

ADDRESSING POLICE OFFICER STRESS: PROGRAMS AND PRACTICES



ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

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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 intense nature of police work, officers may experience stress-related psychological health problems. Personal accounts from officers exposed to stressful events indicate stress can manifest in many ways.¹ For some, the effects can be debilitating. Many police departments are striving to address stress, trauma, and the associated consequences experienced by their officers in a proactive manner.² Officers develop coping strategies to handle the stress that results from their official duties.³ Coping can adequately address the problem or help to avoid it. Some cope with maladaptive behaviors, such as alcohol abuse 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, police continue to struggle with barriers to addressing stress, including negative stigmas surrounding mental health.⁶ This article provides an overview of programs and practices intended to alleviate and prevent stress among police officers.

Barriers to Addressing the Police Stress

There are many formidable barriers to treatment and other programming meant to address stress among police officers. Police department culture, perceived stigma, and concerns about the effect of seeking treatment on career advancement all might inhibit a police officer from seeking treatment.⁷

Stigma

In a survey of 150 police officers working in an urban police department, 47% reported they sought mental health services.⁸ One reason police officers do not seek mental health services more frequently might be that some officers fear that pursuing mental health resources would hinder career advancement or cause them to lose their job.⁹ Additionally, some officers fear seeking counseling may indicate they cannot be depended on by other officers in the field.¹⁰ Research demonstrates 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 cited a specific fear of losing their firearm privileges if they expressed mental health concerns.¹²

Police Culture

Some evidence suggests that subcultures within law enforcement work environments prize toughness and resilience, which may contribute to officers' aversions to seeking support or treatment.¹³ Male officers face the larger societal belief that expressing emotional problems is not "masculine," while female officers may feel pressure not to contribute to the stereotype of women being weaker or more emotional than men.¹⁴ In addition, police culture may lead to skepticism, cynicism, and resistance to change when new programming efforts are introduced.¹⁵

Concerns About Treatments, Resources

In one study, individuals expressed great concern that utilizing resources offered through their department would not remain confidential and would result in negative consequences.¹⁶ Conversely, some officers were reluctant to seek resources in the community out of fear mental health professionals would not be competent in working with law enforcement personnel.¹⁷ Much of the 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.¹⁸

Time to Devote to Interventions

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

Practices to Support Officers

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., no specialized programming besides an Employee Assistance Program or mental health insurance) to integrated services with a litany of programming in day-to-day operations.²² The most common forms of mental health programming provided by departments to their officers include counseling, peer support and critical incident stress debriefing.

Counseling

Counseling 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) has been incorporated into programming that has improved 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) in order to improve mental well-being.²⁵ Research suggests that police departments could benefit from the implementation of 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 has suggested 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

Peer support programs feature 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 Program such as [Cop2Cop](#) and [Safe Call Now](#) offer a sense of confidentiality as they are not specific to any one department and, when appropriate, 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:

- Ensuring confidentiality of information shared by participants.
- Support from the administrative staff.
- Guidance from mental health professionals.
- Selecting credible, competent, and trustworthy program members.
- Providing training that emphasizes active listening, understanding trauma, and identifying warning signs.
- Reviewing and assessing the program's operations.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 in 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 on their experiences with 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 and another review found the practice did not significantly help recovery from stress and trauma.³⁷ Some research suggests that CISD must account for organizational context and social support systems in order to be effective.³⁸

Law Enforcement Training

Police departments should provide training and information, particularly to supervisors, to identify 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 also can 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 of the 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 their long-term impacts.⁴⁵ The new 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 The 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. The State of 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 provide 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 (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 their new skills in their work and home lives.⁵⁴

Another program consisted of in-person police academy training sessions on resilience and 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 online follow-ups, with over 75% completing both training sessions.⁵⁶

Police Training Examples

Los Angeles

[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.

Montreal

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 and the department saw a 79% decrease in police suicides following program implementation.

Miami-Dade

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.

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.⁵⁷ In 2018, Congress passed [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.
- Evaluations of crisis hotlines and annual mental health check-ins.
- Collaboration between the U.S. Department of Justice and the U.S. Departments of Defense and Veterans Affairs to explore treatment programming for military personnel's applicability to law enforcement officers.⁵⁸

Research on the efficacy of the organizational model is limited, possibly because many departments conduct subjective, anecdotal evaluations of their own programs.⁵⁹ Additionally, the pervasive stigma surrounding mental health issues within police cultures may inhibit the ability of researchers to fully investigate the issue.⁶⁰

Organizational Culture

Officers who feel supported by their organization are more likely to engage in services and programming to reduce the negative impacts of stress.⁶¹ A study found that officers who reported feeling in control of their jobs were more likely to seek treatment for depression.⁶² This intra-

departmental administrative approach is based on the same principles of procedural justice; providing platforms to raise concerns, practicing transparency in decision-making, treating everyone with fairness and dignity, and for issues to be handled with impartiality.⁶³ When aiming 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.⁶⁴

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.⁶⁵ One study found that officers who viewed 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 for employees that address issues affecting work performance, such as mental health concerns, substance misuse, family problems, legal issues, and financial difficulties.⁶⁶ EAPs can be shared among departments and facilitated by an external organization to serve a broader jurisdiction.⁶⁷ 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.⁶⁸ Another study found that 56% of officers reported awareness of their EAP and how to access it; however, just 16% of officers reported using EAP services.⁶⁹

Conclusion

All police-focused mental health programming and training should be evaluated for efficacy and tailored to the specific needs of law enforcement personnel.⁷⁰ This may improve the perception of the program's credibility among the participants and foster engagement.⁷¹ Research suggests that departments should facilitate access to service providers that are external to the organization, which will ameliorate fear of breach of confidentiality.⁷² In addition, employing a facilitator experienced in working in or with law enforcement will lend much more credibility to the effort among officers.⁷³

Trauma affects individuals differently and no one program is the best solution for all of a department's members. Experts emphasize the importance of offering a variety of types of programming and multiple avenues for seeking support.⁷⁴ 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.⁷⁵ These mechanisms will aid individuals experiencing stress immediately and over the long-term.⁷⁶ Stress management programming for police should include components to reiterate the importance of physical health and its impact on mental

health.⁷⁷ Additionally, a research study suggested that teaching officers coping skills to avoid repressing anger mitigates the negative physiological outcomes associated with experiencing stressors.⁷⁸

Programs to address these barriers to treatment and effects of stress include police training, counseling, and peer support programs.⁷⁹ Peer support programs may help officers seek treatment by providing someone they feel more comfortable relating to about their problems.⁸⁰ In addition, crisis hotlines offer confidentiality to police officers who are concerned their stress-related issues may affect their career advancement.⁸¹ Nevertheless, police departments should attempt to address mental health stigmas 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.⁸²

This project was supported by Grant #16-DJ-BX-0083, awarded to the Illinois Criminal Justice Information Authority by the U.S. Department of Justice Office of Justice Programs' Bureau of Justice Assistance. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice or grant-making component, or the Illinois Criminal Justice Information Authority.

Acknowledgement: Jessie Holton, PhD., police officer, training director for Law Enforcement Today, and co-founder of T-6 Advanced Training & Career Development Group provided feedback on this article.

Suggested Citation: Gatens, A., & Otto, H. D. (2020). *Addressing police officer stress: Programs and practices*. Chicago, IL: Illinois Criminal Justice Information Authority.

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