

**THE BILL BLACKWOOD  
LAW ENFORCEMENT MANAGEMENT INSTITUTE OF TEXAS**

The First Line of Defense:  
Justification for the Establishment of a Peer Counseling/Critical Incident Unit  
Within the Harris County Sheriff's Department

A Policy Research Project  
Submitted in Partial Fulfillment of the  
Requirements for the Professional Designation  
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## ABSTRACT

When a police officer enters a room those inside will view the officer in different aspects. Officers in uniform symbolize special things to the public. Often, they are “seen as a protector, the champion of what is right, a parental figure, a superego to remind the public to be obedient and behave properly, and a resource for solving an endless list of problems” (*Ball*, 420-421). They see officers wearing Superman’s cape and possessing Batman’s mystique. And yet, at the same time, officers can be viewed by others as the enemy at war with the public who are bent on venting some type of revenge against a helpless society that has already been stripped of its rights to freedom. As professionals, police officers are expected to deal with these symbols, along with the stressors of the police organization and of life itself. What the public forgets, and what officers often seem to forget, is the fact that they are only human. Realistically, police officers are the public itself ... in uniform. And unlike any other profession they are expected to bleed and are expected to die for their communities. Due to the stressors caused by the profession, often times police officers and their families become what is termed as “invisible victims” (*Stillman*, 143).

This paper is being presented in an effort to discuss the importance of establishing a peer support group within the Harris County Sheriff’s Department. While the Department offers a professional counseling service as a part of its benefits package, employees may be reluctant to speak with them. With the aid of research extracted from books, journal, articles from the Internet, and comparative analysis of the policies of other police agencies, this paper will show how a peer counseling program can be established with minimal costs and operational expenses. This program gives the employee an opportunity to speak with a coworker trained in crisis intervention. This initial meeting with a Department “paraprofessional” may be the only one the employee needs ... simply because the counselor has been there (*Klyver*, 122).

## Introduction

Stress is an everyday occurrence in the workplace. Police work can compound this stress simply by the nature of the assignment. Officers begin their day strapped to a desk or a car, and then spend the next eight hours or more on a physical and mental roller coaster ride. Add to this the possibility that at any given moment during this tour, an officer can be faced with the possibility of taking a life, having their life taken, or observe some of the most gruesome crime scenes imaginable. Off duty there's extra jobs and the complexities of family life. This compilation of events and emotions can not only destroy the officer, but it can put their family at risk and, due to some action the officer may take at work, it could possibly create some liability problems for the agency. "While serious problems related to the emotional fitness of police officers plague many police agencies, few have formalized procedures for addressing the need" (Stone, 53).

Since 1992, the Harris County Sheriff's Department has provided its employees with psychological counseling outside of that which is available through the insurance plan. The contract company sees the employee and/or their dependants, provides an assessment, and then refers the parties for further counseling. According to the HCSD Manual, there are two ways in which an employee may be referred to the company; by self-referral, or by administrative referral. Also, according to HCSD Human Resources Director Debbie Chapman, in instances where the employee is involved in a shooting, the referral is mandatory .

For most employees, seeking counseling may be a difficult decision. Basically, there are two groups of people that peace officers tend to mistrust; those that do not carry a badge, and the administration that controls an officer's badge. That inherent mistrust tends to cause officers to

shy away from any type of emotional counseling.

The purpose of this paper is to present a second alternative for pre-psychological counseling for employees and families of the HCSD to deal with emotional and critical incident stress. The establishment of a Peer Support/Critical Incident Response Unit would not be a replacement of those services already offered, it would simply enhance those services.

The research that follows is derived from several sources, including: books, documents, the Internet, journals, and the policies of other police agencies. Upon completion the abstract will be presented to the Harris County Sheriff's Department's Executive Bureau for analysis and consideration.

### **Historical, Legal and Theoretical Context**

Surprisingly, the idea of a peer counseling stress program first appeared in the 1950s when the Boston Police Department began a program geared toward alcohol-related problems. Five years later the Chicago Police Department followed their lead and started a peer counseling program modeled after the 12-step Alcoholics Anonymous plan. Both departments utilized officers who were recovering alcoholics to counsel the troubled officers. The New York City Police Department began to offer a similar program in 1966 with the premise that if they can help an officer recover from alcoholism, both the officer and the organization benefit. The goal was to produce a more motivated, compassionate officer, and a grateful family. And in August of 1981, the Los Angeles Police Department became "one of the first agencies to develop and implement a fully department-supported peer counseling program using officers and civilians as volunteer counselors" (Klein, 1-2).

LAPD's program began after two officers approached then Chief Daryl Gates in an attempt to establish a peer program. Both officers had been through post shooting situations and both felt that they could not have made it without the peer support. Just two years later, in 1983, the program had grown to 200 trained peer counselors. In 1983, the counselors conducted almost 4,859 hours of counseling with 2,001 individuals (*Klyver*, 121).

Due to the tremendous success and rapid expansion of the LAPD unit, many other agencies began their own programs. The magnification of the program throughout California stirred a vision of one day networking the state's law enforcement system into a self-supporting unit run by and for police officers themselves, with an "800" telephone number hotline and referral service manned by trained police officers. This line would be available 24 hours a day and have referral lists of all peer counselors in all areas of the state (*Linden, Klein*, 137).

Though a remnant of the NYPD plan had been around almost 30 years, the emphasis had been placed on alcoholism. Agencies began to realize that in any type of critical incident and undue stress, large amounts of mental stress were evident and taxing on the officer's performance and well being. The result of this was a staggering reality. Between 1993 and 1995, 21 officer suicides had been recorded by the NYPD. This spurred a movement in November of 1995 by the NYC Patrolman's Benevolent Association (P.B.A.) to create a group of 50 peer support officers within the NYPD to counsel officers on a wide variety of stress related problems including; alcoholism, depression, marital difficulties, domestic violence, critical incident and post-shooting trauma. The goal of the PBA is to one day have at least 200 trained counselors (*Cohen, Hirsh, Katz*). The primary objectives of the program were identified as follows:

1. To change the culture within the department so that voluntarily seeking help in addressing

a personal problem demonstrates a sign of strength rather than weakness.

2. To obtain help for members at the earliest stage before problems become insurmountable and jeopardize their professional career; and,
3. To eliminate future suicides (*Cohen, Hirsh, Katz*).

The theory behind the development of these units is composed of several factors. Over the last 20 years civil litigation against police agencies and their staff has increased dramatically. The term "vicarious liability" has increasingly caused police agencies to re-evaluate policies governing police training and supervision. "Recent court decisions have made it abundantly clear, however, that the agency and governing body are responsible for the behavior of their officers under the concept of negligent retention" (*Stone*, 41). The concern over the mental health of officers dealing with a multitude of stress related factors has caused agencies to explore various avenues to provide support for their personnel. It is the compounding of stress, both in the work and home environments, that is often times difficult to endure. "[The officers'] macho images, their need for non-emotional responses and their penchant for seeking out the most life threatening and violent assignments can lead to an inability to express feelings of inadequacy or pain. If affected by trauma, they must continue to keep up a brave front so that it appears as if they were unaffected by the incident" (*Stratton*, 46). It is the recognition of this stress, the early treatment by support counselors that is critical. Managers must no longer assume that the officer has the ability to combat the effects of stress by themselves. "Clearly, administrators can no longer afford to ignore the issue of traumatic stress caused by involvement in a critical incident. Such stress impairs officers' ability to perform their duties and impacts on the operation of the department" (*Kureczka*). Should the impact on the officers' well being by critical incidents be left unchecked

and unresolved, the results could be disastrous; for the officer, his family, the agency, and the community.

### **Review of Literature or Practice**

One of the realities most rookie police officers are faced with after just a short time on duty is this: police work is a mentally demanding job. Because of the excitement that comes with the assignments, the officer may not realize that personal stress levels are reaching dangerous proportions until its too late. At this point a critical incident may occur which pushes the officer to the edge. A critical incident has been defined by Dr. Jeffery Mitchell as “any situation faced by emergency personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later...All that is necessary is that the incident, regardless of the type, generates unusually strong feelings in the emergency workers”. This critical incident may be faced by employees on or off duty and may or may not involve police related activities. “While in most instances the symptoms will subside in a matter of weeks, a few of those affected by such stress will suffer permanent emotional trauma that will adversely affect their continued value to the department and cause serious problems in their personal lives” (*Kureczka*).

The effects of the critical incident may develop such a dramatic response that it could lead to a condition known as post-traumatic stress disorder (PTSD). Research has shown that critical incident stress affects up to 87 percent of all emergency workers at least once in their careers, and an estimated 4-10 percent of these individuals will develop PTSD (*Pierson*)(*Blak*). PTSD is



“...the development of characteristic symptoms following a psychologically distressing event that is outside the range of human experience” (*APA*). Post-traumatic stress disorder may also be described as chronic critical incident stress due to the long range affects it can have on the individual.

The establishment of a Peer Counseling Unit would offer to the employee a starting point to recovery from the impact of a critical incident. Just having these peers to talk with may decrease the chances of an employee from suffering the long-term affects of PTSD. The City of New York began to realize a need for this type of preliminary intervention in 1995. Due to the high number of suicides within the NYPD ranks between 1993-1995, The New York City Council held hearings to study the development of an independent peer support program. “Hearings revealed that officers wanted an independent, voluntary, and confidential support program where they could talk openly to fellow officers about their problems” (*Cohen, Hirsh, Katz*).

In his article, “LAPD’s Peer Counseling Program After Three Years”, Dr. Nels Klyver stated that in 1983, LAPD conducted an average of 167 counseling sessions per month with an average of 405 hours per month spent in the sessions. And, as stated earlier, these figures were based on 200 peer counselors conducting nearly 4,859 session hours in meetings with 2,001 individuals.

A more startling reality is that the numbers have not decreased. Sergeant Keith Moreland, a supervisor in LAPD’s Employees Assistance Unit, stated that over the years the unit has seen a steady increase in peer sessions, with dramatic jumps observed in years where a very traumatic incident occurred in the Los Angeles area (*see Fig F-3*). As seen in the chart, where the numbers are greatest, 1992 and 1997, LAPD had two of the most traumatic incidents in recent history. In 1992 the nation watched as the Los Angeles riots over the Rodney King incident caused the

massive destruction to parts of the city. And in 1997, LAPD discovered just how outgunned they were when two armed bank hijackers literally went to war against their officers.

Also, LAPD EAU Officer Kevin Kirsch stated that in most instances, officers ask for counseling on matters of daily life. Officer Kirsch provided statistical data which shows that the top five reasons for peer counseling between 1988 and 1997 were:

- ▶ Career/Job (32%)
- ▶ Relationships (14%)
- ▶ Family (10%)
- ▶ Alcohol/Drug (9%)
- ▶ Death/Dying/Grieving (8%) (*Figure F-1*)

These figures indicate that in most instances officers just need a sounding board to expel some frustrations that occur in daily life on the job and at home (*see Fig F-2*). A Peer Counseling Unit is an ideal method which allows the officer to reduce this type of stress.

To see the frequency of this type of unit currently existing within police agencies, on January 29, 1998, I conducted a survey of the members of the LEMI Module II class concerning Peer Counseling Units within their respective agencies. Of the 18 questionnaires, 12 were returned. Of those 12, only two agencies had some type of peer support unit (17%). Of the 10 remaining responses, five stated that supervisors in their agencies were trained in critical incident response and they were also trained to recognize the possibility of officers dealing with traumatic issues. Two of the agencies polled did not have any mental health benefits as part of their insurance package and one agency stated they did not provide mental health counseling should their officers be involved in a shooting.

Between January 29 - February 3, 1998, I conducted a survey of 62 state and local police agencies across all 50 states. This survey was distributed by electronic mail over the Internet. To date, of those distributed, I have received nine responses; seven of which stated they have a peer support unit. From four of these agencies I have also received a copy of their respective policies and procedures governing Peer Support Units.

Generally, the policies and procedures of the responding agencies are very similar in nature. In some instances both officers and civilian employees are allowed on the peer support staff. According to the Peer Counseling Program Guidelines of the LAPD, a Peer Support Committee was formed within the Employees Assistance Unit composed of officers of all ranks and civilians. There is an Officer in Charge who is a member of the committee and also the Executive Director of the program. The reviewing officer for the Peer Counseling Committee is the Chief Psychologist who is assigned to their Behavioral Sciences Services. According to Sgt. Moreland, LAPD currently has 210 peer counselors to assist a department which has 9,000 sworn personnel and 3,000 civilian personnel. This results in a ratio of 0.0175 counselors/employee. Based on this ratio, the HCSD with a total staff of 3,344 employees, should have a recommended peer counseling staff of approximately 59 volunteer counselors.

#### **Discussion of Relevant Issues**

A personal experience has caused me to realize that the Harris County Sheriff's Department can only benefit from a Peer Support Unit. On December 31, 1990, I, along with four other members of the Department, located a fellow deputy that had taken his own life on a tract of land in northern Montgomery County. I lost what was the best friend and coworker that I had ever

had. The land that we found him on belonged to me. After locating him we notified a supervisor with our department who responded to the scene and notified the Montgomery County Sheriff's Department. Later, we met with his estranged wife and their three children. I had the responsibility of telling his two small daughters.

Over the next two years I battled with anger, depression and alcohol. The peer support I received came from friends with good intentions...and a bottle. I recall a friend suggesting that I see a psychologist, but I was fearful of what may happen should the department find out. When this tragedy occurred, the contract counseling service had not yet began at the Sheriff's Department. Finally, after a divorce in 1992, I sought independent counseling through my insurance provider. I hoped that the department brass would not find out, and if they eventually did, that my recovery would be complete. The counseling lasted until mid 1996, much longer than I had anticipated. Although I still feel a bit down because my friend is not alive, I have not had a drink since September 1994, and I have a much better attitude towards life in general. Had I been able to have the opportunity to approach someone from within the Department, without fear of reprisals or alienation, the result may have been a much faster recovery.

There have been other incidents within the HCSD that I believe may have had an impact on others. In September 1991, two deputies in two separate incidents were brutally murdered. Other deputies have died due to suicide, motor vehicle accidents, boating accidents, and illnesses. That is not including the deaths of family members of employees within the Department. Add to this the stresses of patrol work, dispatchers, jail deputies and civilian clerks. The sights seen on an almost daily basis can cause some nerves to become frailed. On both the sworn side and the civilian side of police work one begins to feel that so often times suppression is the only

alternative. 'You have to suppress your revulsion, because you can't be throwing up when you see blood. You have to suppress your empathy, because crying along with people doesn't do them any good. And you have to suppress your anger and fear, because you can't function effectively if you don't' (*Clay*). This suppression and job developed lack of trust causes many officers to shy away from any type of help the Department may offer. In their article, "The Development of a Peer Support Program in the NYPD", Cohen, Hirsh, and Katz report that, "It became apparent that the psychological services provided by the department were not being utilized because of the fear of being stigmatized and disciplined, and having career goals disrupted or destroyed". The article went on to state that although the program is still fairly new, "...the NYPD peer support team has already been credited with saving two officers from suicide".

The benefit of initiating this type of unit is apparent. Officers, dealing with any type of emotional problems, can speak with other officers who have been trained to do one thing above all else...listen. This first line of defense may be all it takes to combat the stress related illnesses that can occur. LAPD Sgt. Moreland also stated that often times these peer counselors are approached at the office, while on duty, and even at the gym. It is because the peer counselor has taken the *time* to listen, that can cause the one seeking help to become more relaxed and open. One of the best cost benefits of a peer program is that the counselors are volunteers from within the Department. Also, when asked what specialized equipment may be needed for the unit, Officer Rick Albin with the City of Spokane, Washington Police Department stated quite simply, "A pager". But the greatest benefit may be the decrease in the amount of sick leave taken, and the retention of officers who may leave the Department on a stress related impulse;

"A cost benefit study of a program for alcoholic officers in the Philadelphia Police Department

found that by cutting down on the officer's sick leave days, injury days, and suspension days, the department recovered its costs three years after the program began. The department estimated that it would save \$50,094 each subsequent year" (*Finn and Tomz, 169*).

Since the personnel who make up the unit are volunteers and no specialized equipment is required, the largest expense in establishing this unit may be the training. Critical Incident Stress programs generally are conducted over two-three days and are followed up with specialized programs lasting one-two days (*ICISF*). As in any specialized program start-up, the initial expense may seem great; however, after establishment the unit should be able to operate on a very minimal budget. Sources for funding of this type of program could be made through grants, seized assets and private donations (*Finn and Tomz, 168*).

The greatest opportunity for this unit would be for the Department's administration to display to their employees that they understand the complexities of the job, mainly because they've been there, and they are willing to offer the employee another avenue for assistance.

### **Conclusion/Recommendations**

This paper was developed to give the members of the Harris County Sheriff's Department's Executive Bureau a greater understanding of the nature of critical incident stress. "It is important that police managers recognize their moral and ethical responsibilities to assure the mental wellness of the persons under their command; that they recognize that they, too, are police officers carrying a badge; that they, too, can be victims of police stress; and that they be willing to admit that the commonality of blue corpuscles in one's professional bloodstream requires them to be involved in the successful development of a stress program for their personnel" (*Sewell, 189*).

Sometimes we must remind ourselves that the mental battlefield in which police officers fight *on a daily basis* can be more destructive than those fought by military personnel during war. Police officers are engaged in a battle against crime in the streets of America; acting on *behalf* of Americans *against* Americans. That aspect of the job in itself can cause some degree of anguish. And yet, in a sense, the officer's battlefield is similar to that of the military's in that, "...on a battlefield you don't send in your doctors. You send out the medical corps. They're the ones who stabilize folks and get them back to the MASH unit to be worked on by the regular doctor if they need be" (Clay).

With this research as justification, I would ask that the Executive Bureau consider establishing a mental "Medical Corps" for the deputies and civilian personnel within the HCSD. I firmly believe that a Peer Counseling/Critical Incident Response Unit could assist those in need of assistance take the first step in the road to recovery. This unit would be used as a preliminary tool in establishing the cause of the problem, and as a reference point for referral to a higher level of assistance. However, as stated in the LAPD Peer Counseling Program Guidelines, it is imperative that the unit remain on a profound level of professionalism and promote trust, confidentiality and anonymity with its clients. Therefore, sessions between a peer counselor and an employee must be considered privileged by the Department except for matters involving violations of the law or serious employee misconduct. The unit must always be cognizant of the fact that its job is to counsel the employee, not shield the employee from the Department or legal process. Once the ground rules have been established and the program is in operation, should the unit succeed in stopping one suicide, one divorce, or help one employee escape from the grips of alcohol, drugs, or just the effects of the job, then the entire program would have been a success.

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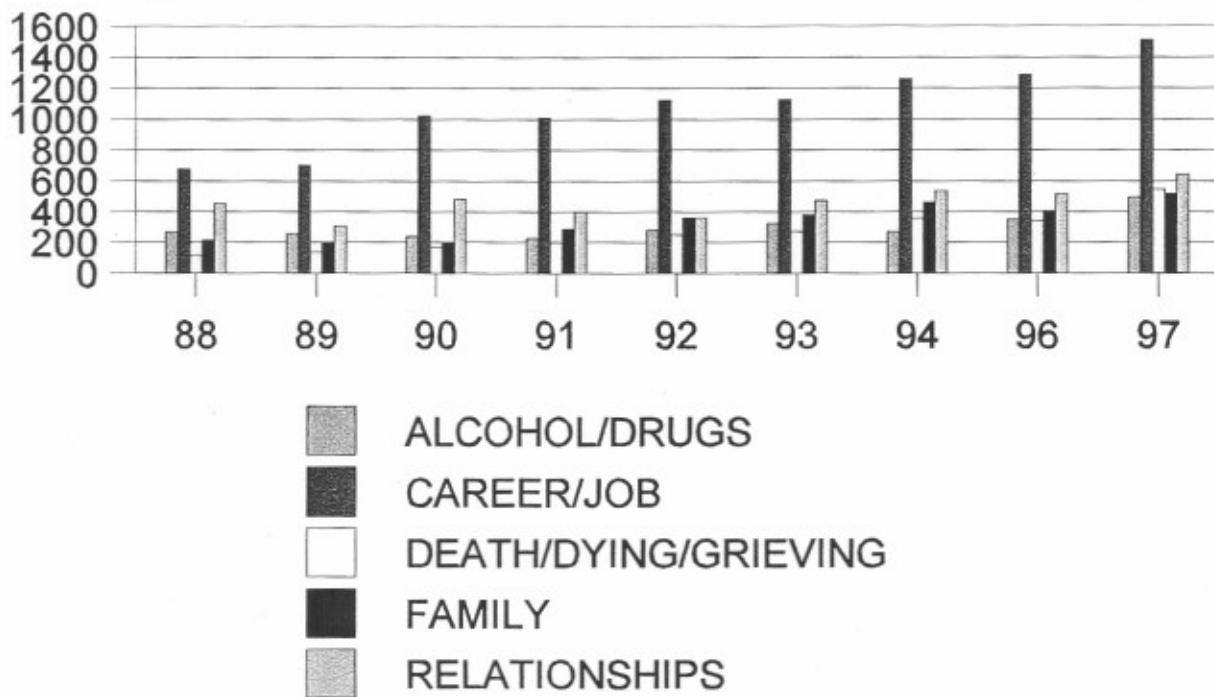
## **APPENDICES**

**Figure F-1**

Source: Sgt. Keith Moreland and Officer Kevin Kirsch  
Los Angeles Police Department EAU

\*\*Note: 1995 figures not available

## Top 5 Reasons For Counseling



## Figure F-2

Source: Sgt. Keith Moreland and Officer Kevin Kirsch  
Los Angeles Police Department EAU

- \*\*Notes: 1. 1995 figures not available  
2. "x" denotes that the category:  
A. Did not exist in year indicated  
B. Was merged with other categories  
C. Began in year indicated

### Peer Counseling Statistical Analysis By Year

	88	89	90	91	92	93	94	96	97 Totals
Total # Hours	3459	3369	3531	4047	8372	4168	4501	5515	7207 <b>44169</b>
Total # Sessions	2225	2032	2636	2839	3373	3428	3828	4144	6142 <b>30647</b>
Avg. Hrs/Session	1.5	1.7	1.3	1.4	2.5	1.2	1.2	1.3	1.2 <b>1.5</b>

### Sessions by Reasons

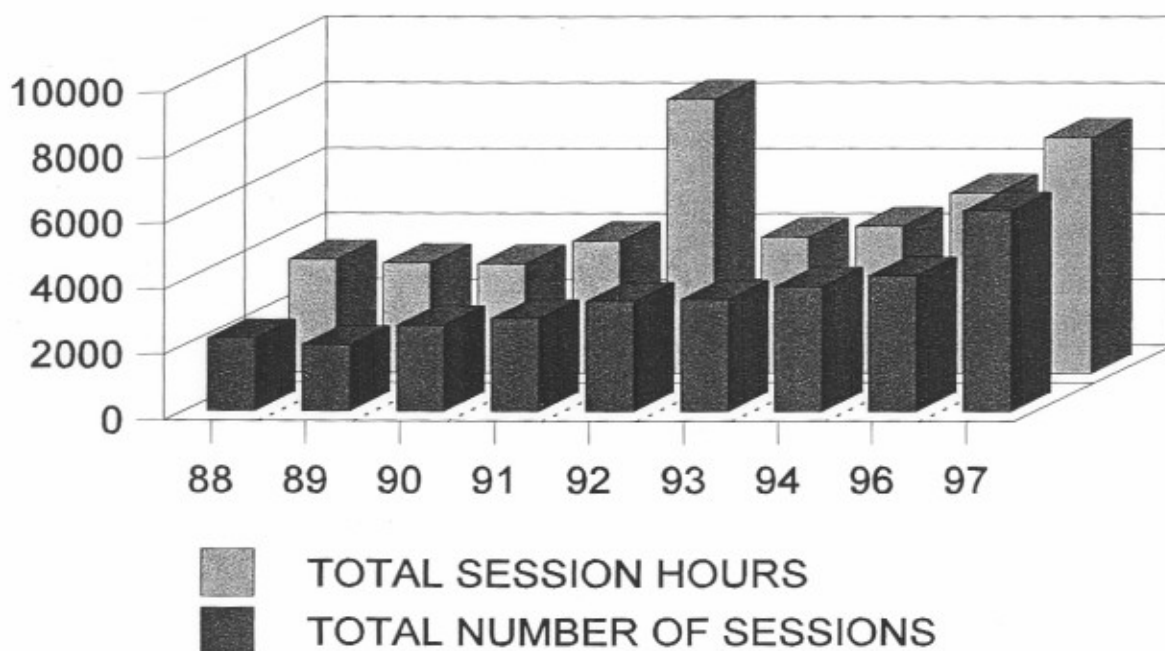
Alcohol/Drug	268	256	240	227	280	324	274	352	495	<b>2716</b>
Career/Job	678	702	1024	1009	1123	1125	1258	1284	1510	<b>9713</b>
Death/Dying/Grieving	110	136	170	203	251	270	359	341	546	<b>2386</b>
Dept. Discipline	x	x	x	x	x	x	x	389	506	<b>895</b>
Divorce/Separation	x	x	x	x	x	x	x	373	335	<b>708</b>
Family	213	201	196	289	361	378	462	405	514	<b>3019</b>
Financial	72	78	23	105	134	195	185	160	182	<b>1134</b>
Gay Issues	x	x	x	x	x	x	x	119	135	<b>254</b>
Long Term IOD	69	56	78	60	100	85	71	x	x	<b>519</b>
Major Disease/Illness	19	19	56	51	68	75	47	238	311	<b>884</b>
Post-Traumatic Stress	17	33	31	32	94	59	47	x	x	<b>313</b>
Relationships	453	310	484	400	364	473	538	515	645	<b>4182</b>
Shootings	37	37	25	44	64	35	53	64	292	<b>651</b>
Stress	172	159	233	266	373	364	55	x	x	<b>1622</b>
Suicide	12	10	33	35	109	66	55	61	128	<b>509</b>
Other	105	35	43	118	231	129	414	201	493	<b>1769</b>

**Figure F-3**

Source: Sgt. Keith Moreland and Officer Kevin Kirsch  
Los Angeles Police Department EAU

\*\*Note: 1995 figures not available

## Sessions/Hours Comparison



**Figure F-4**

Source: Sgt. Keith Moreland and Officer Kevin Kirsch  
Los Angeles Police Department EAU

\*\*Note: 1995 figures not available

