong connection officers have with their service weapon. LEOs have trained with extensively with their gun and see may see their service weapon as their lifeline and part of their identity (Kirschman et al., 2014; Rouse et al., 2015). Thus, officers may be reticent to explore the topic of suicide or domestic violence due to fears that their gun may be taken away. Clinicians should be transparent about their role in keeping the officer safe while being aware of the meaning guns have to these clients. Attorneys may be in a better position to explain an officer’s rights regarding their service

weapon after disclosing suicidal ideation, domestic violence, or other mental health concerns.

Other referral resources that are important for counselors to be knowledgeable of include nutritionists, substance abuse treatments including any Alcoholics Anonymous meetings for LEOs, police chaplains and psychologists. Clinicians should also be aware of any residential treatment facilities, crisis hotlines, and other outpatient mental health providers in case the initial provider is not a good fit (Kirschman et al., 2015; International Conference of Police Chaplains, 2016; Page & Jacobs, 2011). Having connections to these resources will serve a clinician's ability to consult, as well as provide comprehensive services to officers who are struggling in multiple areas of their lives.

Finally, the law enforcement profession, as well as the society officers serve, is fluid. Therefore, research in the field of law enforcement well-being will always be needed. Counselors can continue to contribute to the knowledge base regarding emotional well-being and law enforcement, as well as explore how other populations have overcome resistance. Writing thoughtful articles about law enforcement needs, positive coping strategies, and stigma are all valuable topics for other mental health providers, law enforcement officers and agencies, and even civilians to understand. Although progress is already being made in this field, mental health clinicians have a large role in helping officers continue on this path.

Recommendations for Law Enforcement Agencies

Law enforcement agencies have a fundamental role to play in creating an atmosphere that prioritizes and maintains emotional well-being. Some police stressors related to community incidents and arresting civilians are likely never going to change, but officers are better able to cope when they have a supportive professional home (Shane 2010). While some agencies may already be implementing as many resources as they can, others may be struggling with a culture that does not yet allow for change or lacking the necessary resources to make change. Some recommendations would require significant fiscal and operational resources, but others do not. Therefore law enforcement agencies should do as much as is feasible to incorporate positive cultural growth towards the well-being of its officers, with mental health clinicians being valuable consultation resources in this process.

The most effective changes that will enhance law enforcement well-being are larger, organizational changes, because the organization at large is central to the ways employees cope with occupational strain (Allisey et al., 2014). An area of change is when an agency operates using a steep hierarchy, and officers feel little autonomy in the decision-making or leadership process. Shane (2010) suggested flattening the structure of an agency to allow for more input from lower level officers, and if this is not possible, creating channels for clear communication between the ranks. Cultural shifts towards reduced stigma will occur from the top-down (Evans et al., 2013; Shane 2010; Karaffa & Tochkov, 2013), therefore, supervisors, administrators, and even community officials should set a positive example and uphold the values of emotional well-being through their direct or indirect actions (Tuckey et al., 2012; Oliver & Meier, 2009).

Changes in policy may also be helpful to encourage healthier attitudes and behaviors. If an officer is struggling with alcohol addiction, abusive behaviors, or signs of serious mental illness, an agency should have protocols in place that address these issues without allowing them to be ignored (Rouse et al., 2015). The International Association for Chiefs of Police (IACP, 2016) has a large list of model policies related to emotional concerns that law enforcement agencies can use to initiate dialogue. Although some recommendations include officers taking a leave of absence, policies should not set out to discipline the officer but encourage treatment until an officer is healthy enough to maximize their potential on the job. Similarly, if an officer has been recently exposed to a critical incident or is otherwise struggling, agencies may want to consider allowing the officer to switch to a shift that gives them more time with their support system (Menard & Arter, 2013). Policies can also include ways fellow officers can provide support to a co-worker under administrative suspension or health leave, otherwise the struggling officer risks feeling alienated from their working family at a time when social networks are most needed. Administrators and supervisors should continue to set an example for others, even, if feasible, by allowing co-workers paid time to visit their fellow officer.

A study done by Allisey et al. (2014) found that strong workplace relationships and positive levels of support from peers and supervisors correlated with lowered intentions to leave the force and higher levels of job satisfaction. Departments should therefore encourage healthy bonding experiences between co-workers, such as engaging in community activities, social events, or agency wide dialogues about current professional issues. Agencies should also consider informal or incentives-based physical and emotional fitness activities such as a cycling or running groups, meditation or yoga

classes, and art seminars that promote socialization and healthy behaviors. Further, administrators should creatively foster ways officers can obtain this social and emotional support in a way that is in line with law enforcement values and needs (Evans et al., 2013; Tuckey et al., 2012).

While positive workplace relationships are crucial to officer well-being, LEO's outside support network should also be included in a counselor's and an agency's conceptualization of well-being (Evans et al., 2013; Mumford et al., 2015). While some families are appropriately supportive of an officer's work, other families may not grasp the subtleties or the meaning work has for an officer and instead feel frustrated at their loved one's schedule or secrecy. Agencies should regularly include family when they offer education about stress in law enforcement, and can even hold workshops specifically for loved ones on encouraging the practice of healthy behaviors or identifying and assisting an officer who is struggling. Police families make also make their own sacrifices for their love one's job, and anyone within the family, or the family as a whole can struggle with the repercussions of the officer's job. Family should therefore also be offered information and resources for their own emotional well-being and provided individual, couples, or family counseling.

If feasible, agencies should also consider hiring a full- or part-time mental health provider, such as a police psychologist, that would be available specifically to support officers and deliver training, consultation, and assistance after critical incidents. Departments could also consider contracting out to a specific community provider who has competency in the law enforcement profession. Maintaining these kinds of resources

could potentially close a gap where officers otherwise might stumble when seeking emotional support (Patterson et al., 2014; Evans et al., 2013).

Officers should be provided resiliency or stress management trainings regularly, as the effects of these trainings have been shown to reduce over time (Oliver & Meier, 2009). Information about healthy coping can be incorporated into the different periods of law enforcement work, such as during role calls, in-service education, or off-duty events (White et al., 2015; Karaffa & Tochkov, 2013). Instruction related to emotional well-being should be always be included during the police academy and during field training so that each new generation of law enforcement officers are aware of the importance of psychological health. Meanwhile, law enforcement agencies must balance what is both practicable and effective (Patterson et al., 2014), therefore if wellness education cannot be completed through the agency, officers should be offered incentives for obtaining this guidance elsewhere.

Agencies can benefit from requiring a mental health check-up annually or after critical incident, which will help officers identify if they need further emotional assistance while simultaneously reducing the stigma of seeing a counselor (Carlan & Nored, 2008; Evans et al., 2013; Karaffa & Tochkov, 2013). This may also help officers who were otherwise unaware of their emotional health recognize when they are experiencing too much stress and begin to find better ways to cope.

Finally, officers can hold much of their identity in their career. If LEOs are not being provided with any recognition for their work, either by the community or the department, they may begin to question if they are living up to their values (Daniello, 2011; Menard & Arter, 2013). When officers feel they are not doing a good job they may

feel a sense of grief or loss of self-worth. Agencies should therefore provide officers with recognition for positive acts of service that may be otherwise underappreciated or unrecognized.

A Last Look at Officer B

Police and their loved ones can benefit from interventions from mental health providers and organizational changes. Research and growth are happening in the field of officer well-being, and I feel all the more hopeful. The agency B worked for has already made significant positive changes towards officer well-being, such as providing two police psychologists and implementing a peer support program. Cultural shifts are happening, with the Chief of Police of B's agency encouraging such progress. During his time on the force, B was already a part of a physical health initiative, but if B had learned early on that his emotional reactions to the many death scenes attended were normal, he may not have been so hesitant to seek out help when he was fraught with nightmares and anger. He could have also learned from agency leaders who modeled self-care and emotional wellness. Because B came to law enforcement with his own individual beliefs and values, I cannot be sure if B would have felt comfortable engaging in social and professional resources. However, the culture shift currently happening may have encouraged emotional self-care while giving B the push to seek treatment sooner.

Despite initially being tentative about starting counseling, B has been going regularly and has expressed that the majority of his experiences in counseling have been positive. He enjoys seeing his counselor and actively implements feedback. He is also more open with me about his inner experiences. Even after retirement, B's identity remains ingrained with being a police officer and he regularly visits his agency to catch up with his old law enforcement family. B still always tries to do the right thing, but he is also better able to take care of his needs. He still has nightmares, and he still worries

about running into people he has arrested. However, he has begun to learn to cope with stress and has found meaning in his experiences.

Selected Resources

Badge of Life

Badge of Life is a program aimed at helping officers practice self-care and reduce the risk of suicide. Included in the suggested program are Critical Incident Stress Debriefings, departmental policies on suicide prevention, and assistance for loved ones who have lost an officer to suicide. Badge of Life also encourage officers to obtain annual mental health checks to ensure emotional health. More information is offered at <http://www.badgeoflife.com/>.

Safe Call Now

Safe Call Now is a hotline that offers confidential crisis services for emergency responders and their loved ones. Hotline volunteers are former law enforcement or mental health clinicians. The hotline number is 206-459-3020 with more information provided on the website: <https://www.safecallnow.org>.

Law Enforcement Survival Institute (LESI)

LESI is an institute consisting of former law enforcement officers, military veterans, and mental health professionals who offer trainings to officers and departments on coping and living beyond the stressors of work in the public safety profession. Trainings include a holistic approach to wellness, focusing on mental, emotional, spiritual, and physical aspects of health. LESI trainings also assist officers in garnering and maintaining family support.

International Association for Chiefs of Police (IACP)

IACP is a large organization that provides advocacy, outreach, training, and programming on a variety of subjects in the field of law enforcement. IACP has created

numerous model policies for public safety agencies, including policies regarding critical incidents, domestic violence, and law enforcement suicide. The association is an excellent resource for individual officers, entire departments, and mental health professionals who want a better understanding of best practices in the law enforcement profession. The IACP maintains a Center for Officer Safety and Wellness that promotes a healthy culture and provides support for comprehensive LEO health. The IACP also runs the publication “The Police Chief.” The IACP website is located at www.iacp.org.

The Police Chief

The Police Chief is a monthly subscription publication containing articles written by law enforcement officers or professionals in related fields. There are many submissions pertaining to law enforcement wellness and can be a useful resource for clinicians interested in building their competency regarding law enforcement. Clinicians can also submit manuscripts to this publication to assist in providing further education to law enforcement on important topics related to emotional wellbeing and mental health.

BJA VALOR

Started in 2010, VALOR is an initiative created by the Bureau of Justice Assistance (BJA) to support officer safety and wellness. VALOR provides free nationwide trainings in person or online and includes subjects related to officer safety and violence prevention, as well as wellness and resiliency training. The BJA VALOR website also offers links to other content and research related to officer wellness. This website is found at <https://www.valorforblue.org/>.

Counseling Cops

The book “Counseling Cops,” written by Dr. Ellen Kirschman, Dr. Joel Fay, and Dr. Mark Kamena, is an excellent resource for clinicians who have clients that are law enforcement officers. The book provides the reader with a comprehensive understanding of concerns for officers, mental health treatment modalities, and suggestions for the therapeutic relationship. The authors also provide information on the residential treatment programs they run for officers who are significantly struggling, as well as other pertinent resources and research.

Roadmap to Resilience

“Roadmap to Resilience,” written by Dr. Donald Meichenbaum, is a book that is written for survivors of traumatic incidents to encourage post-traumatic growth. While this book includes sections specifically for returning military veterans, it is also helpful for LEOs who have experienced a critical incident. This book includes many concrete exercises and tips for bolstering resiliency, and utilizes aspects of cognitive, physical, emotional, spiritual, interpersonal, and behavioral health. The book can be purchased at <http://www.roadmaptoresilience.org>.

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