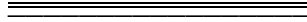
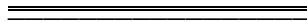


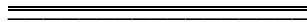
**The Bill Blackwood
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Surviving a Career in Law Enforcement through Wellness



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



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ABSTRACT

Throughout their career in law enforcement, law enforcement officers will face a number of challenges and difficulties. Many are addressed in the law enforcement academy and during field training in the form of tactics; however, there is one key issue that has largely been ignored. Law enforcement as a whole is failing to prepare officers for the long term mental and emotional effects that the profession can have on the individual (Gilmartin, 2002). Job stress, trauma, shift work, and many other adversities can deteriorate the officer's emotional and mental wellbeing, which can affect the officer's work performance, cause misconduct issues, alcohol abuse, home life problems, health related concerns and/or suicide (Gilmartin, 2002). If this issue is left unaddressed, the profession will be doing a disservice to the officers and the communities the officers are sworn to protect.

Training and mental/emotional wellness programs must be implemented to help law enforcement officers endure the long term effects of a career in law enforcement. Training should begin in the earliest stages of officer development as well as throughout the officer's career to prepare the officer for the mental and emotional challenges they will face. Training and education will also help mitigate treatment barriers to include: stigma, mistrust, and confidentiality (Allen, Jones, Douglas, & Clark, 2014). Additionally, many law enforcement agencies have procedures to assist the officer when critical incidents occur, and more agencies are beginning to address the needs for continued physical fitness. However, complete wellness and employee assistance programs are still lacking.

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INTRODUCTION

Currently, many law enforcement agencies have policies and plans in place to meet the psychological needs of law enforcement officers who are exposed or involved in critical incidents to include: officer involved shootings, major traffic collisions, and many other situations. However, very little is being done to address or prevent the effects and the toll of a long term career in law enforcement. Because very few agencies make emotional and mental wellbeing a priority from a stance of prevention, when situations of misconduct arise, the department will usually address the problem through internal investigations and discipline. However, the department is only correcting the behavior and not the cause, which is that the officer may be suffering from a mental or emotional problem (Gilmartin, 2002).

From a training perspective, law enforcement academies prepare new officers by teaching them about the law, the best tactics, high speed driving, mental development, and every other tool they need to survive a deadly encounter; however, academies often ignore the development of the officer's emotional and spiritual intelligences (Feemster & Collins, 2010). Feemster and Collins (2010) asserted that without completely developing the officer, at some point in their career, every officer will experience some level of dysfunction in one way or another. Gilmartin (2002) concluded that "Street survival and officer safety training must be the number one training priority; however, officer safety does not have to be the only training priority" (p. 7).

As well as officers are prepared to perform their job, they are still only human and are just as vulnerable to mental health problems as any other person in the general

population (International Association of Chiefs of Police, 2014). In fact, given the nature of violence, trauma, tragedy, and chronic stress that officers must endure throughout their careers, officers should be considered more vulnerable; if this issue is not brought to the forefront, mental illness endangers every officer doing the job (IACP, 2014). If left unaddressed, psychological and emotional injuries could manifest themselves in the form of police misconduct and could leave a once fit and productive officer mentally and physically unhealthy (Gilmartin, 2014).

Additionally, a number of significant issues can occur as a result of the development of mental and emotional distress by law enforcement officers over the course of their career. One such issue includes a high suicide rate in comparison to line of duty deaths (Clark & O'Hara, 2013; "Honoring Officers," n.d.). Additionally, domestic violence in law enforcement families is occurring at a significant rate as a result of untreated mental illness (Oehme, Donnelly, & Martin, 2012). Lastly, stress induced obesity and other physical health problems that develop in conjunction with obesity are perpetuating at an alarming rate within the law enforcement community (Kulbarsh, 2014).

The wellbeing of communities is dependent on the physical, mental, and emotional wellbeing of the law enforcement officers that serve them; the safety of the officer's colleagues and the success of the agency are just as dependent ("Comprehensive," 2015). Though physical fitness already appears to be a priority in the wellness of officers, the mental and emotional wellbeing still appears to be lacking. It is the responsibility of the leaders of law enforcement agencies and the regulating body over the training of law enforcement officers to protect the officers who protect the

communities they serve. Training and mental/emotional wellness programs should be implemented to help law enforcement officers endure the long term effects of a career in law enforcement.

POSITION

According to Gilmartin (2002), “although in many ways officers are winning the battle of street survival, they appear to be fatally losing the battle of emotional survival” (p. 9). With the loss of a single officer to violence, members of the law enforcement community would make every effort to develop a solution to prevent this from occurring again (Gilmartin, 2002). However, in 2012, suicides by police officers were nearly equivalent to the number of deaths of officers who were killed in the line of duty (Clark & O'Hara, 2013; “Honoring Officers,” n.d.).

The 2012 National Study of Police Suicides (NSOPS) recorded 126 police suicides compared to 133 line of duty deaths (Clark & O'Hara, 2013; “Honoring Officers,” n.d.). The study revealed that 91% of the suicides were male, and officers between the ages of 40 to 44 were determined to be average age at suicide (Clark & O'Hara, 2013). Additional findings from this study were that the average time on the job was 15 to 19 years, and 63% of the suicide victims were unmarried (Clark & O'Hara, 2013). Some trends have surfaced that identify the increased risk of suicide among police officers, and the statistics from the 2012 NSOPS seems to support these trends. Organizational stress, health issues linked to shift work and sleep deprivation, traumatic stress symptoms, problems with interpersonal relationships, and alcohol use as a poor coping method are all risk factors for suicidal ideation, particularly when multiple risk factors are occurring at the same time (Chae & Boyle, 2013). Consequently, officers

who suffer from post-traumatic stress disorder (PTSD) were likely to consume or abuse alcohol as a means of managing thoughts and feelings related to the traumatic event, which, in turn, increases the risk of suicidal ideation (Chae & Boyle, 2013). Additionally, support systems and social connections helped reduce suicidal ideation, and officers who were in relationships or married were less likely to experience depression, psychological stress, and suicidal ideation in comparison to officers who were single or who were divorced (Chae & Boyle, 2013). This data supports why a higher percentage of police suicides were single. Though it may be impossible to eliminate suicide in a police force as large as the United States, it is evident that if efforts are shifted to improve mental wellness among police officers, then more suicides would be prevented as well (Clark & O'Hara, 2013).

In addition to suicide, domestic violence in police families is another issue that can have a correlation with mental or emotional illness. In the early 1990s, it was believed that domestic violence was occurring in 20% to 40% of the police families (Johnson, 1991 and Neidig et al., 1992 as cited in Oehme et al., 2012). In 1996, the United States Congress passed the Lautenberg Amendment, which made possession of a firearm a crime if a person was convicted of family violence (Omnibus Appropriations Bill, 1996 as cited in Oehme et al., 2012). If a law enforcement officer was convicted of a crime of domestic violence, he/she could not continue to work as a police officer since a conviction would prevent the officer from possessing a firearm (Oehme et al., 2012). After the Lautenberg Amendment, reports of domestic violence among police officers were considerably lower, making it difficult to determine if the

reduction was a result of less domestic violence or underreporting due to potential loss of job (Oehme et al., 2012).

From 2009 to 2010, Oehme et al. (2012) conducted a study in Florida to determine a correlation between alcohol abuse, PTSD, and domestic violence in law enforcement families by analyzing anonymous surveys completed by 853 officers. Their findings revealed that 28.6% of the surveyed officers admitted to utilizing physical violence against a family member or partner (Oehme et al., 2012). Additionally, they were able to extrapolate from the data that there was a strong connection between alcohol abuse, PTSD, and domestic violence; officers who suffered from PTSD or hazardous drinking were four times more likely to commit family violence while dependent drinkers were eight times more likely to commit family violence (Oehme et al., 2012).

Gilmartin (2002) offered another perspective as to the cause of family dysfunction. He explained that officers are trained in hypervigilance, which is a heightened sense of awareness where the officer is always ready for potential dangers or threats. Hypervigilance was considered to be good officer survival skills while the officer was at work; however, after extended periods of time in this hypervigilant state, it was almost always accompanied by a mood swing in the opposite direction once the officer goes home. In turn, the officer becomes emotionally detached and isolated (Gilmartin, 2002). Gilmartin (2002) described this process as a “biological rollercoaster” (p. 47).

In addition to increased risk of suicide and domestic violence, law enforcement officers are subject to obesity and other health related issues that can be related to

stress and poor coping. Police work is the second highest occupation at risk for obesity, with approximately 40.5% of all police officers falling into the obese category (Kulbarsh, 2014). When a person is confronted by a threat, the body's response is to release a rush of hormones to include: adrenaline, which increases heart rate, blood pressure, and boosts energy levels as well as cortisol, a stress hormone that increases sugar in the bloodstream to increase the brain's use of glucose ("Healthy Lifestyle," 2013). When the perceived threat passes, hormone levels return to normal; however, when the perceived threat remains constant, as it often does in police work, continued exposure to cortisol can have adverse effects on the human body ("Healthy Lifestyle," 2013). The Mayo Clinic Staff identified anxiety, depression, digestive problems, heart disease, sleep problems, weight gain as well as memory and concentration impairment as risks associated with too much cortisol over time without proper stress management ("Healthy Lifestyle," 2013). Additionally, the individual's stress reaction is different from person to person, and stress reactions can be dependent on genetics and/or life experiences, i.e. traumatic events ("Healthy Lifestyle," 2013). The idea that law enforcement officers are overweight based solely on poor diet or lack of exercise is incorrect due to the fact that excess exposure to cortisol causes fat to be stored in the abdominal region (Kulbarsh, 2014). As a result, obesity, particularly stomach fat, complicates the law enforcement officer's health further by increasing the officer's risk of cardiovascular disease and stroke (Kulbarsh, 2014).

Lastly, a recent study conducted in the mid-Atlantic region supports the relationship between stress and health in law enforcement as was previously identified. Mumford, Taylor, and Kubu (2015) conducted a study on 184 respondents from 11

different law enforcement agencies. Some of their notable findings identified that 49% of the respondents were overweight, and 27% were located in the obese category (Mumford et al., 2015). Furthermore, 45% of their respondents were identified as having a common mental disorder related to anxiety or depression, while 9% were positive for PTSD and 7% were positive for major depression (Mumford et al., 2015). Mumford, Taylor, and Kubu (2015) asserted that “based on the results of this pilot study, such wellness programs will likely need to offer a comprehensive array of support services” (p. 125).

COUNTER POSITION

As important as it is to develop wellness programs, there are some who may believe that programs such as these will not work due to the stigmas that are associated with mental illness. In discussing the issue of stigma, psychological scientist Patrick W. Corrigan stated, “The prejudice and discrimination of mental illness is as disabling as the illness itself. It undermines people attaining their personal goals and dissuades them from pursuing effective treatment” (“Stigma as a Barrier,” 2014, para. 3). Currently, over 60 million Americans are believed to be suffering from a form of mental illness, and approximately 40% of these Americans do not receive treatment or failed to complete it (“Stigma,” 2014). This is indicative of the resistance to treatment that stigma can cause, and it is likely to be the same for law enforcement officers who suffer from mental and emotional problems. Generally speaking, law enforcement officers view themselves as strong and independent individuals, and the need for mental or emotional help is in direct contradiction of these ideals that law enforcement officers value (Allen, Jones, Douglas, & Clark, 2014). To seek out assistance may bring about

fear on the part of the officer that he/she may be viewed as weak and unfit for duty or may bring about feelings of shame, which may lead the officer to continue on without the treatment (Allen et al., 2014).

Many approaches can be utilized to overcome stigmas and other barriers to treatment that would make wellness programs viable options for officers who are suffering mental illness or emotional distress. One such initiative is a stepped approach (Allen et al., 2014). General health topics include but are not limited to stress management, alcohol awareness, and suicide prevention and are introduced to all officers in the department through an educational seminar or class, which gives the opportunity to identify any misconceptions about how well treatments work and confidentiality (Allen et al., 2014). This is followed up by secondary prevention, which focuses on the higher risk officers to include: officers involved in shootings, demographics that fall into at risk categories, or SWAT officers. These groups generally have wellness plans that are tailored to their specific needs (Allen et al., 2014). The third step to prevention is treatment for those who are displaying symptoms of mental illness, and this is often the most intimidating; however, the earlier initiatives implemented were designed to reduce fear and stigma to treatment (Allen et al., 2014).

As Marx (2012) identified, another barrier for wellness programs that may prevent law enforcement officers from seeking treatment for mental or emotional difficulties is distrust for the agency. Officers distrust mental health professionals because, often times, the law enforcement agency is the one that hires the mental health professional. Officers may perceive that there would be no confidentiality between him or her and anything that is said would be relayed to the administration of

the law enforcement agency. If the officer is deemed unfit for duty, the officer fears that he or she would be fired. Additionally, many of the programs available to officers only address general problems, and distrust may also come from providers lack of experience or understanding for stress, trauma, and violence that is specific to law enforcement (Marx, 2012).

One method to help law enforcement officers overcome the barrier of distrust is to utilize fellow police officers as peer support personnel. Though peer support personnel are not licensed mental health professionals, they are trained to identify risk factors of officers suffering from mental illness or emotional distress. With firm confidentiality policies in place, officers are more likely to confide in a fellow officer, and peer support personnel would have a better opportunity to refer an officer needing professional treatment to a licensed mental health professional. This would not only be helping the officer but the continued success of the agency's wellness program (IACP, 2014).

RECOMMENDATION

Training and mental/emotional wellness programs are necessary to help law enforcement officers sustain a career in law enforcement. The profession has succeeded at preparing the most tactically sound police officers but has failed to prepare the complete officer. This is demonstrated by the high number of suicides as compared to line of duty deaths (Clark & O'Hara, 2013; "Honoring Officers," n.d.). In terms of safety, officers have always been told to make sure they are able to go home at the end of their shift but perhaps the focus should also be directed at how to make sure they make it back to work. In regards to domestic violence perpetrated by law

enforcement officers, not all domestic violence is a result of mental illness or emotional distress, but for some, it is. It is often a result of poor coping and alcohol abuse from a job that has taken its toll on the officer (Oehme et al., 2012). Lastly, obesity is a slow killer of police officers whether it is stress induced or poor lifestyle choices. When nearly half of the police officers are overweight, a change must be made (Kulbarsh, 2014). This change can only come about by developing a wellness program that treats the whole person – physically, mentally, emotionally, and spiritually (McDonough, 2011).

There are those who oppose the use of wellness programs. They cite that wellness programs do not work because law enforcement officers will not use them. One such barrier is stigmas; however, through education and firm policies of confidentiality, stigmas can be minimized (“Stigma,” 2014). Another barrier to the use of wellness programs is an inherent distrust of mental health professionals and fear that whatever is confided will be divulged to the administration of the law enforcement agency. However, law enforcement agencies can mitigate this distrust by creating peer support programs; law enforcement officers often feel more comfortable confiding in other officers who understand their situation better (IACP, 2014). This can aid in directing the officer to the services he or she may need.

As challenging as it is to survive a career in law enforcement, law enforcement agencies and governing bodies over officer training should implement educational programs as well as wellness programs to help law enforcement officers sustain a career in law enforcement. The first step in this process is through education. One major step towards overcoming barriers such as stigma and distrust is to start early in

an officer's career; this occurs by starting the educational process of mental wellness and identification of the physical, mental, emotional and spiritual challenges in the law enforcement academies (Stelter, 2013; McDonough, 2011; Feemster & Collins, 2010). In order to better cope and to quickly address issues, new officers need to know early on what challenges they may face in regards to mental wellness, and the current curriculum is not addressing the issues thoroughly enough (Stelter, 2013). The IACP (2014) asserted that the earlier mental wellness issues are identified, the more likely it can be treated; they also identified that the opposite is true when it goes untreated.

Furthermore, training cannot stop at the academy level; it must continue throughout the law enforcement officer's career. The IACP (2014) emphasized that mental wellness and suicide training must continue throughout the career to keep this issue on the forefront. This training must include: "routine resiliency," "critical incidents," early detection training, preparation for retirement training, and training for the family members of officers (IACP, 2014, p. 17). Through self-awareness, officers can recognize the signs and symptoms of mental illness or emotional distress and can begin to address it. It was Carl Jung who stated, "Until you make the unconscious conscious, it will direct your life and you will call it fate" ("C.G. Jung Quotes," n.d., para. 9).

In addition to training, wellness programs must be implemented to support the training that was given. As mentioned earlier, these programs must focus on the complete person, addressing and supporting the officer physically, mentally, emotionally, and spiritually (McDonough, 2011; Feemster & Collins, 2010). The programs cannot solely focus on prevention, but they must also provide assistance to those who are already in crisis. It must provide assistance to those who are struggling

at no cost, and the service provided by mental health professionals must be confidential to ensure trust by the officers who use it (International Association of Chiefs of Police, 2014). Each law enforcement agency must develop a program that meets the needs of their department; “Not every program will work in every department” (Kasper, 2012, p.171).

Finally, the success and failures of any initiative always begins with its leadership. Feemster and Collins (2010) stated, “An informed chief accepts the responsibility of proactively addressing the certainties that accompany toxic vocational exposures, as well as the impact of these exposures on the physical, mental, emotional, and spiritual dimensions of police personnel” (para. 3). It takes strong leadership to address what has been ignored for so long. However, it is easy to see the benefits of having healthy, productive law enforcement officers through the service they provide to their communities. Therefore, it is the responsibility of all to protect those that protect others.

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