

ADDRESSING POLICE OFFICER STRESS: PROGRAMS AND PRACTICES



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Abstract: Due to the intense nature of police work, officers may experience stress-related psychological health problems. Mental health stigmas, masculine police culture that is aversive to change, fears of lack of confidentiality, and time commitment concerns create barriers to police willingness to seek treatment for stress-related issues. Nevertheless, many departments provide services to address these issues, such as counseling, peer support, and critical incident stress debriefing. In addition, police training helps officers recognize symptoms of stress and develop resilience to stress. Research shows officers are more likely to seek treatment when they feel encouraged and supported by their departments, so it is important to cultivate a police environment that does not stigmatize mental health.

Introduction

Due to the potentially intense nature of police work, many officers experience stress-related psychological health problems. Personal accounts from officers exposed to stressful events indicate that stress manifests in many ways.¹ For some, the effects can be debilitating. Many police departments are striving to proactively address officer stress and trauma.² Officers develop a variety of coping strategies to handle stress resulting from their official duties.³ Some coping strategies are maladaptive, such as alcohol misuse and withdrawal from social support.⁴

Proactive coping strategies include participating in counseling, peer support programs, and awareness training.⁵ But despite the growing utilization of these programs, cultural and societal barriers may inhibit officers from addressing stress, including stigmatization surrounding mental health.⁶ This article provides an overview of programs and practices designed to alleviate and prevent police officer stress.

Barriers to Addressing Police Stress

Police department culture, perceived stigma, and concerns about the effect of seeking treatment on career advancement may inhibit police officers from seeking treatment.⁷

Stigma

In a survey of 150 police officers working in an urban police department, 47% reported they had sought mental health services.⁸ One reason police officers do not seek mental health services more frequently might be fear that pursuing mental health resources will hinder career advancement or result in job loss.⁹ Additionally, some officers may believe that seeking counseling will lead peers to question their ability to handle stressful situations in the field.¹⁰ Research demonstrates that officers with concerns about the confidentiality or associated stigma of utilizing departmental services are less likely to participate in available services.¹¹ In one study, officers reported fear of losing their firearm privileges if they expressed mental health concerns.¹²

In one study, individuals expressed concern that participation in treatment and counseling offered through their departments would not remain confidential and would result in negative consequences.¹³ In the same study, some officers were also reluctant to seek resources in the community out of fear that mental health professionals would not be competent to work with law enforcement personnel.¹⁴ Much traditional programming offered by departments is reactive, designed to cope with the negative effects of stress rather than address the primary causes of stress faced by officers.¹⁵

Police Culture

Some evidence suggests certain police subcultures value toughness and resilience, which may contribute to officers' aversions to seeking support or treatment.¹⁶ Male officers may face organizational perceptions that expressing emotional problems is not masculine, while women officers may feel pressure to avoid gender stereotypes that characterize them as weaker or more

emotional than men.¹⁷ In addition, police culture may lead to skepticism, cynicism, and resistance to change when new programming efforts are introduced.¹⁸

Participation During Work Hours

Many departments lack the resources to spare working time for officers to participate in programming.¹⁹ Policy changes that require program participation maybe built into the department's collective bargaining agreement.²⁰

Officer Support Practices

A recent review of 10 urban police departments noted a continuum of law enforcement and mental health wellness programs, including critical incident response teams, counseling, peer support programs, and other services.²¹ Many departments provide similar options, ranging from minimal services (i.e., an Employee Assistance Program or mental health insurance) to services that integrate programming into day-to-day operations.²²

Counseling

Counseling this population is most effective when it is confidential, voluntary, and provided by a professional experienced at working with law enforcement or public safety personnel.²³ Cognitive behavioral therapy (CBT) is one component of programs that improve stress-related outcomes for police officers.²⁴ CBT focuses on making changes to unhealthy thinking and behavioral patterns (e.g., recognizing cognitive distortions, using problem-solving skills, facing fears instead of avoiding them) to improve mental well-being.²⁵ Research suggests that police departments could benefit by implementing a counseling requirement for all officers; this would serve to reduce stigma and facilitate access for individuals who need counseling but are unable to recognize it within themselves.²⁶ Other research suggests a need for periodic reassessment of fitness for duty.²⁷ Similar to the qualification process for firearms, a mental health qualification requirement would demonstrate the importance of the issue.

Peer Support

In peer support programs, police assisting their fellow officers with active listening, screening and assessment to identify needs, and appropriate referrals to services.²⁸ The parity in a peer support relationship can alleviate the common police concern that seeking support from supervisors could negatively affect career advancement.²⁹ For example, the Chicago Police Department utilizes over 300 peer support team members and five counselors, from whom officers can anonymously seek help.³⁰ Another peer support program features retired police officers that offer help to officers on administrative leave or under investigation, which are known to be times of high stress for officers.³¹ Peer-driven [Cop2Cop](#) and [Safe Call Now](#) programs offer a sense of confidentiality as they are not specific to any one department and can connect an individual to resources through a crisis line or in the community.³² Peer support programs should maintain six important elements to help the program succeed:

- Confidentiality of information shared by participants.

- Support from administrative staff.
- Guidance from mental health professionals.
- Credible, competent, and trustworthy program members.
- Training that emphasizes active listening, understanding trauma, and identifying warning signs.
- Program operation review and assessment.³³

Critical Incident Stress Debriefing

One study found that officers were more negatively impacted by the lack of follow-up after a critical incident than the trauma from the incident itself.³⁴ To alleviate the impact of trauma on first responders, many departments have implemented critical incident stress debriefing (CISD). CISD sessions are facilitated, three- to four-hour small group discussions that occur between two and 10 days after a traumatic event.³⁵ Many participants report positive opinions about CISD. However, empirical research has produced mixed findings on the practice.³⁶ One review suggested that it may be potentially harmful for individuals who experienced trauma by potentially impeding natural cognitive recovery processes. Another review found the practice did not significantly facilitate recovery from stress and trauma.³⁷ Some research suggests that CISD must account for organizational context and social support systems in order become effective.³⁸

Law Enforcement Training

Police departments should provide training and information, particularly to supervisors, on identifying possible warning signs associated with stress-related issues.³⁹ Some departments employ training programs to educate officers and promote awareness of mental health issues and available services.⁴⁰ The educational approach can also reduce stigma by dispelling myths and providing context for developing mental health issues in law enforcement.⁴¹ A reduction in perceived stigma following a training was found to be associated with a decreased perception of consequences for seeking care, which may lead to increased help-seeking among police officers.⁴²

Some ill effects associated with trauma result from an event being unexpected and beyond an individual's control. Education that sets realistic expectations about the nature of law enforcement work and describes natural reactions to witnessing traumatic events can inoculate officers against some stress-related harms.⁴³ This type of training could enhance resilience, "a dynamic process encompassing positive adaptation within the context of significant adversity."⁴⁴ Research suggests that enhancing resiliency among officers before a critical incident is a crucial element of mitigating long-term impacts.⁴⁵ The Officer Robert Wilson III Preventing Violence Against Law Enforcement Officers and Ensuring Officer Resilience and Survivability (VALOR) initiative, developed by the U.S. Bureau of Justice Assistance, International Association of Chiefs of Police, and the University of Pennsylvania's Positive Psychology Center, offers training to develop resilience skills and promote productive thinking in stressful situations. The initiative is informed by positive psychology, a field devoted to "the study of positive emotions, positive character traits, and enabling institutions."⁴⁶ VALOR training incorporates positive psychology to promote optimistic thinking as a force of resilience against stress.⁴⁷

Illinois Policing Training Act

Effective January 1st, 2020, the Illinois General Assembly enacted a law requiring the Illinois Law Enforcement Training Standards Board to develop an officer wellness and suicide prevention training course. The course will provide police officers across Illinois training on stress management, solutions for intervention, and peer support programming.

Source: Illinois Police Training Act, 50 ILCS 705/10.23 P.A. 101-215.

Some departments and organizations offer online training courses and resources on stress and trauma specific to law enforcement and other first responders. Ohio recently implemented an online [Ohio Mental Health and Addiction Services](#) course to provide resources to first responders and the general public.⁴⁸ The online course covers strategies for first responders and their departments to become trauma-informed and better understand the causes and effects of vicarious trauma (i.e., stress caused by indirect exposure to traumatic events, such as hearing about them or handling evidence of them).⁴⁹ Similarly, the Florida Department of Law Enforcement provides a mandatory online training course to offer “awareness, prevention, mitigation, and treatment information for critical incident stress and post-traumatic stress disorder.”⁵⁰ The Substance Abuse and Mental Health Services Administration offers a free “Shield of Resilience” course to help officers better understand behavioral health stressors that they may experience as law enforcement officers.⁵¹

App-based mobile training and programming alleviates the fear of stigma associated with seeking treatment by allowing remote and private resource access.⁵² Fourteen individuals from the San Diego Police Department participated in a study on an app-based program, the Stress Resilience Training System, which provided educational content about stress and self-regulation, skill-building through game play, and a mentoring component.⁵³ Participants demonstrated significant improvements in emotional contentment and symptoms of physical stress following completion of the training program. Participants also reported employing the new skills in their work and home lives.⁵⁴

Another program consisted of in-person police academy training sessions on resilience, CBT techniques for new recruits and two online refresher sessions in the following 18 months.⁵⁵ Researchers were encouraged by high levels of engagement in the follow-up sessions; 75% of participants completed both training sessions.⁵⁶

Figure 1

Police Training and Policy Examples⁵⁷

Police Training and Policy Examples
<p>Los Angeles</p> <p>The Los Angeles Police Department employs a comprehensive training strategy, including online learning modules, specific training tailored toward different groups (e.g. young officers, supervisors), and brief refresher trainings at roll call.</p>
<p>Montreal</p> <p>The Montreal Police Force instituted a comprehensive suicide prevention program that included a half-day training program for all personnel, a confidential telephone helpline, a full day training session for supervisors and union leaders on recognizing warning signs and appropriate action, and an internal awareness campaign. Program evaluators found that participants demonstrated increased knowledge on suicide prevention and likelihood of intervention.</p>
<p>Miami-Dade</p> <p>The policy of the Miami-Dade Police Department holds that mental health hospitalizations are to be treated the same as any other hospitalization (e.g., medical) and employees will not be subject to termination as a result of a crisis hospitalization.</p>

Organizational Support

An organizational model of officer stress-reduction incorporates department-level strategies, such as a collaborative management style and promoting social support, to create a healthy working environment for officers.⁵⁸ In 2018, Congress passed the [Law Enforcement Mental Health and Wellness Act](#), which provides funding to carry out a number of activities related to improving the mental health resources available to law enforcement officers. They include:

- Peer mentoring programs.
- Resources to educate mental health professionals in areas specific to treating law enforcement personnel.
- Conducting research on the efficacy of mental health check-ins.
- Collaboration between the U.S. Department of Justice and the U.S. Departments of Defense and Veterans Affairs to explore the applicability of military treatment programming to law enforcement officers.⁵⁹

Research on the efficacy of the organizational model is limited, possibly because many departments conduct subjective, anecdotal evaluations of their own programs.⁶⁰ Additionally, stigma surrounding mental health issues within police cultures may inhibit the ability of researchers to fully investigate.⁶¹

Organizational Culture

Officers who feel supported by their organizations are more likely to engage in services and programming to reduce the negative impacts of stress.⁶² A study found that officers who reported feeling in control of their jobs were more likely to seek treatment for depression.⁶³ This administrative approach is based on the principles of procedural justice: providing platforms to raise concerns, practicing transparency in decision-making, treating everyone with fairness and dignity, and handling issues with impartiality.⁶⁴ To prevent stressors that come from organizational issues, researchers recommend:

- Training managers in active listening.
- Decentralizing the management structure, where possible.
- Empowering employees, involving them in making decisions, and explaining reasoning behind decision-making.⁶⁵

Improving organizational justice may be another way to reduce stress among police officers. Research suggests that organizational injustice may be a source of stress and has been linked to officer misconduct.⁶⁶ One study found that officers who view their departments as organizationally just were less likely to engage in misconduct. By improving the procedural justice of departments (e.g., fair and transparent managerial decision-making, engaging respectfully with subordinates) police departments may, in turn, improve the mental well-being of officers and other employees.

Employee Assistance Programs

Employee Assistance Programs (EAPs) offer free services that address issues affecting work performance, such as mental health concerns, substance misuse, family problems, legal issues, and financial difficulties.⁶⁷ EAPs can be shared among departments and facilitated by an external organization to serve a broader jurisdiction.⁶⁸ This can be a particularly beneficial approach for smaller or rural departments that have more limited access to resources. One study reported that counseling services were available to over half of a sample of rural officers through an EAP.⁶⁹ Another study found that 56% of officers were aware of their EAP and how to access it; however, just 16% of officers reported using EAP services.⁷⁰

Conclusion

All police-focused mental health programming and training should be evaluated for efficacy and tailored to the specific needs of law enforcement personnel.⁷¹ This may improve the perception of the program's credibility among the participants and foster engagement.⁷² Research suggests that departments should facilitate access to external service providers, perhaps ameliorating confidentiality concerns.⁷³ In addition, employing a facilitator experienced in working with law enforcement personnel will lend much more credibility to the effort.⁷⁴

Trauma affects individuals differently and no one program is best for all officers. Experts emphasize the importance of offering a variety of programming and multiple avenues for seeking support.⁷⁵ Programming can help personnel develop healthy coping mechanisms, such as

exercise, seeking positive social support, or taking comfort in one's own faith or spirituality.⁷⁶ These mechanisms will aid individuals experiencing stress immediately and over the long-term.⁷⁷ Stress management programming for police should include components to reiterate the importance of physical health and its impact on mental health.⁷⁸ Additionally, a research study suggested that teaching officers coping skills to avoid repressing anger mitigates the negative physiological outcomes associated with experiencing stressors.⁷⁹

Programs to address these barriers to treatment and effects of stress include police training, counseling, and peer support programs.⁸⁰ Peer support programs may help officers seek treatment by providing someone they feel more comfortable relating to about their problems.⁸¹ In addition, crisis hotlines offer confidentiality to police officers who are concerned that their stress-related issues may affect their career advancement.⁸² Nevertheless, police departments should attempt to address mental health stigma and encourage officers to seek help. In fact, research suggests that officers who feel supported by their departments are more likely to engage in treatment services.⁸³

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