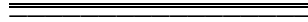
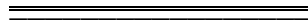


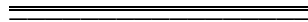
**The Bill Blackwood
Law Enforcement Management Institute of Texas**



Mental Health Treatment for Law Enforcement Officers.



**A Leadership White Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College**



**By
Johnny Weaver**

**Texarkana Police Department
Texarkana, Texas
February 2018**

ABSTRACT

It is well known throughout the law enforcement community that police officers experience traumatic events almost on a daily basis. After many years of witnessing a variety of horrific events throughout an officer's career, officers can become callous and may suffer from post-traumatic stress disorder (PTSD). From lack of knowledge and education, officers may not realize they have a mental health disorder. Furthermore, officers may realize they have a problem but because of the possibility of negative consequences, they are generally not willing to let someone know they are suffering from this debilitating condition. If an officer refuses or neglects to get treatment for PTSD, it is likely that the symptoms will worsen and it will continue to take a negative toll on the officer's ability to perform his/her job efficiently.

The officer may have negative coping mechanisms such as drug abuse, alcohol abuse, or gambling. Law enforcement agencies should mandate mental health training for officers annually and offer a variety of treatment options to them. Officers should be advised of the treatment opportunities available and should be assured that the sessions will remain anonymous. If training is mandated, officers will understand the effects of prolonged exposure to these incidents and what their psychological toll on their well-being can have. These officers need to understand that help is available to them at little to no cost. Officers should realize that they are not alone when they are possibly victims of PTSD. The purpose of this paper is to provide evidence that annual training can lesson or eliminate the possibility of mental health issues in law enforcement.

TABLE OF CONTENTS

	Page
Abstract	
Introduction	1
Position	2
Counter Position	6
Recommendation	9
References	12

INTRODUCTION

Law enforcement officers are exposed to traumatic incidents on a daily basis, which can have a negative impact upon police officers and their families. Seeing things such as mangled bodies, assault and rape victims, and dealing with molested and abused children can take a toll on an officer's mental stability over a prolonged period of time. The National Law Enforcement Memorial Fund reported 129 officers were killed in the line of duty in 2012 and 165 were killed in 2011. The National Study of Police Suicide (NSPS) reported 126 police officers killed themselves in 2012 and 146 killed themselves in 2011. These numbers have brought attention to police organizations for the need of mental health treatment and training (Davis, 2014).

When an officer responds to a high-risk incident, his/her blood pressure increases along with his/her heart rate and adrenaline begins to rush through the body through the circulatory system. After the call is cleared, the officer is expected to shut down the emotions and respond to the next call which may be either a high risk or low risk call. Repeated high stress calls can take its toll on an officer's body during a 20-year career. Besides the physical stress on the body, stress can also take a mental toll, such as, paranoia, depression, anger and suicidal thoughts. Negative coping measures can include alcoholism, drug abuse, gambling, and spousal abuse. After prolonged exposure to the underbelly of society, officers build a wall in hopes of protecting their emotions and exchange feelings of sadness with inappropriate laughter and cynicism. Shneidman & Mandelkorn's (2010) work stated that eight out of ten people who have actually killed themselves have given warning signs of their intentions (as cited in Leenaars, 2010).

Suicidal people wanting help will show signs that they are internally coping with the idea of dying or continuously gamble with death on a daily basis. In the majority of all suicide cases, the actor will let someone know of their intentions. It is important to mandate training annually and offer treatment options to these officers. Education would help officers to recognize possible warning signs that their peers may exhibit. Furthermore, if continuing education is mandated throughout the department, it would reduce the stigma of an officer's perception of looking weak when attempting to seek help. Treatment could be kept confidential, and with treatment, these officers could become more proactive, work harder, become more confident in themselves, and contribute more to their department, and the communities in which they serve.

Law enforcement agencies should continue mental health training and educate officers on the warning signs of PTSD and related health symptoms. An alarming number of police officers are dying by their own hand or committing suicide by cop due to the lack of understanding of post-traumatic stress disorder. PTSD is a mental health condition that can cause nightmares, flashbacks, and anxiety which is brought about by a terrifying event. Symptoms can last for months or years and at times may not surface until decades later. Symptoms of PTSD can be reduced with the correct treatment and professional help readily available to all in law enforcement.

POSITION

The concern of many law enforcement agencies may be the treatment of the officer's mental health after prolonged exposures to traumatic events, and what effect these prolonged exposures will have on the officer's ability to function as a law enforcement officer. These exposures can be detrimental to the officer's ability to

function efficiently on duty and can be equally problematic when the officer lives his/her life outside of work. Officers who hold in their emotions and stop communicating with family and friends have no outlet to release the buildup of anxiety that is within them and can explode at any point without notice. Counseling programs, peer support groups, review boards, and annual training can minimize the departments monetary losses, by retaining veteran officers with years of experience and training instead of replacing him/her with a new recruit with no training or experience.

Making training a requirement would dramatically reduce peer pressure within the agency and the fear of the perceived weakness by all officers. Due to the fact that all officers would conduct training together, this will also assist in the elimination of misconceptions that the officers generally have. Slate (2008) discovered that an estimated one in five individuals in the United States has a diagnosable mental illness. If this calculation is correct, out of a department with 100 sworn officers, approximately 20 of those officers would be considered as having a diagnosable mental illness. Due to the prolonged exposure of traumatic events, negative social media towards law enforcement officers, and the high stress of the profession, it seems likely that this number could be much higher in law enforcement. It should be noted that these figures do not include those officers who have yet to be diagnosed with PTSD.

If treatment is not offered nor available, the majority of these officers will continue down a path of self- destruction with the use of excessive sick leave, alcoholism, drug abuse, depression, and domestic violence. These paths of self-destruction could lead to job loss and jail time which will only add to the officer's stress. Treatment can reduce these destructive behaviors and benefit the officer, his/her family, the department, and

the citizens of the community. Alcoholism and drug abuse are coping mechanisms which the officer may use in dealing with the pain of emotional stress. Without this emotional stress the officer and his/her family can communicate clearly with each other, law enforcement will receive an emotionally stable officer who is ready and willing to work, and the community will gain an understanding and helpful police officer (McDonough, 2011). Officers with PTSD have a documented increased amount of emotional issues that can plague the officer in their lives. Nanavaty (2015) stated that some of the emotional issues an officer is having is preventable with training and education pertaining to PTSD.

However, police organizations do very little to help officers having emotional issues, writing them off as just being lazy or disgruntled. Some agencies do have employee assistance programs (EAP), which give emergency response personnel an opportunity to speak with a licensed psychologist 24 hours a day/7 days a week. Some of the EAP programs can also be free of charge or may only cost a very low co-payment. A study by Violanti (2007) examined 29 homicides-suicides cases involving law-enforcement families, which occurred between 2003 to 2007. The results of the study revealed that the homicide-suicides rose from seven in 2005 to 15 in 2006. The majority of the victims were females, under the age of 40, and had been in a romantic relationship with or had been divorced from the perpetrator.

In addition, it was noted that in 90% of the cases, a service issued firearm was the weapon used and the majority of the victims worked for a local police department rather than a state or federal agency. Evidence has shown that most suicide victims were members of smaller police agencies rather than large agencies due to lack of

mental health resources and larger workloads (Klinoff, Van Hasselt, & Black, 2015). In 2012, The Badge of Life website tracked officer suicides. The website revealed that in 2008 there were 141 suicides compared to the 41 officers that had been murdered that year. The subsequent year, 2009, the number rose to 143 officer suicides and 48 officer were murdered (Clark & O'Hara, 2017).

Bishopp and Boots (2014) have reported that officers were three to four times more likely to die by their own hands than by assaults that resulted in death. Police Departments mandate physical fitness programs and annual firearms training to make sure that their officers are physically fit and are proficient to carry out their duties. However, when it comes to mental health screening, a new recruit may take a psychological test as part of the selection process to ensure that the officer possess a reasonable degree of psychological stability but after numerous years of exposure to suicides, murders, assaults, and horrific traffic accidents, a psychological screening is deemed as unnecessary and often never conducted.

Besides traumatic exposures being a large factor in mental health issues, studies have shown that interdepartmental stressors, such as a lack of supervisor support, departmental problems, and low levels of job satisfaction play a key role in officer suicides. Chae and Boyle (2013) found that research has shown that shift work can also effect the officer's mental health, which causes them to make poor decisions and often lack decision making skills. Favoritism in small agencies, unfair shift assignments and increased workloads for officers working for small agencies are stressors and are things that should concern the leaders of these departments. Leaders of the

department should never allow supervisors to treat their subordinates unfairly due to personal dislikes or misunderstandings.

COUNTER POSITION

Some may feel that the price of sending a veteran officer for treatment may be too much of a financial burden on an agency with continued psychologist or psychiatrist visits, or the continued use of sick leave or mental health leave time. But agencies that have EAP programs, conduct mental health awareness training, or in house peer support groups find that they are beneficial. There are several cost effective ways to ease the burden when it comes to the cost of treatment such as establishing relations with community agencies. For example, mental health training facilities that may be affiliated with universities that may offer services for lower fees, peer support groups, well known suicide hotlines, and EAP's (Karaffa & Tochkov, 2013).

The knowledge that a veteran officer has and the amount of money the department has already invested in that officer, clearly outweighs what could be spent to hire a new recruit, send them to the academy, conduct their field training, and their continued training throughout their probation period and career. Reaves (2011) stated that the initial cost to send a recruit through the hiring process is expensive due to the man power taken off the street to conduct the initial test, back ground investigation, physical agility test, psychological examination, physical, and if they pass all the aforementioned, are finally sent to the police academy which is another continued expense. Field training can last from four months to one year in which the recruit officer is riding with a Field Training Officer and is then placed on probation for up to one year after they are deemed to be a solo beat officer. Continuous training each year is

mandatory to keep their license updated and any specialized training is more of an expense.

Walsh, Taylor, and Hastings (2012) believes that officers are concerned about the perceived stigma of looking weak if they ask for help or request counseling. Sometimes officers are afraid to ask for help if they are having difficulty, because if just one person finds out that the officer is having an issue, he or she may be perceived as being unstable or psychologically unfit for duty. The officer may have to make a decision if they should work through the problem without any help or worry about the fear of possibly losing his/her ability to carry a weapon, which would cause other concerns and stress. If the officer was unable to work the streets because of psychological issues, they may also lose the ability to work overtime assignments which he/she may depend on to pay his/her bills, which would continue to add to their stress.

If training were mandated to everyone in the police department, the stigma would be void, and officers could receive vital information along with the other officers in their department. The training could also help peers recognize a sign of depression, alcoholism, drug abuse, family abuse and suicidal thoughts before a terrible event takes place. Family members could be invited to the training also and are likely to benefit from it. Training could also go over the EAP and the list of doctors in their health insurance network to see if they would like to talk to a licensed professional. Peer Support Groups within the department could then be formed, and the officers could have the phone number of each board member. Supervisors need to closely watch their subordinates for any suspicious behavioral changes. With the proper training, a good supervisor could actually save the life of one of his subordinates. With close

observation, a supervisor could learn the personality traits of the men and women who work for him and could possibly notice any changes in their behavior.

Hackett (2003) suggested that supervisors should sit down with his subordinates on a regular basis and check for clues of depression or any other psychological issues. Many times peers can recognize warning signs especially after attending training. Peers work side-by-side with each other and may be able to see changes in behavior which could be a sign that the officer is suffering from depression, either work related or problems within the home. Police suicides have a dramatic effect on a police department. Officers are considered to be a close-knit family, a band of brothers that stick together at all cost. Police officers count on each other in dangerous and sometimes life threatening situations, which draw them even closer. A police suicide can have a dramatic effect on the entire police department and leave officers with feelings of regret, remorse, guilt and disillusionment. Hackett (2003) concluded that suicide of a department member could take an emotional toll on an entire agency which could take months or even years to recover from.

New Jersey leaders felt that law enforcement officers needed an outlet to talk to peers in law enforcement if they were having suicidal thoughts. It began a program called COP2COP (Cop2Cop), and with the help of Rutgers University Behavioral Health Care (UBHC), it began the hotline. Over a ten-year period, the organization has helped prevent 187 suicides. The operators are staffed by retired police officers and police clinicians who understand police concerns Cop2Cop. Sheehan, Everly, and Langlieb (2004) discovered that the hotline was very helpful after the September 11, 2001

attacks in New York and many police officers felt comfortable talking to someone who has faced similar traumatic events.

Rufo (2015) stresses that there are many options for police officers to get help from PTSD, depression, or any other mental health issue, but they need to be made aware that help is available within the department. The death of one officer who gave his/her all to serving their community is one officer too many when this tragedy could have been prevented. The number of police officers that commit suicide on a yearly basis is overwhelming, but consider the other professions that also battle with traumatic experiences such as military personnel, coroners, fire department personnel, emergency response personnel, and those in the medical profession.

RECOMMENDATION

Mental health training is of vital importance to every law enforcement agency because so many officers see traumatic events on a routine basis. Mandated training would help these officers recognize potential signs of depression in their peers. Furthermore, making training a requirement for the entire agency would reduce or even eliminate the perceived stigma of looking weak. Department leaders should also receive this training and be able to watch for potential signs of depression, excessive sick leave, and peer pressure.

Officers who have recently been involved in a divorce, should be evaluated closely and these officers should be asked questions pertaining to their divorce to establish their mental health after their divorce. As stated in Violanti's (1996) work, departments should keep a close watch on officers that show signs of a self-destructive nature (as cited in Alicea, 2014). Also stating that police administrators are responsible

for taking a major role in recognizing that some officers who suffer from depression, alcohol abuse, substance abuse, and those who do not have a support system are likely candidates for suicide.

Further, Violanti (2007) spoke about officers who do commit suicide, usually use their assigned duty weapon to complete the act. Mental Health Training for agencies is necessary just as is firearms qualification and physical fitness. Knowing that all officers are mandated to have this training could help officers open up, communicate with his/her peers, and realize that he/she is not the only officer who may be experiencing depression, sleepless nights, suicidal thoughts, anger issues, or burnout of the job. Officers are very good at deceiving others about their true feelings, laughing at crime scenes and making jokes, holding back their emotions, and keeping their emotions inside when they really need to talk. Several things could be done to assist officers who wish to seek help but are scared of looking weak. Managers of a department could make confidential EAP meetings with a licensed psychiatrist and pamphlets about PTSD could be placed in patrol rooms that contain a 24-hour hotline number that is available to officers.

Chiefs of police departments should encourage this training and treatment including his show of support, by attending the training and making themselves available for officers to speak to if needed. Chiefs and managers of the department should encourage officers to seek treatment and counselling for officers who are having difficulty. They should help to break down the stigma that has plagued officers for years, which is officers feeling that they need to hold their emotions in because men are not supposed to show emotion. City managers and city council members should

demand that this training should be mandated because of the close relationship and contact that the officers are having with the community.

City managers and council members are obligated to the citizens and should make every effort to support the community and the officers that work for the community. The Texas Legislature and Texas Commission on Law Enforcement (TCOLE) should also be involved and ensure that this training is mandated. TCOLE consist of nine appointed commissioners that are appointed by the Governor who are responsible for the establishment of policy and the approval of rules and procedures for police departments to follow. It is counterproductive that requires officers to be proficient in firearms and physical fitness, but not mental fitness after the hiring process. Police departments should introduce a policy stating that all police officers in their department are required to seek counseling after any on or off duty deadly force incident before being released back to work. All officers will attend annual mental health training where the EAP is explained in detail. In summary, it should be the goal of every law enforcement agency and community to stand behind their law enforcement officers. When officers feel they have the full support of their departments and community, we can lead the charge that could save a life!

REFERENCES

- Alicea, M. J. (2014). *Police suicide acuity of influence*. Boca Raton Florida: Medlar Publishing Solutions Pvt LTd, India.
- Chae, M. B. & Boyle, D.J. (2013). Police suicide: Prevalence, risk, and protective factors. *Policing: An International Journal of Police Strategies and Management*, (1), 91-118.
- Clark, R. & O' Hara, A. (2017, January 04). 2016 Police suicides: The NSOPS study. Retrieved from <http://www.policesuicidestudy.com/id16.html>
- Davis, G. (2014). Law Enforcement's invisible assassin using virtual reality therapy to combat the silent threat of psychological devastation: Post Traumatic stress disorder. *Journal of California Law Enforcement*, 48(2), 6-14.
- Hackett, D. P. (2003). *Police suicide tactics for prevention*. Springfield, Illinois: Thomas, Charles, C.
- Leenaars, A. A. (2010). *Suicide and homicide- suicide among police*. Amityville New York: Baywood Publishing Company, Incorporated.
- Karaffa, K.M., & Tochkov, K. (2013). Attitudes toward seeking mental health treatment among law enforcement officers. *Applied Psychology in Criminal Justice*, 9(2), 75-99.
- McDonough, M. E. (Dec. 2011). The employee wellness plan: A strategy for fighting the "evil from within". *FBI Law Enforcement Bulletin*. Retrieved from: <https://leb.fbi.gov/2011/december/the-employee-wellness-plan-a-strategy-for-fighting-the-evil-from-within>

Nanavaty, B. R. (2015). Addressing officer crisis and suicide: Improving officer wellness.

FBI Law Enforcement Bulletin. Retrieved from:

<https://leb.fbi.gov/2015/september/addressing-officer-crisis-and-suicide-improving-officer-welness>.

Reaves, B. A. (2011). *Local police departments, 2007*. Washington, DC: U.S.

Department of Justice, Bureau of Justice Statistics. Retrieved from

<https://www.bjs.gov/content/pub/pdf/lpd07.pdf>

Rufo, R. A. (2015). *Police suicide: Is police culture killing our officer?*. Boca Raton

Florida: CRC Press.

Sheehan, D. C., Everly, G. S., & Langlieb, A. (2004). Coping with major critical

incidents. *FBI Law Enforcement Bulletin*, 73(9), 1-13.

Slate, R. N. (2008). Criminalization of mental illness: Crisis and opportunity for the

justice system. Durham, North Carolina: Carolina Academic Press.

Bishopp, S.A. & Boots, D. P. (2014). General strain theory exposure to violence, and

suicide ideation among police officers: A gendered approach. *Journal of Criminal Justice*, 538-548.

Klinoff, V. A., Van Hasselt, V. B., & Black, R. A. (2015). Homicide-suicide in police

families: an analysis of cases from 2007-2014. *Journal Of Forensic Practice*, 17(2), 101. doi:10.1108/JFP-07-2014-0019

Violanti, J. M. (2007, May). *The mystery within: Understanding police suicide*. Retrieved

from: <http://www.aele.org/law/2007FPMAY/fbi-1995-02.pdf>.

Walsh, M., Taylor, M., & Hastings, V. (2013). Burnout and post traumatic stress disorder in the police: Educating officers with the Stilwell TRiM approach. *Policing: A Journal Of Policy & Practice*, 7(2), 165-175.