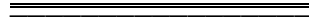


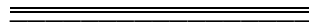
**The Bill Blackwood
Law Enforcement Management Institute of Texas**



The Need to Provide Mental Health Services to Police Officers



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



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June 2022**

ABSTRACT

Law enforcement, like the military, endures all kinds of trauma and stress daily. This stress, over time, can make the lives of officers a living hell. Officers, due to the police culture, are expected to carry this stress and trauma alone. When officers make an outcry of pain or weakness, they are ostracized by those they work alongside; thus, forcing officers to hide the mental trauma they have endured. When law enforcement officers have no outlet for their stress, like a balloon that is constantly filling with air, they can pop. Officers are forced to seek relief from other avenues, resulting in abuse of alcohol and drugs. These temporary vices only place a band-aid on the mental wound, which, overtime falls off, and can then lead officers to develop Post Traumatic Stress Disorder (PTSD) and even suicidal ideation. Law enforcement agencies must correct this downward spiral and keep officers from battling mental trauma, reduce effects of PTSD and help prevent officers from committing suicide, and this should be done by providing mental health services to law enforcement personnel.

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INTRODUCTION

A new officer just out of field training, eager to start his shift, excitedly gets to work early and begins prepping a patrol car to start his tour of duty before any of the other officers arrive. This officer, young, single, and naïve to many of the terrors of being a police officer, continues his prepping with no worries or care in the world, other than a mental note of officer safety. A short time later, a veteran officer, being on the force more than 10 years, gets to work right when he has too; not a minute early and not a minute late. The veteran officer, not caring which car he drives, makes no hustle to pick the newest squad, nor does he engage in conversation with the newer officers about the exciting chase or calls they handled on the previous shift. This veteran officer sighs loudly and rolls his eyes when he sees the schedule for the following month, knowing he will miss yet another family event. As the officers are starting their shift, a call comes out. The young officer and veteran officer are dispatched to a young child that had been struck by a car. The officers rush to their squad cars, turn on their red and blue lights and squeal their tires as they try to get the vehicle in motion; their sirens screaming as loud as they can to let the citizens know help is on the way. When the officers arrive on scene, instinct and training kick in. Immediately, the young officer and the veteran work in unison, like a well-oiled machine, providing aid to the young boy who had been hit by a truck and giving commands to the bystanders circling the area. The officers work diligently while the veteran officer stabilizes the small child's neck with blood and brain running down and through the officer's fingers, and the young officer begins CPR. The two officers maintain this unison of efficiency until paramedics arrive on scene and take over medical assistance. As the officers release the young boy to

paramedics, the brother of the child approaches the officers and quietly asks if his brother is okay. The look of fear and concern is written plainly on the brother's face. The veteran officer, with blood staining his hands, tells the brother that the young boy is in good hands. The young officer speaks up and tells the brother that he will be just fine, knowing that the young boy has a slim chance at survival. As the officers clean up and go their opposite ways for their tour of duty, the veteran officer breaks down internally, placing his own life and children at the scene, telling himself that this could have been his family or his loved ones. The veteran officer, remembering he is at work, gains his composure and never speaks of the incident again. The young officer brags to the other officers about how well they handled the situation and how the officers will probably get an accommodation for how hard they worked. The young officer has no idea, at this time, the effects this traumatic event will play on him in the future as the veteran officer continues to struggle with the internal stresses of the job. Neither of these officers have an outlet or way to break down the stresses the job puts on them or requires of them.

Law enforcement officers have the most stressful, if not one of the most stressful, professional occupations available (Karaffa & Tochkov, 2013). The stress and strain that law enforcement endures begins right at the very beginning. Law enforcement begins with a limited availability of positions and continues with an arduous hiring process. Applicants go through an extensive background, which covers all their adolescent mistakes and current mistakes, including their ex-spouses, girlfriends, former roommates, friends, and even places of employment. Applicants who get through this are then expected to pass a psychology test and polygraph before being given a job. The police academy is the next to take place. The constant stress to strive

for the top and pass each portion, or risk losing the job and possible career choice, looms over the head of every academy student. Following the academy is some form of in-house training like becoming a Field Training Officer (FTO). The process for FTO is not necessarily to get rid of the new officers, but to train those who can do the job and remove those that are not. FTO is effective, but, not necessarily, efficient. The stress of having to pass or get fired is a constant factor, and if a recruit gets with a trainer who is difficult, the stress increases as does the difficulty of the job. The next and final phase is being released out on one's own as a solo unit. This officer is now expected to know all the policies and procedures of not only the police department, but of the city as well. The officer is expected to know all the laws and city ordinances and is expected to know how to handle every scenario, including that of a deadly force situation.

Officers are trained and prepared physically but are left to their own vices when it comes to dealing with mental training and assistance. The stressors that law enforcement officers are exposed to can vary, including excessive report writing, limited career availability, rotating shifts, extended shift hours, unstable schedules, and lack of training (Karaffa & Tochkov, 2013). Law enforcement officers are continually facing new issues and stressors in their work that leads to emotional and psychological trauma. Law enforcement routinely places officers in high risk and possibly fatal scenarios, dealing with some of the worst of society (White et al., 2016). Law enforcement officers carry out their duties generally with no gratitude from the public for doing their jobs. The constant negativity and stress from the public, social media, and work trauma all take a toll on an officer's mental health. This trauma, if left alone, can turn into long term medical issues such as Post Traumatic Stress Disorder (PTSD);

unhealthy addictions to alcohol or drugs; physical altercations, like stroke and cardiac arrest; and, eventually, result in suicide. Police departments and law enforcement agencies can counteract these negative results by providing officers with mental training when officers are still young in their careers, supporting the officers with getting mental health care when needed, and even providing services and outlets for officers to go to. Law enforcement departments that do provide these types of services would see an increase in officer health, both physically and mentally, an increase in involvement by officers on duty and off, and would see fewer negative addictions to alcohol and drugs. Additionally, officers' home lives would improve, resulting in fewer divorces, better communication, resulting from traumatic events, and a willingness to seek help instead of choosing suicide as an option. As a result, law enforcement agencies should provide mental health services to law enforcement personnel.

POSITION

Understanding the effects of stress and providing healthy avenues of escape would help to limit and control stress that law enforcement faces daily. According to Constant (2019), law enforcement stress is not necessarily blatant or unique to the field of policing; almost all types of stress in law enforcement can be found in other professions. The alarming thing about law enforcement stress is that most types of stress can all be found in the law enforcement field. Hans Selye, a prominent researcher in the field of stress, identifies police work as “the most stressful occupation in America, even surpassing the formidable stresses of air traffic control” (as cited in Constant, 2019, para. 2). Law enforcement officers and personnel deal with the ugly side of society on a daily basis but are expected to be upstanding citizens and enforcers

of the law, with no faults. Officers give themselves daily to the job and to the community while rarely receiving a thank you, however, officers are getting called into the office due to false complaints and disgruntled citizens. Officers endure this everyday negativity for the entirety of their careers, some spanning into 40 plus years. The resiliency of an officer's mental strength against stress can falter over time. The need for an outlet or gym for one's psyche needs to be implemented and needs to be done sooner rather than later. Officers are prepared physically from day one to be in the best of shape and are taught numerous physical ways to fight off suspects and apprehend criminals but are not taught how to guard themselves against the stresses of the field of police work. There is a community understanding that in the field of police work numerous stress related problems show up, such as hypertension, stroke, high blood pressure, coronary artery disease, sexual dysfunction, and suicide (Carlan & Nored, 2008). The effects of stress can also cause cognitive difficulties, to include anxiety, PTSD, and emotional difficulties like depression, avoidance, withdrawal, substance abuse, and cynicism. These negative effects of stress all play a role in domestic violence, suicide, and divorce rates higher than those of normal citizens (Carlan & Nored, 2008). These stressors do not differentiate between small towns and counties; instead, it might play a larger role in smaller cities and counties. Smaller agencies encounter additional types of stress, such as those of working conditions or activities. These smaller agencies have fewer resources available to them, making them more prone to stress, due to the lack of resources available, causing them to be more insecure and less self-confident in their abilities (Papazoglou, 2013).

Police addiction, due to incident trauma and stress, is another reason mental health services should be available. Law enforcement officers, when no outlet is available, look for coping mechanisms to deal with their mental trauma and stress. These mechanisms can develop into alcohol and drug addictions, that when left unattended to, could result in very serious long-term issues. The ability to cope due to stressful situations varies with each person and each officers' experiences in life and career. Despite the types of experiences some veteran officers have, some will start to avoid, ignore, or try to suppress the emotions brought up by traumatic events. These incidents are what lead officers to seek additional coping mechanisms such as alcohol (Cross & Ashley, 2004). While not every officer seeks to cope with stress and trauma through the means of alcohol and drugs, research has shown that approximately one-quarter of law enforcement personnel have become dependent on alcohol and drugs as a result of stress from on-the-job trauma (Cross & Ashley, 2004). Officers become "numb" with the job, sometimes being seen as dark humored or insensitive. These are also coping measures. Officers who lack healthy outlets will use excuses such as alcohol as a means to distract or ignore the mental pain. Alcohol has become an acceptable outlet in police culture. It is seen as a way to still be social and push comradery among other officers. The danger is that overtime this already dangerous coping choice becomes more of an addiction than a temporary escape. The effects of stress and trauma will still remain even after the use of alcohol has worn off (Cross & Ashley, 2004).

A study was conducted which focused on five lifestyle behaviors, alcohol consumption, tobacco use, inadequate exercise, perception of overweight and stress

symptoms. The results indicated that 83% of the police officers had at least one unhealthy lifestyle behavior and 19% had three to five unhealthy behaviors (Tanigoshi et al., 2008, p. 64). Of particular concern were the reported high levels of alcohol consumption and binge drinking. The results revealed that, for the male officers 48% consumed high levels of alcohol, 27% used nicotine, 21% led sedentary lifestyles, 46% reported being overweight and 12% reported the presence of moderate to severe symptoms of stress (Tanigoshi et al., 2008, p. 64). Of the female officers, 40% reported high-level consumption of alcohol, 32% used nicotine, 24% led sedentary lifestyles, 47% reported being overweight, and 15% reported the presence of moderate to severe symptoms of stress (Tanigoshi et al., 2008, p. 64).

Along with alcohol use, drug use has become a large factor in law enforcement. The issue with substance abuse has become so prevalent in law enforcement that some agencies have had to establish mandatory drug-testing programs (Cross & Ashley, 2004). Officers who have turned to drug use as their coping mechanism can catch themselves in a downward spiral. These officers have more than enough chances to have access to illegal drugs with just who they deal with in their normal police setting. These officers then make excuses and rationalize why they need these narcotics all in an attempt to cope with the job stress they have endured (Cross & Ashley, 2004). For officers, they are always on the clock. Officers do not get to leave work at the office and just focus on the joys of home life when at home. Law enforcement personnel are always ready and are taught to always “keep their head on a swivel” so they can be looking for the danger ahead. This constant high stress, along with substance abuse, plays havoc with personnel. Officers who use narcotics as a coping mechanism can see

problems throughout their home life and professional life. Issues can arise such as lower productivity at work resulting in lower wage and additional family problems, leading to domestic violence. According to Cross (2004), officers with substance abuse problems can become overly aggressive and agitated, feel constant exhaustion, feel overwhelmed by the job, and have increased family problems, resulting in loneliness. These issues only push the use of substance abuse to cope. Cross (2004) indicated that officers, over time, will continue using substances and abusing them to the point where officers are unable to perform the job, forcing them to become more depressed and dependent on outside substances. This behavior, according to Cross (2004), ultimately results in thoughts of suicide, which have been linked strongly to alcohol and other substance abuse.

PTSD and suicide are other reasons why law enforcement agencies need to provide mental health services. As law enforcement officers continue to deal with trauma and stress, and their coping mechanisms continue to fail, PTSD and suicide become more prevalent. Recent studies suggest that law enforcement, just like combat veterans, experience trauma, resulting in increased chances of developing PTSD. Law enforcement officers are trained to execute their duties professionally and with integrity; they are always expected to be pillars of strength in society. Eventually, law enforcement officers can reach a breaking point that they cannot endure while dealing with the stresses of the job. It may manifest itself in the form of a horrific accident, a violent act against a child, or even a death of a friend or partner, and these stresses can eventually lead to full scale PTSD (Miller, 2000). When an officer is involved in a shooting, not only is the officer's stress enhanced, but so is that of the departments and

the officer's family. The officer is generally isolated from other personnel, his gun is taken away from him, and he is questioned like that of a criminal. When that officer gets home, his family is stressed, wanting answers, but not knowing how to help further harms the situation. The officer is then ridiculed and "arm-chair quarterbacked" by the media and other officers. The trauma caused by these events is long lasting and the totality of affect will probably never be known. Miller (2000) indicated that two-thirds of law enforcement personnel involved in shootings suffer mild to severe trauma, and approximately 70 percent leave the police force within seven years of the shooting. Miller (2000) indicated that police suicide doubles that of the general public and that most police suicide is done by younger officers, who are off duty, that use their own service pistols, and who have no prior disciplinary record. Alcohol and work stress are the main factors for these actions (Miller, 2000). When law enforcement cannot find healthy avenues of escape or get mental health quickly, long term damage, such as that of PTSD, and, possibly, suicide are the resulting factors.

COUNTER ARGUMENTS

A major concern for departments is the cost of providing mental health services. Law enforcement agencies are all held back by a single issue and that is a budget. Law enforcement departments, when faced with an issue, such as placing an officer on short or long-term disability or workers compensation, must move money around in their budget to pay for the officer being gone, in terms of overtime and manpower. Departments, especially smaller agencies, do not or cannot budget for these types of scenarios (Odin, 2013). When dealing with a governmental agency and choosing to take on medical issues can mean large dollar signs. It, at first, makes sense why

departments are scared to provide medical services beyond the bare minimum. It can lead to long term issues that a city and department might not have the funds to cover for the duration of the treatment. It was discovered that when help was provided within approximately three weeks of an extremely traumatic event, the costs for treatment for someone who was severely traumatized was approximately \$5,000 and if help was not provided within that time and was delayed beyond three or four weeks, the approximate costs could climb to approximately \$200,000 (White et al., 2016). The pricing of therapy sessions and amount of therapy sessions needed can vary depending on the incident and the officer involved. The average cost of psychotherapy is approximately \$75.00, and the number of visits can extend past two years, at times (Odin, 2013). When officers don't get the help they need, departments are having to cover the costs upfront in the terms of abuse of sick time, lower morale and productivity, excessive use of workers compensation and even officers quitting the profession. However, the costs of providing mental health services, overall, is extremely beneficial to law enforcement agencies. On average, it costs approximately \$100,000 to replace a 5-year veteran officer (Kureczka, 1996). This amount takes into consideration the costs of overtime, training, equipment, benefits, and knowledge of losing a 5-year officer (Kureczka, 1996). Kureczka (1996) indicated that when officers were provided help when PTSD was detected, the average cost was approximately \$8,300; however, when help and detection were delayed, costs rose to approximately \$46,000. These prices are large, but they are still lower, even half the cost incurred by the agency, if no help is provided to the officer or if the officer leaves. On average, when officers received immediate treatment, approximately two weeks of recovery was needed, with no long-term issues

observed, and, when treatment was delayed, it could take approximately 46 weeks of treatment, and officers continued to display issues (Kureczka, 1996). Kureczka (1996), indicated that based on the numbers, it is clearly obvious that it is cheaper to provide group therapy immediately, rather than having to wait and provide long term therapy or delaying therapy to a point where the personal and professional life of the officer involved becomes detrimental to himself and the agency.

Additionally, an issue that arises with seeking mental health is the stigma. Law enforcement is a profession that is viewed through masculine eyes and has a "do not" or "cannot be weak" mentality. It has been stated, "Tough job personnel, cops especially, have a reputation for shunning mental health services, perceiving its practitioners as softies and bleeding hearts who help rotten criminals go free with wussy excuses or overcomplicated psychobabble" (Miller, 1995, p. 596). In law enforcement, being weak is a sign of cowardice, which is a behavior that is not tolerated in the police subculture. Woody labels police culture by being a brotherhood with support only from those inside the culture, but also being separated from society (as cited in Papazoglou, 2013). This means that once in the culture, officers adopt all facets of the lifestyle or group and shun or exile those that no longer meet that standard. This integration begins at the police academy level. Rudofossi states that at the police academy, officers are trained rigorously to remove the expression of emotion by completing numerous exercises of physical training on how to survive in patrol (as cited in Papazoglou, 2013). Royle advises that police officers have adopted an idea that they are required to be stronger than the rest of society due to their directive to serve and protect (as cited in Papazoglou & Tuttle, 2018). This machismo mentality is a hinderance when it comes to

seeking mental health, causing distrust of those outside the law enforcement circle. Mental health providers are no exception. They can be perceived as a threat rather than a source of help (Papazoglou & Tuttle, 2018). Miller (1995) stated that mental health providers are not trusted by law enforcement due to being viewed as bleeding hearts and criminal supporters. This causes law enforcement to be on edge and look at mental health providers as the enemy, as there can be no trust for law enforcement personnel and someone who supports criminals (White et al., 2016). The stigma with mental health is so prevalent in law enforcement that police officers who may have a mental illness will not seek help; instead, they will try to conceal the issue, possibly causing the illness to increase in severity, just to keep from being ridiculed and labeled by their peers (White et al., 2016). Police officers also fear the risks involved with seeking mental health. The risk of having secrets revealed, whether in the personal, professional, or individual realms can come with huge consequences. These consequences could result in the termination of one's job, department discipline, and even isolation from those the officer works beside, along with possible documentation that could be released to the department, or used against the officer in court (White et al., 2016).

Despite the negative perception of seeking mental health, there are ways law enforcement departments can circumvent this and reduce, if not remove, the stigma attached to seeking mental health. Officers tend to trust other officers; this mentality goes along with the police culture. This brotherhood and being able to vent to other officers are common since officers can relate to each other. This same idea can be applied to mental health providers and police chaplains. Departments can also

implement programs such as peer-counseling programs, group therapy, and even employee assistance programs. When implementing peer-support groups, departments eliminate stigma by having officers speak to other officers. A general trust is already established, allowing communication to take place. These peer-support groups would have trained officers available, if needed, to provide a first level response of mental health healing and would be able to make referrals to mental health clinicians whom they would be working alongside, if needed. The setting for these peer-support groups would be non-confidential and non-judgmental, allowing full trust to be placed into the program (Kureczka, 1996). When an officer is in need of a mental health provider, departments must provide or have one on staff. This staffed mental health provider needs to understand the culture of law enforcement and not try to compete or change the culture or attack the warrior mindset officers are trained to have (White et al., 2016). Zelig states that by having a mental health provider on staff, officers are more likely to seek mental help; thus, reducing the stigma, since it becomes more socially acceptable within the department (as cited in White et al., 2016). Additionally, being direct and attacking the stigma head-on can be an effective and efficient way. Having officers come face to face with mental health providers, and providing exposure to what mental health providers do, will help eliminate the stigma (White et al., 2016). Departments must also be willing to support their officers in need and assist them in removing the stigma and fears involved with getting help. Departments can make group therapy a mandatory event after critical incidents eliminating the stigma of seeking mental help. Departments can set policy where they are not allowed access to or provided knowledge of what happens in therapy sessions when an officer seeks help. This will

reduce the fear of consequence. Finally, departments can lead by example, having their senior officers and management partake in therapy, giving the perception that seeking therapy is acceptable.

RECOMMENDATION

Providing mental health services to law enforcement personnel should be a priority among law enforcement departments. Police officers are the exception when it comes to the public. Police personnel are a unique set of people with a unique set of skills. These skills, however, come at a cost. Although law enforcement is a profession for the public by the public it is also a profession that not all from society can do. This is due to the mental and physical hardships one must endure.

Police officers have always been a pillar in society, a pinnacle of what normal citizens should strive for; strong, courageous, courteous, professional, and honest are just a few words that describe law enforcement. However, over time, law enforcement has been placed in a negative light. As recent as 2019, officers are called racist, fascist, compared to violent gangs, or mindless puppets of the government. Though, despite the constant verbal abuse from society, law enforcement still carries on, pushing towards the sounds of gunfire when everyone else is running away. Officers have been seen laying on the bodies of civilians to protect them from harm, only to place themselves in danger amongst other acts of selfless heroism.

Law enforcement has been said to be one of the most stressful professions one can choose; this stress, over time, causes massive trauma internally. Officers being trained to be strong and to not show weakness has developed coping mechanisms to combat this enormous stress. Officers who struggle with stress have been found to use

alcohol and drugs as a way to cope. Officers can find themselves drinking at social events in an attempt to dull the senses and pain from their internal stress and anguish. This style of coping has been proven to be detrimental, as it can sometimes bleed over into professional life, where officers begin to make bad decisions, causing them to be disciplined or even terminated, which causes the addictions to compound. Officers who do not get ahead of addiction can then find themselves in even worse conditions. These officers can develop PTSD and severe mental trauma, which may even result in them committing suicide. Despite the constant stresses, emotional trauma, and isolation that officers sometimes must endure, there is light at the end of the tunnel. Officers can seek mental health. Though this is also not an easy path, as officers have to fight the stigma of seeking mental health, being labeled as dysfunctional, or even being considered a threat amongst their peers.

Departments can counteract this stigma by providing services and making policy that removes the option of choice of being a part of a mental health service or group. When the departments utilize and make available the services needed by officers, it becomes part of the normal culture and is no longer ostracized by the culture of law enforcement (White et al., 2016). Though departments may feel that the cost of providing mental health services outweigh the need, this has been proven to be false. When compared to the total costs of having to replace a veteran officer or having to deal with the total costs of a police officer committing suicide, or one that might breakdown on a call not knowing what that officer might do, the cost is cheaper to provide the services (Kureczka, 1996).

Departments can begin by simply starting mental health groups after traumatic events. This would not cost the department major fees, in terms of budget. Officers would be provided mental health and start mental health healing, and the stigma would be removed as it would not be an option, as everyone involved would be required. Over time, departments could branch out by training officers for peer support groups, providing police chaplains who have been trained as law enforcement officers, and even hiring a therapist full time to be available for those that need further mental health assistance. The end goal of providing mental health services is to save those officers who are currently carrying mental trauma and prevent them from going down a path of severe trauma, leading to PTSD and suicide, as well as to train new officers to be better prepared to combat mental stress; thus, eliminating the stigma and pattern of officer death and suicide.

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