

**The Bill Blackwood
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**Protecting the Protectors:
The Benefits of Peer Support Groups in Law Enforcement**

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ABSTRACT

Law enforcement officers have a stressful and unique job. Most people see the tough exterior of their local police officers but fail to see the internal issues brought on by their emotionally taxing duties. Critical incidents and daily stresses often affect police officers. The police culture, along with the untrusting nature of officers, can result in officers not dealing with emotional issues. Police officers often will not talk to doctors, administrators in their agency, or even clergy. However, police officers seem more likely to speak to other police officers. Other officers have the ability to understand and have often been through the same or similar situations.

Often just speaking about incidents can provide an outlet for the affected officer and allows him to deal with some of the things they have seen and done. One danger of this practice is that peers sharing stories and venting about issues can only offer ideas and concepts they know, such as alcohol. Another possible hindrance could be that officers could make things worse by telling coworkers they do not feel the same way, thus giving the officer the impression there is something wrong with them. For these reasons, police agencies should implement a program comprised of peer supporters for officers in their organizations. The only difference of a peer support officer is that they have received some training to offer proper coping solutions. Also, they receive training to take measures to ensure other officers do not feel worse about their thoughts or feelings after speaking with the peer supporter, and they have the ability to recognize when someone may require additional help on a professional level.

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INTRODUCTION

There are many stressful jobs in the world. A police officer is a profession that has one of the most stressful jobs of all (Anshel, 2000). On a daily basis, he or she puts their lives on the line to protect and serve the citizens of their communities. Officers receive a plethora of training and support to stay safe and make the best decisions based on circumstances presented at the time. Unfortunately, the same officers usually receive little or no training to deal with job-related stress.

Some of the consequences of the inability to control or cope with this stress include divorce, alcohol and drug abuse, domestic violence, and even suicide (Harpold & Feemster, 2002). Some believe alcohol consumption by police officers is twice that of the general population (Kirschman, 2006), and the suicide rate of police officers is three times higher than that of the general public (Violanti, 2010). A three-year study of police suicides for 2008, 2009, and 2012 revealed an average of 138 line of duty deaths for police officers coupled with an average of 137 suicides for the same years (Denning, n.d.). These consequences are the result of the individual officer's inability to cope with the mental stressors associated with police work. These psychological stressors can come in many different forms and fashions. Different types of stress from a wide variety of sources will affect police officers. Because of the types and frequencies of stress, police officers are unique in many ways. There are many ways to identify the forms and types of stress. The stress can come from critical incidents or from the day-to-day activities of the job.

A critical incident can come in many different forms for individual officers. Solomon describes a critical incident as "any situation that results in an overwhelming

sense of vulnerability or loss of control” (Solomon, 2013, p. 1). Another definition of a critical incident is a situation beyond the realm of a person’s usual experience that overwhelms his or her sense of vulnerability and lack of control over the situation (Everly & Mitchell, 2000). This situation can be different for officers based on many factors. Many police agencies may identify certain incidents as critical incidents. Most of the police organizations that define particular situations as critical incidents may have a protocol for those officers involved. Some of these events identified by police agencies are a line of duty death of a fellow officer, the death of a child, serious injury to a child, the death of an adult in certain circumstances, the threat of violence and/or bodily harm to the officer, injury to fellow police officers, and suicides. Aside from these incidents identified by police agencies, critical incidents can consist of many other types of events.

Any critical incident can affect each officer in many different ways. The act of shooting and killing a suspect will not affect some officers. Others may leave law enforcement and never return. Both of these responses to this situation are normal. The act or incident itself does not always cause the critical incident, but rather events that occur afterward. As in the act of shooting and killing a suspect, Grossman (1995) argued an officer may feel a sense of relief or feel happy immediately following the incident. The reason for this is that the thoughts of being able to do his job, winning the fight, doing what he was trained to do, and knowing he will go home to his family at the end of his shift may affect the officer in a greater way than the actual act of shooting and killing the suspect. The officer may feel very strongly that the actual shooting was the

fault of the suspect. The suspect's actions forced the reaction by the officer. This practical coping mindset seems proper at the time of the incident (Grossman, 1995).

Gilmartin (2002) and Lemaux (2004) explain that after the incident, the officer is made to give up his gun, sit alone in isolation, told to call his attorney, and then ordered to provide a sworn statement of the event to internal affairs. After that, he is told to go home for several days and that a mental health professional chosen by the department has to clear him before he can return to work. Once at home, the officer sees the news that may present that he could have and should have taken a different action. The community this officer protects may share this opinion and have ideas the police should not have shot the suspect. When this occurs, the officer may experience a critical incident. He may lose trust in his department and feel everyone is out to get him. The same community he puts his life in jeopardy for every day now resents and does not trust him. He may feel that no one cares for him or understands what he has been through (Gilmartin, 2002; Lemaux, 2004)

Different from critical incidents, police officers deal with traumatic events on a continual basis. The traumatic events may include a traumatic incident to the officer, such as an injury to the officer, a shooting situation, or the officer dealing with the loss of another officer. Not directly related to the officer, he may deal with a traumatic incident related to someone else such as helping a sexual assault victim, a victimized or injured child, speaking with witnesses or family members of a murdered victim, or even just a natural death with grieving family can be traumatizing to any officer. Being a regular part of any of these occurrences can cause emotional and psychological scars for the

officer involved, leading to an officer's ability to cope with these continued events (Colwell, Lyons, Bruce, Garner, & Miller, 2011).

Many consequences of this inability to cope present themselves. Previous research has identified high rates of divorce, drug and alcohol abuse, domestic violence, criminal activity, and suicide among police officers (Clark-Miller & Brady, 2013). These consequences verify the theory that many police officers are not capable of dealing with these events on their own. Some officers leave this profession voluntarily or they may be forced out due to their actions.

During the hiring process, police officers go through extensive background investigations. During this process, there is no evidence of any of these outcomes or the agency would not hire the applicant. These results manifest themselves over time in conjunction to particular incidents exposed to the officer. Today many organizations outside of law enforcement recognize the importance of assisting a troubled employee because the agency invests so much time, training, and finances in that employee (Klein, 1991). Many law enforcement agencies have followed suit and recognized the need to offer or even mandate assistance to officers involved in critical incidents. Sometimes officers are required to participate in a debriefing with a group of people who were at or near the scene of the critical incident. The officer could see all of these requirements as helpful or that the department and other employees do not trust the officer. The fact is that most law enforcement officers will struggle with a single or multiple critical incidents throughout their careers and have restricted or no outlets to go to for help. Police officers feel they cannot show weakness and are untrusting of their

agencies. Their organizations may view them as ineffective and incapable of performing their duties as a police officer.

By not seeking appropriate help for the harsh and long term stress endured by police officers, the results often becomes declining health, poor job performance, changes in personality and possibly the development of post-traumatic stress disorder (Mitchell, 1996). The officer may choose to endure the consequences, putting his career and public trust in jeopardy. Another option is for the officer to leave the profession. Either decision has possibilities to worsen the overall situation.

Police officers have several reasons for not reaching out for help. The police officer personality alone may prevent the officer from even admitting he needs help. Officers will not talk to mental health professionals or even faith-based professionals. Police officers will most likely talk to other police officers who have been through similar situations (Solomon, 2013). Police agencies should provide and encourage peer support for officers affected by job-related incidents.

POSITION

Peer support presents an outlet for law enforcement professionals to address their mental health needs with someone they can trust. Law enforcement agencies can and should continue to provide additional services such as Employment Assistance Programs, psychological or counseling programs, and religious support when they can. A peer support program would simply provide an additional option for officers.

Police officers are paranoid and cynical by nature. When officers are involved in certain critical incidents, they are often forced to speak with a mental health professional before they can return to work. The conversation may be confidential, but the mental

health professional will still inform the officer's agency that the officer kept the appointment and that the officer is well enough to return to work. Most officers simply cannot believe the conversation will be kept confidential (Levinson, 2007). There is also the possibility the mental health professional is unfamiliar with the law enforcement culture and nature, reason, and cause of the critical incident that brought the officer in for treatment. Therefore, most officers will not let out anything they feel, but instead, say what they think they need to say to be considered fit for duty.

Not surprisingly, officers choose not to speak with mental health professionals, counselors, or even clergy. They will, however, talk to other officers (Solomon, 2013). Officers consistently sit around and tell "war stories" to each other, often using humor as a way to cope with incidents. Officers do this, and they may not even realize they are benefiting and coping just by talking about the event. They seek approval, understanding, and sometimes even advice from other officers who have experienced something similar.

Another positive position point is that by offering peer support, a law enforcement agency may give the officer a feeling of importance and that the agency cares for their well-being. The same way officers are paranoid and do not trust people outside of other cops holds true when it comes to the officer's agency. Officers do not want their organization to think they may have any problems, so they will avoid telling anyone in a position of authority. They feel that if they say anything, it will not be held confidential (Levinson, 2007).

Officers are already practicing the action of talking to other officers. Therefore agencies could harness some of these officers, train them as certified peer support

counselors, and they could ensure they were giving the best advice and understand things to avoid such as alcohol. Officers might feel that the organization understands their needs and cares for their well-being if agencies were to initiate, support, and encourage the use of peer supporters. Now the officer can feel comfortable speaking to someone he can trust who has been through similar situations, and there is nothing official that would get back to the agency. The agency appears to trust the peer supporters as well as to provide an outlet for the officers in need.

Agencies can also ensure peer support is provided immediately to officers involved in critical incidents. The peer supporter can ensure the officer involved knows everything about the process and why each step is necessary. Agencies can educate the officer about the measures taken during the process; they may see the officer is more trusting of the agency and the process and possibly avoid some of the additional trauma to the officer involved.

Another positive aspect is that peer support is a powerful tool law enforcement agencies can use to minimize the consequences of job-related stress placed on officers on a daily basis. Officers are already talking to other officers about the day-to-day adventures of the job, and this practice should help. Because the officers are exchanging conversations, it is important that several officers receive proper training to know or understand the potential consequences of their actions that could lead to other problems. Many of these conversations take place while alcohol is involved, and officers do not always give the best advice; they do not know what to look for or how to identify possible larger issues requiring a mental health professional without proper training.

Many law enforcement agencies have incorporated Employee Assistance Programs (EAP) to assist agencies in providing tools officers need such as access to mental health professionals, drug and alcohol support groups or programs, family counseling, and anger management. While these programs are great, they are still considered “outside” of the officers comfort zone, and they are still attached to their agency. Peer support does not take the place of professional services, and it should not be considered therapy (Solomon, 2013). Peer support counselors are trained and work alongside mental health professionals (Kamena, Gentz, Hays, Bohl-Penrod, & Greene, 2011). Most encounters with peer support counselors would never be taken to a mental health professional, as the officer merely seeks acceptance for his thoughts or actions or has simple questions such as what to expect as the result of particular incidents. They want to know what they are experiencing is normal and that they are not unique. A peer support counselor can completely handle situations such as this. What the peer support counselor can offer is training to identify the possibility of larger issues that require a mental health professional. Those professionals are readily available to answer any questions by the peer supporters, offer advice, and be able to accept the challenges if a peer refers someone for help.

If a particular officer displayed reasons that he may need psychological services from a mental health professional, consider how the peer counselor can bridge the gap from the untrusting officer to being able to trust a particular mental health professional. The thought is that the officer believes the peer support counselor because they are the same. The peer counselor tells the officer that they believe the officer could benefit greatly with additional help from a mental health professional. The peer counselor does

not refer any mental health professional, but instead a particular mental health professional the peer support counselor trusts. The chances increase significantly that the affected officer would not only agree to meet with a mental health professional, but even actually open up, trust, and be truthful (Finn & Tomz, 1996).

Peer support counselors are trained to identify signs that a larger problem may exist. These issues include suicidal ideations, major depression, drug or alcohol abuse, anger or domestic violence problems, and even, in some cases, criminal behavior. Peer supporters cannot solve all problems and keep all of these consequences from occurring, but they may be able to reduce the rate of the impact of the occurrences significantly.

COUNTER POSITION

One of counter arguments to a peer support program is that agencies cannot afford to allow their staff to participate in peer support programs because of the time and finances involved (Finn & Tomz, 1996). While this may be cause for concern, there are several solutions and things to consider. First, research developed in peer support counselor selection calls for the participating peer supporters to be entirely voluntary, receiving no reward (Finn & Tomz, 1996). This practice would negate the issue of creating a paid position or paying regular salary or overtime funds to peer supporters.

Secondly, any peer support time spent away from duty is still voluntary, meaning the time spent by the peer supporter is the peer supporter's time, not the agency's time. One exception to this issue may be the question of what happens if the peer counseling takes place during the peer counselor's shift. Agencies may argue that this time utilized for peer counseling takes away time dedicated to the agency. In these particular cases,

an organization should look at some factors before they determine if they will allow this time. They should look at the other things they will allow time to be taken. Things such as training, special events, and honor guard. Next, they should compare the benefit the agency receives from these examples and determine if the benefits the organization will receive from effective peer support counseling would be worth the same time. The benefits the agency would receive is less of a chance one or more of the consequences of stress, and critical incidents would develop in their officers, and the greater overall mental health of officer that lead them to be more productive, more effective, and more efficient.

Another argument to the idea of peer support groups are that agencies already participate in Employee Assistance Programs (EAP), and that is good enough. The concepts of EAP's are excellent programs that offer the appropriate help to employees who need it. EAP's provide help with mental health issues, depression, suicidal ideations, drug and alcohol abuse, and family and financial problems. The negative aspect of EAP's is that they are attached to the agency. The officer has no reasonable belief that his asking for help with an issue will remain anonymous to his agency. Also coupled with this problem is that the fact that the officer must first realize, and then admit, he needs help with something before he will address those needs. While this does happen and EAP's are utilized, most officers will not use an EAP. Last but not least is the fact that if the officer voluntarily uses the EAP, or it is due to a work related issue, the agency mandates he uses the EAP. In either situation, the officer has to be ordered or make an effort to go to the EAP. Anytime a possible issue is identified, peer support counselors will go directly to the officer.

One last argument is that peer support counselors are a liability and not as effective as mental health professionals (Goldstein, 2006). This argument is valid on the surface if not all information about peer counselors are known. Peer support counselors do not take the place of therapy or provide the same services as mental health professionals (Finn & Tomz, 1996). Instead, peer support counselors are individuals who are unique and share many common similarities to those they intend to help. These people share common knowledge and can easily relate and be trusted by those they seek to help. Finally, the peer support counselors receive training to be effective listeners and methods to provide proper support to those in need. They are not mental health professionals; instead, they work side by side with mental health practitioners. They are trained to identify signs or issues that would require a mental health professional and methods to conduct that intervention. Because of this training, peer support counselors are not a liability, but instead a powerful tool to assist mental health professionals.

RECOMMENDATION

Each officer can view a critical incident in different ways. One officer may not feel anything if he is forced to shoot and kill a person because the situation was life or death. The shooting was justified, the officer reverted to all of his training, and he won the fight. A second officer in the same situation may leave his law enforcement career and never return. Both of these reactions to this critical incident are normal. Often the problem becomes the fact that officers cannot identify every critical incident and how it will affect them as individuals. Critical incidents will affect different officers differently. It may come in the form of an incident with an injured child or delivering news about the

death of family members. They can be as simple as a look of hopelessness on a victim's face or the helplessness the officer may feel as he could not change the outcome of an incident.

An officer may not feel the immediate effects of an event, especially if he or she believes the incident is just another part of day-to-day police work. The officer may not be affected until years after the event. More common is when an officer works in the profession for many years, and several of these types of incidents stack up over time. Often, an officer does not understand why things happen from a department's point of view during an incident. The officer does not know why the agency takes his gun from him, why he cannot come to work until he sees a mental health professional, and why he is the subject of an internal affairs investigation. As these occurrences are very common among police agencies, the officers involved become paranoid and untrusting of officials within their agency. They also become untrusting of the mental health professional they are forced to see and the general public overall. The result is an officer who will make up whatever he needs to say to go back to work, and they may hide their true feelings and thoughts about the incident. This will cause the stress to build and the officer has no outlet because there is no one to go to for help. Over time, the officer may be another statistic of divorce, drug or alcohol abuse, domestic violence, or suicide.

Peer support groups should be provided to their officers as an outlet to relieve some of the stress and pressures of their jobs. The untrusting officers are already talking to other officers about their incidents and issues; it is the only thing they know. If law enforcement agencies would harness the potential power of the some of these

peers and provide needed training for them to become certified peer support counselors, the results could be amazing.

Currently, the peers often give bad advice, do not communicate effectively, or center the conversations around alcohol. A certified peer support counselor is trained to conduct these peer interactions better, but they are also trained to identify possible signs of larger problems that need the services of a mental health professional. Peer support groups can provide an outlet for law enforcement professionals to address some mental health needs with people they feel they can trust. They are a powerful tool law enforcement agencies can use to minimize the risk of consequences due to job-related stress. Organizations that offer peer support to their officers are conveying that they care about their individual officers and wish to help them, but not intrude on them.

Counter arguments to the idea say they cannot afford the time and money needed for peer support programs; they believe that an Employee Assistance Program is just as good, and they believe peer support counselors are a liability and mental health professionals are the correct option. Agencies concerned with costs should consider that non-paid peer support counselors should be unpaid volunteers only. Peer support conducted while on duty benefits the affected officer and the agency overall similar to police training. Next, agencies should remember that while EAP's are an excellent resource, they require the officer to be mandated to utilize the program. The reason is likely because there has already been an issue, or the officer would have to know he has a problem, admit he has a problem, and then reach out to the EAP while still being untrusting of outsiders and their agency. Peer supporters are another outlet that will go to the officer, hopefully before any issues arise. Agencies should also

remember that peer support counselors are not mental health professionals. They receive training and work hand in hand with mental health professionals to refer people they identify as being at risk for something bigger. Peer support counselors should not be used instead of mental health professionals but as an additional resource.

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