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NYC Patrolmen's Benevolent Association  
Members Assistance Program  
Grant #96-FS-VX-0007

**NYC PATROLMEN'S BENEVOLENT ASSOCIATION  
MEMBERS ASSISTANCE PROGRAM**

**PROGRAM FOR THE REDUCTION OF STRESS  
FOR NEW YORK CITY POLICE OFFICERS AND THEIR FAMILIES**

**A FINAL REPORT  
TO THE  
OFFICE OF JUSTICE PROGRAM**

**GRANT # 96-FS-VX-0007**

**December 1998**

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## INTRODUCTION

The Members Assistance Program of the New York City Patrolmen's Benevolent Association is pleased to provide a Final Report on its Program to Reduce Stress Among Police Officers and their Families. Activities covered in this final report include need, methodology, statistics, results, and analysis. On behalf of all the partners involved in this precedent-setting program for police officers and their families in the nation's largest metropolitan area, the Members Assistance Program (MAP) thank the Office of Justice. The fact that the number of police suicides among New York City police officers has sharply declined since the implementation of Program to Reduce Stress Among Police Officers and Their Families presents a compelling endorsement of the Program's success in encouraging officers to seek help with stress-related issues.

The need to continue the Program to Reduce Stress, however, remains a priority among all partnerships. In October 1998, for example, a police couple died in a murder and suicide incident, leaving their two children orphans. This one case emphasizes the great need to continue to expand the successful elements of the Program to Reduce Stress Among Police Officers and their Families in the New York area. The Office of Justice grant provided vital support in the creation of a viable program for New York City police officers that offers a model for all law enforcement agencies, regardless of size.

## **EXECUTIVE SUMMARY**

This executive summary fulfills the requirements of NIJ Grant #96-FS-VX-0007. The Program to Reduce Stress Among Police Officers and their Families postulates that when police officers are given the right conditions, they will seek the necessary assistance and guidance to deal with the stresses of their professional and personal lives. Through the development and application of its volunteer Peer Support Assistance Program and implementation of the Program to Reduce Stress, the New York City Patrolmen's Benevolent Association's Members Assistance Program (MAP) validates the basic principles of this premise.

It is well established that police officers and their families experience higher levels of stress than other service related occupations.<sup>1</sup> In New York City, between 1994 and 1995, twenty-one police officers committed suicide.<sup>2</sup> These tragedies created the impetus for the research and development of possible solutions to the problem manifested by the high number of suicides among the nation's largest metropolitan police force. The New York City Patrolmen's Benevolent Association solicited the budgetary and moral support of the New York City Council, the legislative branch of the New York City government, and with full collaboration established the Members Assistance Program (MAP), as a volunteer support program to serve the law enforcement personnel of the New York City Police Department.<sup>3</sup>

Almost concurrent with the beginning of the Peer Support Officer Program's operation, the grant that is the subject of this report, NIJ Grant #96-FS-VX-007, was awarded. The grant supports the further development of the Members Assistance program. The grant provided support to

expand activities of MAP and provide Family Support as part of the program reduction of stress among police officers by reaching out to their families.

The Members Assistance Program (MAP) for the Reduction of Stress for New York City Police Officers and their Families involves a synergistic assistance program that maximizes the use of all available resources affecting the lives of New York City officers.

For the purpose of this project, these resources include the following five components:

- The Police Agency – The New York City Police Department
- Local Government – The New York City Council (legislative branch of City government)
- Labor Unions – Five police unions that collectively represent all the services
- The Police Family – Spouses, Significant Others, Domestic Partners, Siblings, Parents, Children, and various loved ones of police officers.
- Private Sector – Mental Health Practitioners

Studies have established that when left untreated police stress will continue to escalate. Results of escalating stress among police officers include:

- high rate of alcohol abuse
- divorce
- suicide

Many law enforcement agencies, including the New York Police Department, make professional assistance available to officers to treat stress-related issues. Police officers in New York City have made minimal use of the department's professional services. One theoretical belief posed by this report states that professional police officers believe that whenever one link in the society they represent fails to support them, the officers tend to distrust all of the representatives of their society. Therefore, when New York City police officers believed the Police Department's support services had the potential to betray confidential matters, they tended not to use those services.

Joseph Wambaugh, former Los Angeles police sergeant and novelist once wrote, "Police officers reflect the society they represent." Thus it can be concluded that today's troubled society has lead in turn to a cynical and distrustful attitude among law enforcement personnel.

The Reduction of Stress for New York City Police Officers and their Families project has successfully demonstrated distrust of support services by police officers can be changed. The method used by MAP in New York City took a systematic approach in the development of a strong volunteer peer support program and embraced all the resources offered by components of the police culture. The MAP organized volunteer peer support program restored in law enforcement personnel a renewed sense of trust. Trust is essential to help police officers make the decision that it is safe for them to ask for assistance when experiencing stress in their lives and in their chosen profession.

An essential element in the achievement of the Program to Reduce Stress Among Police Officers and their Families, in terms of financial accountability, effectiveness, and speed in implementation, resulted from the preliminary research conducted by the MAP Director, William Genêt. His study of successful stress reduction programs provided the needed information to enable the development and speedy implementation of a radical new approach to police suicide in New York City. The MAP program required the creation of a spirit of cooperation among public, private and government agencies and within all ranks of the police department's complex bureaucratic system.

The MAP project demonstrates that a successful stress reduction program can be organized, implemented, evaluated, and adjusted without a long process of development. The wealth of information provided by research reports, federal and local government papers, and examples from the private sector offer theoretical key points for implementing effective peer support programs. The research materials also provide descriptions of administrative and program responsibilities, and offer markers to use as achievement goals.

In addition to employing components from other model projects, the Program Reduction of Stress for New York City Policemen and their Families project also implemented several unique program elements.



These innovations include:

- Use of volunteer Peer Support Officers
- Creation of a database of mental health clinicians trained on issues facing law enforcement personnel and their families
- Establishment of a Twenty-four Hour-a-Day Help Line
- Historic first collaboration among the New York City Police Department, five police unions, the New York City Council, and the private sector

The partnership created by MAP among all the societies that make up the police culture in the City of New York allowed the Program to Reduce Stress to have the needed administrative and legal support, while, at the same time, giving the MAP program the freedom to create a new way to deliver services to police officers. Development of an enhanced spirit of cooperation among the New York City Police Department, police unions, and Executive-level City government took the form of specific steps of information sharing and formal agreements. The final report looks at these steps, and provides a model for all law enforcement agencies, with particular significance for urban metropolitan law enforcement agencies.

The Peer Support program for the Reduction of Stress among Policemen and their Families final report provides a guide to the implementation of projects to reduce stress for police officers and their families for all law enforcement bodies. The cornerstones that allowed the Program for the Reduction of Stress among Police Officers and their Families in New York City to build a success program consist of: partnerships, creation of new Departmental policies, and the development and creation of new resources especially designed for police officers.

These key elements include:

- Active partnership among all the societies of the city that impact on police officers
- New York City Police Department's unprecedented approval of a Union-developed Program
- Autonomy of the Members Assistance Program
- Confidentiality of police officers at all levels
- Police Department Psychologist, chosen by the Department and MAP, acts as medical liaison
- Screening of Peer Support Officers
- Development of trust among Peer Support Officers during training
- Private mental health practitioners and MAP provided training of Peer Support Officers
- Creation of a Referral Database of trained private mental health practitioners
- Peer Support Program marketed to police officers and their families
- Family Support Workshop Seminars presented at sites in the community
- Creation of a Peer Support handbook for peer volunteer officers

**Activities to date include:**

- 150 Police Officers trained as volunteer Peer Support Officers
- 26 Police Officers additionally trained as volunteer Family Support Officers
- 60 Mental Health Practitioners trained about issues of stress in law enforcement personnel
- 16 Workshops presented to family members
- 75,000 Marketing flyers distributed to family members
- 50,000 Marketing flyers distributed to police officers
- 350 Marketing presentations made to police officers by Peer Support Officers

**Achievements to date include:**

- Reduction of 39% percent in the number of police suicides in 1997-98
- 1,500 Telephone calls received on the Help Line
- 600 Referrals made to mental health clinicians
- 227 Family members participated in Family Support Seminars
- 85 Mental Health Practitioners enrolled on the area's first referral database for law enforcement officers

**Obstacles**

The creation of a volunteer Peer Officer Support Program for New York City police officers and the implementation of a family support program faced several common obstacles found in any

law enforcement organization. However, presenting a successful stress reduction program for the New York City police officers presented several additional barriers.

Overall, the obstacles included:

- Limited financial and personnel resources of MAP
- Police Officers' resistance to reaching out for help to mental health practitioners
- Extended metropolitan geographical area
- Nation's largest metropolitan police force, and its accompanying bureaucracy
- Residence of law enforcement families throughout an extended geographical metropolitan area
- Police Officers and their families profound lack of knowledge about stress and its effects
- The lack of an established spirit of cooperation among public and private partners
- Personnel and security concerns
- Jurisdictional conflicts with existing Employee Assistance Program

### **Solutions**

The Program to Reduce Stress found the following solutions to address the general and specific obstacles:

- Creation of collaboration at the highest executive levels of each partner
- Secured personnel agreements with police department, including those that pertain to firearms
- Marketed program to police officers and, later, to their families
- Creation of agreements that ensure the privacy and confidentiality of all participating officers
- Reached agreement with the New York City Police Department to keep all records secured at an off-site location for police officers who use the services of the Peer Support Program
- Demonstration by MAP that officers' anonymity would be protected
- Creation of a system to improve access to mental health practitioners
- Won approval by the New York City Police Department and the Unions of police officers, that police officers participate as volunteers in Peer Support Programs and Family Programs

The final report includes the full discussion and evaluation on the NIJ-funded Program to Reduce Stress for New York City Police Officers and Their Families. These facts include an overview of the population served; the roles and responsibilities of the program's public and private partners, training and educational services provided to the Peer Support officers, the program's

marketing activities, and planning and design that lead to the creation of the area's first databank listing mental health clinicians trained in specific issues of law enforcement stress. Finally, the role played by the New York City Police Department in supporting the Program to Reduce Stress is provided. Program tools, created especially as part of the grant process, are described and included in the attached materials.

### **Chapter Outlines**

Chapter One, "The New York Experience," describes the implementation process of the MAP program. As previously reported, in the years 1994 and 1995, the New York City law enforcement community experienced twenty-one suicides. These tragedies created an impetus for the research and development of possible solutions to the problem. The New York City Police Benevolent Association solicited the budgetary and moral support of the New York City Council, which is the legislative branch of the City government.

The first chapter includes an overview of the local government of New York City, the barriers that kept police officers in New York City from making use of existing Departmental mental health programs, and the problems of untreated stress among the city's police officers. The first chapter also provides a description of the New York City Police Department's structure, the City government's and Police Unions' roles in the development of the demonstration project as well as the involvement of private mental health professionals.

The key activity of the MAP Director in the project's successful development is outlined in the first chapter. These activities included lobbying and networking with key leaders in all the partnering agencies in order to secure approval at the highest level. The MAP Director approached the various bureaucracies involved in the New York City government and Police Department, and police unions and gained their full cooperation. The MAP Director secured the Police Department's approval to pay salaries of Peer Support Officers during their period of training. The MAP Director established the program design, and worked to create this first-time partnership between the Police Department, Police Unions, and the private sector.

The description of the criteria used in the selection of a private mental health clinicians team offers a model for all law enforcement groups. Private mental health clinicians worked with the MAP Director in the development of a training program, and their duties and program role is provided.

The first Peer Support Officers, called the pioneer groups, were trained in two groups of twenty-five officers each. The training of the pioneer group of Peer Support Officers provided insights into the development of selection guidelines to implement in the selection of the next group of officers. For example, one issue that came to light in the initial training dealt with officers still experiencing stress-related difficulties. It was found that these officers mainly volunteered for the program to address their own issues. This experience demonstrated the difficulty in training officers coping with stress and how such officers overburdened limited training resources. This

experience made the selection committee more sensitive of the importance of screening out applicants with personal issues.

Trust developed among the officers during their training, and this trust strengthened during the ensuing training sessions. The importance of the spirit of volunteerism in the Peer Support Officers cannot be overstated.

The interactive involvement of the Peer Support Officers in the demonstration project offers several useful examples of how the original program design remained flexible, and its leadership's willingness to adapt the program to meet the particular requirements of the New York City metropolitan area. The willingness of the MAP Director to listen to the Peer Support Officers and to make use of their experiences as long-time law enforcement officers resulted in the development of key structural elements. One example, a suggestion by the pioneer group of the Peer Support Officers resulted in the establishment of a 24-hour telephone Help Line. Other issues that resulted from the input of the Peer Support Officers included the need for Police Departmental directives on sick leave, weapon removal, and the maintenance of confidentiality.

Other initial concerns covered in the first chapter include the outreach activities to involve the mental health community, and the effectiveness and importance of awareness training for area mental health practitioners about the special needs of police officers.

The first chapter covers the development history of Program for the Reduction of Stress for New York City Police Officers and Their Families and details the police families' need for a peer

support network. The interlocking of police officers and their families, and the fact that most officers that initially approached MAP reported family stress as their major issue, turned MAP's attention to the needs of police officer families, and how to involve them in the stress reduction program. Thus, as the second group of Peer Support Officers began training, the first Family Workshop Seminars commenced.

Chapter Two, "The Role of Peer Support Officers," offers an in-depth look at the recruitment, selection, and training of Peer Support Officers. The duties and responsibilities of the Peer Support Officers are defined in this chapter. Also outlined are the roles played by Peer Support Officers in the Family program.

Chapter Three, "The Family Training Seminars," provides the foundation material for later evaluation and assessment of the obstacles to the implementing the Program for the Reduction of Stress for New York City Police Officers and the Families. The third chapter describes the population served, and provides statistics on the number of families that participated during the course of the two-year demonstration project. Successes and problems in serving the New York City police families are outlined.

The importance of selecting the best sites to present the Family Workshop Seminars is demonstrated. These factors include childcare needs. The role of Peer Support Officers in the family workshops is discussed. The Family Training Workshop syllabus and the involvement of the mental health clinician partners in the ongoing family support groups are provided.

Evaluation of the family support workshops suggested future topics for the family workshops.

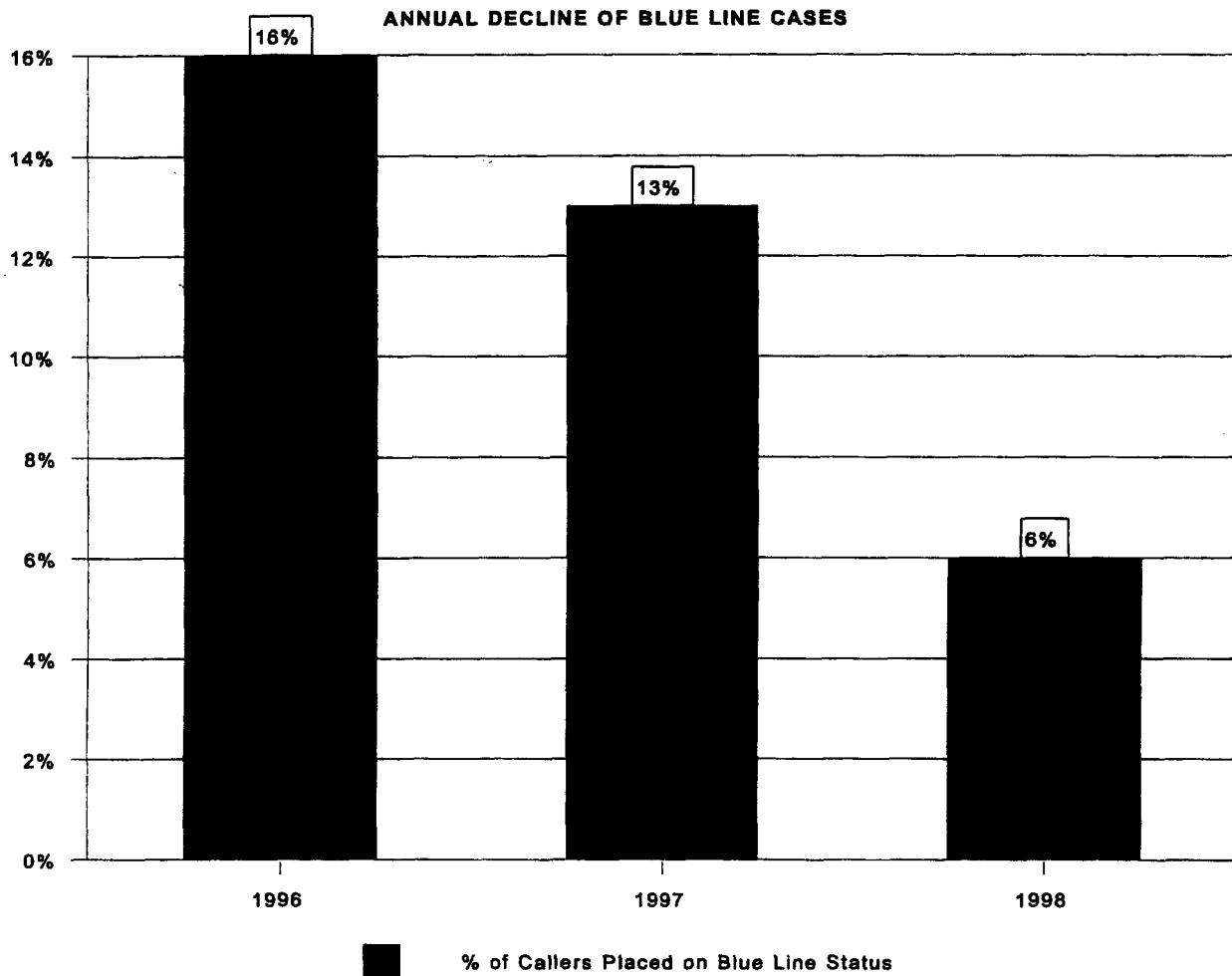
The demand on limited personnel caused by the needs of the Family Support Workshops, and the overall issues of limited personnel resources are highlighted.

Chapter Four, "The Referral Network of Mental Health Professionals," discusses the development of the New York metropolitan area's first mental health clinician Referral Network for police officers. The first step in the recruitment of mental health professionals included the development of selection criteria and the creation of an application form. The Program established a database of more than 100 trained mental health professionals trained on issues affecting law enforcement personnel. This demonstration project offered outreach to mental health professionals and the presentation of two free Professional Orientation Workshops. The mental health professionals that attended the Program's Orientation Workshops provided evaluations, and reported their experience and the quality of the training outstanding.

Chapter Five, "Marketing the Program," offers the process taken by the MAP Director to market the program to police officers, Peer Support Officers, and police families. The fifth chapter focuses on the role of the family and others involved in police officers' lives. The activities of the New York City Police Department and the Police Unions in the marketing of the demonstration project are provided. Also provided is activities taken to market the program to mental health clinicians. Statistics of the marketing component offer conclusions that will impact further activities and improve the marketing program as a whole.

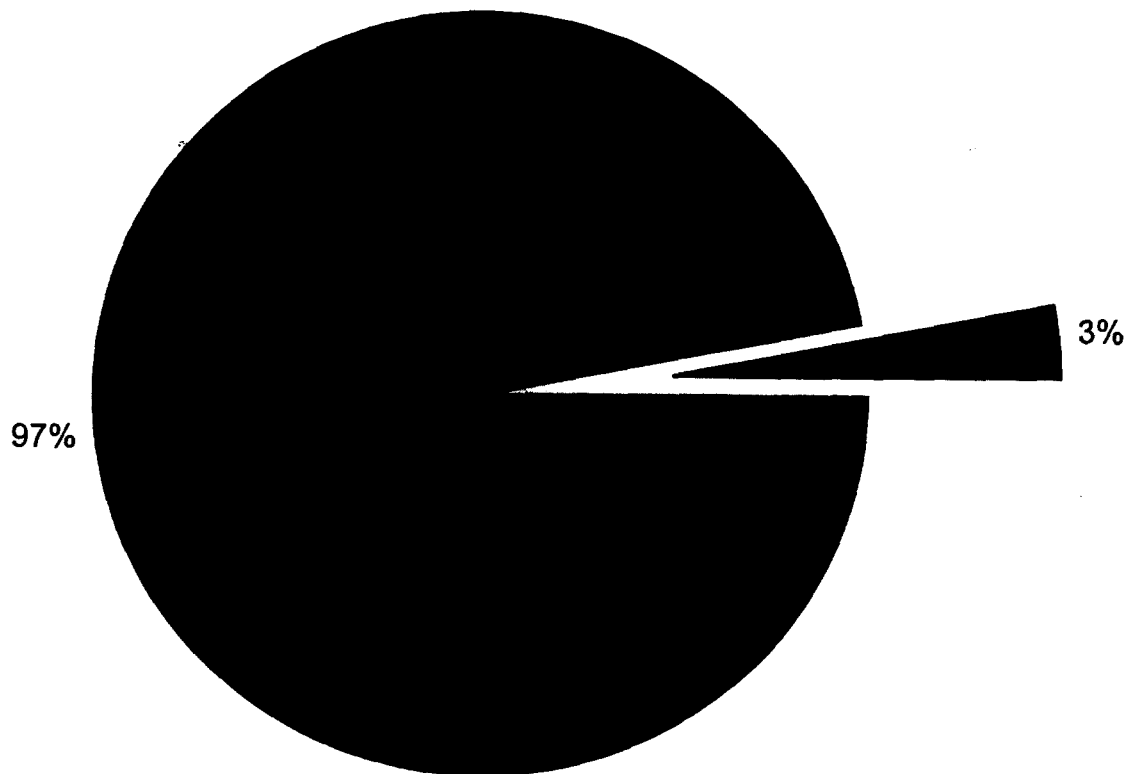


### EXHIBITION 1



Chapter Six, "Monitoring and Evaluation of the Demonstration Project," offers an analysis of the program statistics and program data. In particular, the decrease over the three-year period (see Exhibit 1 above) demonstrates the percentage of police officers placed on "Blue Line Sick" status. This statistical fact plays a role in the final conclusion that the number of "Blue Line" callers went down, at the same time that the overall number of telephone callers increased. . The fewer Blue Line cases means that officers called MAP earlier, before stress built to more dangerous levels.

One statistic with significant program implication is the fact that three percent of all New York City police officers sought professional mental health services during the period covered by this grant. The number of referrals to the mental health professionals reflects the Peer Support Officers' abilities to help law enforcement officers feel secure enough to seek assistance for



stress related issues. Provided in the final report are the specific achievements toward the goal of developing systematic resources for law enforcement personnel. The resources encourage officers to access services that offer assistance for stress-related problems.

Over the period covered by this grant, October 1, 1996 to September 30, 1998, twelve Family Workshop Seminar were presented in four sites across the New York City metropolitan area. All families of the 38,000 police officers of the New York City Police Department were notified about the Family Support Workshops, and received educational materials on the impact of stress as it relates to police families. statistics for the two-year program outreach to New York City police families reveal the difficulty inherent in reaching out to the families of law enforcement personnel. Yet, the overall high evaluations that were provided by the family members who attended the Family Workshop Seminars demonstrated that family members want help with stress-related issues. The family members participating in Family Support Workshops provide feedback on the program success and areas for improvement.

Chapter Seven, "Conclusions," offers an assessment of what worked in the project, elements that needed adjustment, barriers to achievement, and what elements did not succeed in meeting planned objectives. One factor with significance for other law enforcement agencies interested in implementing a similar program deals with the fact that coordinating the demonstration project in New York City did not require a specialist or a person with advanced degree in psychology. The Program for the Reduction of Stress for New York City Police Officers and Their Families was developed and implemented by a member of the NYC Patrolmen's

Benevolent Association, using the model established by the RedBlock program as a guide. His years of experience working within the New York City Police Department, the policed unions, and communicating with police officers facilitated the program's development.

The success of the New York City project demonstrates that a key motivating factor in implementing a successful program involves the willingness of the public, private, and government agencies to act in collaboration with a common goal. The ability of a non-mental health professional to successfully initiate and integrate a collaborative program to benefit law enforcement personnel has implications for policy and practice for application to all law enforcement departments regardless of size.

An overview of the evaluations received from Peer Support Officers and family members provides a guide for the future development of the ongoing program in New York City. Other key achievements in the Program for the Reduction of Stress include the creation of a 24-hour Help Line for police officers seeking assistance, and training for mental health clinicians about stress issues of law enforcement.

Data on the marketing of the program and the overall poor attendance by family members demonstrates the importance of a proper timing in implementing a family program into the overall Peer Support Program. The number of families (some 75,000) received marketing information for the Family Training Workshops. The average number of family members attending each workshop was 15 to 20. The highest level of participation was found among

family members of rookie law enforcement officers, and conclusions are drawn that marketing the family program should begin with the families and loved ones of Police Academy recruits.

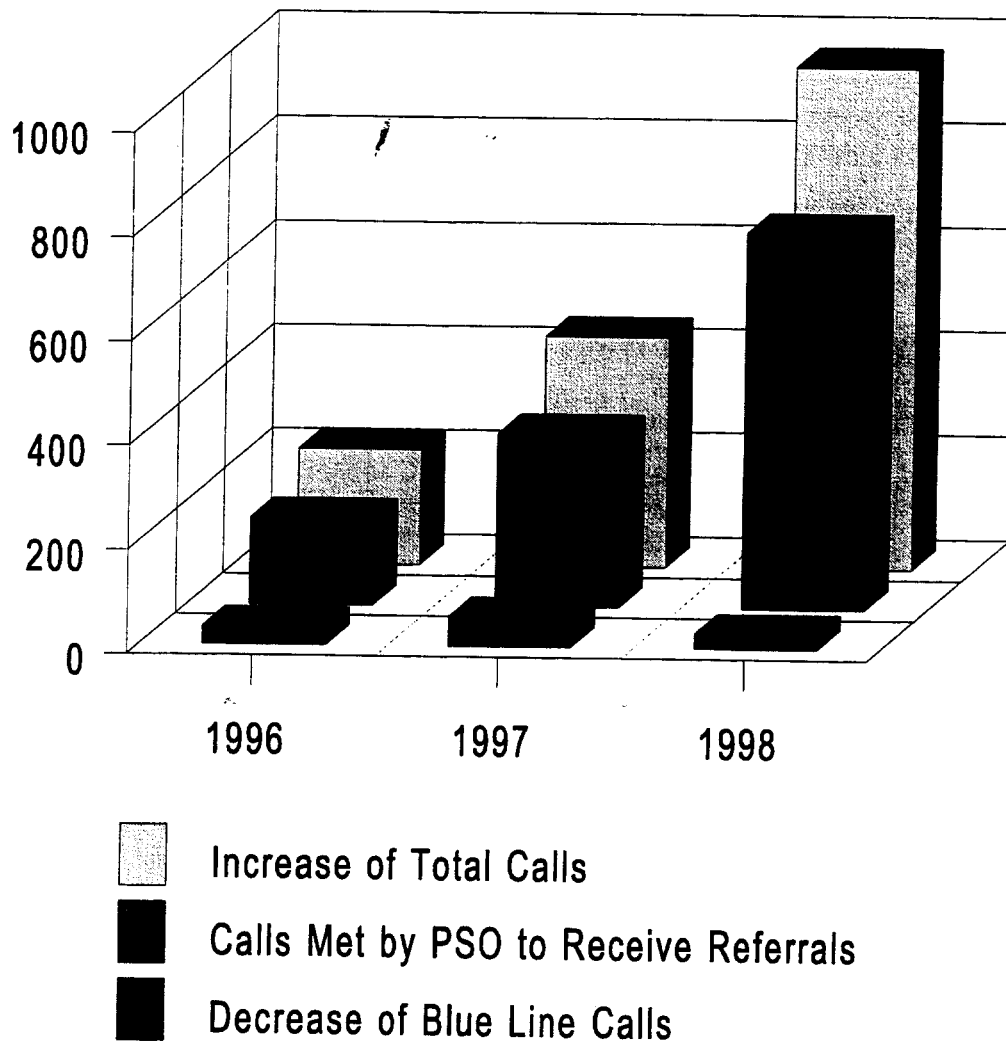
Materials developed for the program are outlined in the final chapter. The success of the Peer Support Handbook is evaluated. Additional factors, such as the fact that the total number of evaluations from family members requesting Workshops specifically designed for children remained too few for statistical significance, still the requests from family members for such workshops offers thought for future demonstration projects.

All the processes described heretofore have systematically initiated the creation of a sense of trust within the New York City police culture.

Evidence of the overall impact to reduce stress among New York City police officers by their asking for help in the early stages of their problem is clearly indicated by the decrease in the percentage of clinically referred officers being assigned to sick leave, weapons removal, Blue-Line status. (See Exhibit 3)

The increase in calls and decrease in Blue-Line cases reasonably suggests that the early self-referral of officers seeking assistance is becoming a reality.

Exhibit 3  
Analysis of Early Self-Referral



## CHAPTER 1

### THE NEW YORK EXPERIENCE

#### Key Points

##### The Problem:

- ❑ New York City police officers cope with tremendous stress, a fact reflected by 71 suicides among NYC police officers in a ten year period, 1985-1995.
- ❑ New York City Police officers do not make use of existing psychological services of the Police Department.
- ❑ The City of New York government and citizens, represented by the City Council, recognized the problem of stress on the city's police force, and ordered a study of police suicide among New York City police, and held a series of public hearings on the issue.
- ❑ The New York City's police culture consist of a 38,000 member force, five police unions, the New York City Police Department, the New York City government, and family members of police officers.
- ❑ Police officers needed a non-Departmental solution to help them access psychological support services, and the solution had to have the full backing of the New York City Police Department.

The Solution:

- ❑ The New York City Government, mayor and citizens, represented by the City Council, offered support by securing \$50,000 in the City budget to establish a peer counseling program to, "help police officers cope with job stress and other factors, such as withdrawal and isolations, contributing to suicide."<sup>4</sup>
- ❑ The MAP Director identified the core issue that fostered the lack of trust among the rank and file officer of the Department's psychological services. The study showed that any successful program would have to operate independently from the Department.
- ❑ Selected the model of a volunteer peer support program to help New York City police officers seek early assistance for stress related issues.
- ❑ With initial reluctance, yet with eventual full support, the New York City Police Department recognized that the unions' program offered a solution for their police officers and encourages officers to seek assistance for their stress.
- ❑ The cooperation and willingness of all partners to work toward the common goal to benefit the police officer men and women of New York City overcame heretofore-impassable barriers to cooperation.
- ❑ Secured cooperation with the heads of all partner organizations to achieve the needed non-interference and support. NYCPD established non-departmental interference in the operation of MAP.
- ❑ As importantly, a meeting with all presidents of all five police unions established that union representative would pose no interference with the administration of the MAP program.
- ❑ The NYCPD took a historic move, and gave to MAP the authority to put officers on sick leave and, when necessary, to remove officers' weapons. This was accomplished through the assigning of a department member as the medical liaison to the MAP.
- ❑ All records of clients kept off-site under the confidential responsibility of the medical liaison.
- ❑ The NYCPD trusted the MAP process, and this trust resulted in a change in the police department's personnel procedures and actions. This fact clearly demonstrates that departments can change and utilize all available resources when it comes to the wellbeing of its officers.



### **Creation of the Member Assistance Program**

In 1994, the New York City Government and Police Department heard a wake up call sounded by the fifteen suicides in one year by members of the city's police force. The New York City Council ordered a study, *Report on Suicides in the NYPD, 1984-1995*, and held a series of public hearings, highlighted with testimony from police officers who had used the Police Department's existing psychological services. The person eventually appointed as Director of the Member Assistance Program also received an invitation to meet with New York City Council members and staff to discuss ways to address police suicide.

At the same time as the City Council held its hearings, the Police Department sat down with union delegates to try to identify ways to make the Department's psychological services division more effective. After a conference with the head of the Department's psychological services, a priority of the current psychological staff was seen to serve the citizenry of the city more than the specific needs of the rank and file officer. This left a Departmental-wide service gap for the law enforcement personnel. This gap in services affected the New York City's police force of 38,000 members, as well as the whole police culture, consisting of the officers, five police unions, the New York City Police Department, the New York City government, and family members of police officers.

The police union leaders recognized that a new process had to be created to help police officers access support services for their stress. The Police Benevolence Association Union President

appointed a twenty-year member of the union's executive board, who had served thirteen years as a patrol officer and twenty-six years as a union delegate, to organize a program. The assigned task of the Membership Assistance Program (MAP) Director was to identify the best way to get police officers to reach for help before crisis.

The MAP Director, prior to his appointment, received training in RedBloc,<sup>5</sup> a program developed for railroad workers. This experience, and through further research into successful stress reduction programs, resulted in the decision that a volunteer peer support program presented the best method to help New York City police officers seek early assistance for stress related issues. The spirit of volunteerism has clearly been indicated as a necessary component to establish a sense of trust among the people served. With initial reluctance, yet with eventual full support, the New York City Police Department recognized that the unions' program offered a solution for the city's police officers by encouraging officers to seek assistance for their stress.

As a police officer, the MAP Director understood the long-standing under utilization by the city's police officers of the Police Department's psychological services. The officers' overall distrust of the Department's psychological services program resulted in only a very few officers ever making voluntary use of the Police Department's mental health services. The MAP Director identified a core barrier to officers seeking assistance was the lack of trust among the rank and file officer of the Department's psychological services. Clearly, any successful program had to establish itself as independently operated from the Department. Officers seeking

assistance equally needed to know that the Department had a sincere interest in their wellbeing. Therefore, the full cooperation of the Department in the MAP program was crucial.

Steps toward implementing the peer support program had already begun. First, a private mental health practitioners, the Manhattan Counseling and Psychotherapy Associates, approved by the City Council, was identified and engaged to train the first pioneer group of fifty police officers in the techniques of peer support. The New York City Government, mayor, and citizens, represented by the City Council, offered support in the volunteer peer support program for New York City police officers by securing \$50,000 in the City budget to "help police officers cope with job stress and other factors, such as withdrawal and isolation, contributing to suicide."<sup>6</sup>

The unique full cooperation by all partners in the MAP program, institutionalized in its makeup, provided a secure foundation for all future program activities. The cooperation and enthusiasm of all partners to work toward the common goal to help police officer men and women of New York City overcame heretofore impassable barriers to cooperation among the private, public, and government organizations.

### **Operate Independently from Existing Bureaucracy**

Previously, attempts to implement a successful peer support program for police officers had failed in New York City due, in main, to the fact that the programs was administered either by a police union or by the police department. Directed by a separate and distinct entity, the current

peer support program for police officers, the Membership Assistance Program (MAP) provides a model program of independence and partnership.

The successful establishment of the independent MAP services necessitated the cooperation of the New York City Police Department in several aspects. First, peer volunteer police officers polled during the first session of peer support training indicated that a primary concern and a barrier to their colleagues seeking help was that the request for assistance would show up in their personnel files and adversely affected their advancement. To overcome this barrier, meant that the Department and the unions could have no active supervision in the process of a police officer's participation in the MAP program or in the officer's treatment.

The MAP Director met with the chief of personnel of the New York City Police Department (NYCPD) to negotiate a solution to this important concern of police officers. Success meant that the Department had no access to the MAP files. In recognition of the need, NYCPD agreed to take a non-departmental interference role in the operation of MAP and its records.

As importantly, a meeting with the presidents of all five police unions established that union representatives would pose no interference with the administration of the MAP program. This important component of non-interference was reinforced further by the experiences reported by other peer support endeavors (New York City's medical emergency peer support program<sup>7</sup>). The vital need for a spirit of non-interference was incorporated as a priority principle of the MAP peer support program.

To complete the all partners' agreement of non-interference, the Director of MAP also secured the cooperation of the City Council and the Police Commissioner. These agreements ensured the success of the New York City program and solidified the partnership with all organizations involved. These agreements achieved the necessary non-interference and full support of all involved.

A second important negotiation won the approval from the police commissioner that the training of peer support officers could be done on department time. The chief of personnel, representing the police commissioner, instituted and implemented the necessary written orders that ultimately guaranteed non-interference by the department.<sup>8</sup>

### **Duty Status and Weapons Removal**

Traditionally, police departments do not yield authority to unions, particularly in the realm of weapons removal and duty status. In a historic move, the NYCPD broke with custom, and gave authority to MAP to place police officers on sick leave, and, when necessary, remove weapons from officers. This was accomplished through the assigning of a Department member as the medical liaison to MAP. The selection of the medical liaison was a joint agreement between the NYCPD and the Director of MAP.

The authority to place police officers on sick leave, to authorize fitness for duty, and to set up a process to determine officers fitness for duty, and ensuing weapons removal and restoration

involved great responsibility, yet it was achieved through the partners' recognition of the necessity to establish guidelines early on in the program. The chief of personnel of the New York City Police Department and the MAP Director, in a joint effort, created a set of guidelines. Personnel Memo 11 spells out the NYCPD policy established through the MAP Director and the Chief of Personnel.<sup>9</sup>

Maintaining confidentiality of police officers using MAP services was achieved by developing procedural guidelines for the assigned medical liaison. The first step in this process was the assignment of the medical liaison to a non-NYCPD office. The site chosen for the medical liaison's office was a private health care center. All records of MAP clients are kept at the private health care center under the confidential responsibility of the medical liaison.

This first-time approval by the NYCPD of offsite storage of personnel records also served to further demonstrate the Department's sincere interest in its police officers' wellness. The NYCPD also demonstrated its trust of MAP in the creation of a specified, confidential sick code, Blue Line, as outlined in Personnel 11. These kinds of risks that the NYCPD took in trusting MAP process, and the Department's recognition that something new had to be done to help its police men and women, resulted in a change in the NYCPD's personnel procedures and actions. This clearly demonstrates that departments can change, surrender traditional personnel requirements, and fully use all available resources when it comes to wellbeing of its officers.

## Chapter 2: Role of Peer Support Officers

The great need to immediately address stress among New York City police officers meant that the Membership Assistance Program (MAP) had to implement its Peer Support Program quickly. The volunteer aspect of the peer support program formed the core of the program design. At the same time, MAP staff had to make it clear to prospective police officer volunteers that MAP functions as a non-Department activity, and volunteer activity in the Peer Support Program would have no impact on their position and/or advancement within the Department.

The MAP Director and members of the mental health clinician team created an application for officers to complete as part of the application process to become Peer Support Officers. The application solicited pertinent information on an officer's background, education, and experience. A simple form, the main question on the application concerned the reasons why an officer wanted to volunteer.

The program moved quickly toward full implementation. In fact, the Council of the City of New York issued a letter in November 1995, announcing approval as "the first class of 25 peer counselors will begin their training. Manhattan Counseling and Psychotherapy Associates, a New York City based company has been hired to train the first 50 officers in the techniques of peer support."<sup>10</sup>

MAP solicited the involvement of Peer Support Officers in all police union magazines. The largest union, the Patrolmen's Benevolent Association, asked union delegates to ask its membership to identify appropriate officers and provide them with information on how to volunteer. Applications were accepted and encouraged from all ranks and assignments. The first round of solicitation yielded 105 applications. Some ten-percent of the applicants withdrew before the interview process.

The MAP Director and a representative of the mental health team interviewed each applicant for selection into the first group of Peer Support Officers. The goal was to establish within the potential Peer Support Officers, a sense of the true spirit of volunteerism. Officers had to commit their personal time to perform their Peer Support duties. The application process provided an opportunity to point out that during any and all MAP activities; officers do not identify themselves by police department rank or assignment.

The New York City Police Department recognized the training time of Peer Support Officers as official duty, and paid the volunteers salary during the training.

The Manhattan Counseling and Psychotherapy Associates designed the training module for Peer Support Officers. The training followed the 1993 Peer Support Guideline issued by the Police Psychological Services Section of the International Association of Chiefs of Police. The Peer Support Officer applicants received training in two groups of twenty-five officers each. Both men and women applied to become Peer Support Officers.



Each group of twenty five trainees met for two weekends of intensive training sessions.

Following the second weekend training, the groups continued to meet monthly. The initial training took nine days over a six-month period. Clinicians of the Manhattan Counseling and Psychotherapy Associates designed the training schedule to enhance trust among the applicants.

The training period allowed ample time to identify any job-related issues among the applicants that would prevent their effective performance as Peer Support Officers.

The first training period took place over a three-day weekend, and provided the applicants with opportunities to make disclosures about themselves. Applicants were encouraged to discuss the reasons why they had become interested in volunteering as Peer Support Officers. The final six days of training took place over the next six months.

The process identified two types of volunteers:

- Persons who had been through stress and had come through the experience with a positive outcome
- Persons who were still experiencing stress related trauma and hoped to address it by participation as a Peer Support Officers

The training curricula and experiences provided instruction in the following areas:

- Trust building and Communication/listening skills
- Confidentiality Issues
- Ethical Issues
- Problem Assessment
- Problem Solution and Resolution
- Crisis Intervention and Management
- Stress Management
- Alcohol and Substance Abuse
- Suicide Assessment Techniques
- When to seek Professional Mental Health Consultation and Intervention
- Family and Relationship Issues
- Depression and Burnout

The extremely sensitive nature of the training often raised the participants' emotions, and these heightened feelings proved especially difficult for those officers who still needed to address personal stress issues. These same officers, when they became Peer Support Officers, also required more attention from the administrative staff, and proved most likely to withdraw from the Program.

The training sessions provided a program resource. The Peer Support Officer candidates provided suggestions and brought up universal issues that needed to be addressed. As previously

discussed, these issues included the autonomy of the MAP from the unions and Department, the need to secure weapons for officers at risk, and that personnel files on officers seeking MAP services needed to be secure from Departmental and union access.

One topic that covered in all discussions concerned stress management and self-care. The officers identified the stress factors unique to law enforcement, and, with guidance from mental health clinicians, explored the officers' most stressful job experiences. Officers learned how to identify stress and how to take a test to measure their own stress levels. The officers received information about the physical, cognitive, and behavioral techniques to reduce stress for themselves and their peers. Trainees were introduced to trauma-related stress and post-shooting trauma, and enhanced their training through the presentation of case examples and scenarios. An additional training day spent at an outpatient alcohol treatment center provided a venue to receive detailed information about the disease of alcoholism and its effects on an individual and the family members. Various treatment options for addictions were discussed.

### **Objective Handbook**

Incorporated into the Peer Support Officers program design, was the creation of a handbook for the Peer Support Officers. The Handbook also serves as a tool for any law enforcement agency seeking to implement a peer support program. The MAP Handbook was completed in 1997, in a user friendly format that can be easily photocopied for wide-spread distribution. The Handbook includes an overview of the peer support program goals, the activities required from Peer Support Officers, ethical issues, communication techniques, and specific problem areas of law enforcement work. Stress care and management techniques are provided as well as referral

guides, operational procedures of MAP, and answers to frequently asked questions. Peer Support Officers, using the booklet, can provide information quickly to their peers.

Activities toward publishing a handbook for Peer Support Officers during this time period, include selection of topics to be covered, designing a user friendly format, editing, and evaluation. The Handbook consists of forty-four pages, and covers such topics as Basic Communication Skills, Understanding Depression, Suicide Prevention Techniques, Understanding Alcoholism, Stress Management, Relationship Issues, Critical Incident Stress Debriefing, and Post-traumatic Stress Reactions.

The Manhattan Counseling and Psychotherapy Associates (MCPA), with input from the MAP Director, oversaw the Handbook's development. Ten Peer Support Officers and the MAP Operations Coordinator provided evaluation of the Handbook. The Handbook's intent is to provide an easily accessible reference guide for the Peer Support Officers in the field. Reviewers (Peer Support Officers) critiqued the final draft.

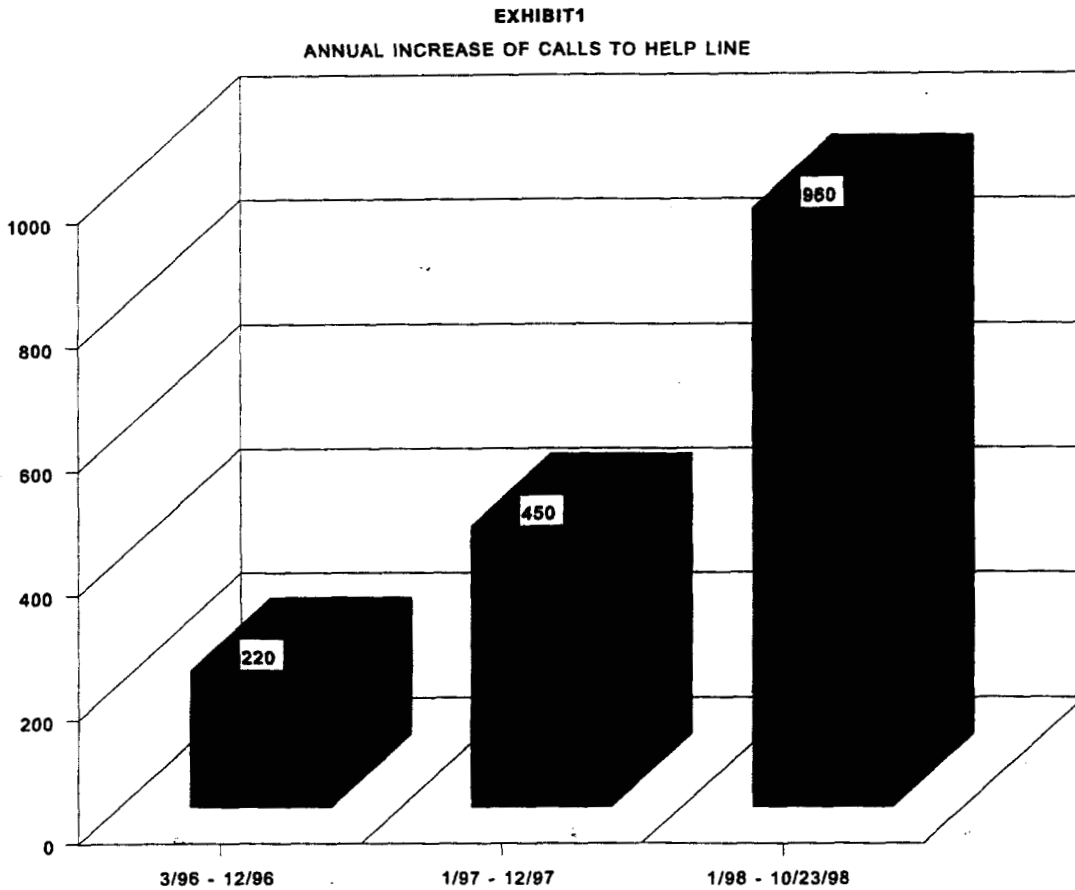
Eleven persons were surveyed, and the following responses noted:

- All eleven people surveyed believed the information was useful.
- Eight Peer Support Officers believed they would use the Handbook as a reference guide.
- Three Peer Support Officers reported that the volume of information might deter their using the Handbook.
- All surveyed believed that the Handbook's physical size would prevent use in the field.

Although the general consensus agreed that the information in the Handbook was useful, they all rated physical size of the Handbook as having the potential to prevent its active use. This issue is being currently addressed.

### **Conclusion**

Although in its early stages, the Peer Support Officer team has been credited with saving New York City police officers from suicide. The officers in the field have utilized the materials developed for use by the Peer Support Officers. It can be surmised that the Peer Support Officers had a direct role in the increase of New York City police officers seeking mental health services for stress related issues.



Of the original group of fifty Peer Support Officers, twenty-five still remain active as Peer Support Officers. Through the training process, the Peer Support Officers become excited about the program and bond as a unit. Participants express gratitude about the deepening of their knowledge and the commitment of helping other officers. On each of the five follow-up training days, trainees continue to practice techniques and skill development; role-playing relevant scenarios with the trainers.

### Chapter 3: Family Training Seminars

As telephone calls to MAP's twenty-four hour Help Line poured in after its establishment, it soon became apparent that the main conflict officers' experienced were their difficulties in personal relationships. The frequency of police officers' loved ones telephone calls to the Help Line also revealed the police officer families needed help dealing with stress.

The limited resources of MAP as a newly developing program coupled with potential legal conflict of interest resulted in a policy that MAP would only provide services to an officer at the direct request of the member of the police service. The vast majority of family members and loved ones made statements similar to the wife's who cried out, "He will never call because he trusts no one!"

One of the primary objectives that MAP has concerned itself with is the development of trust among New York City Police Officers. To enhance the growth of trust among police officers, the direct involvement into the MAP program of an officer's most important component, his or her loved ones, was a necessity. The family needed to be a part of the solution to stress among officers. This decision lead MAP to consider how to involve the family, and resulted in the application to the National Institute of Justice for the development of the MAP Family Program.

### **Divorce Rates for New York City Police Officers**

Among the city's 20,000 retired police officers, 2,666 are divorced, according to current personnel records. A survey of Health Benefits records conducted in March 1997 reveals that in one year, 986 New York City police officers received a divorce, out of a total of 38,000 police force.

A breakdown of the 986 divorces illustrate the service length of the officers:

- One to five years: 505
- Five to ten years: 364
- Ten to twenty years: 117

These facts infer that a great level of stress occurs in a marriage where one or more of the partners chose law enforcement as a career. As documented in Ellen Kirschman's publication, *I Love A Cop<sup>11</sup>*; one participant documented her marriage to a police officer when she wrote:

Our lives are crazy; I never know what time to expect him. When he leaves at 6:30am he is a teddy bear. When he walks in the door at 4:00pm he is like a fierce lion. How do we deal with this? My children and I walk on eggshells some days.

In October 1996, with the help of funding from the Office of Justice, MAP created the Program for the Reduction of Stress for New York City Police Officers and their Families. The program's design followed the Peer Support model, and encompassed volunteers, support groups, information and educational materials, and referral services.



### **Peer Support Officers in the Family Program**

Implementation of the Family program resulted in creation of an additional training program for selected Peer Support Officers who volunteered to act as facilitators of the Family Support Seminars. The Peer Support Officers were also selected to lead the proposed ongoing Family Support Groups. A training curriculum and guidelines for selection of the Peer Support Officers was developed by MAP, in conjunction with the Manhattan Counseling and Psychotherapy Associates.

The Family Support program, funded by the NIJ, began in July 1997. The first group of twenty-five Peer Support Officers attended a one-day training program. The Peer Support Officers' training curriculum for the Family Support program included discussion on group leadership skills and guidelines for leading support groups. Experiential exercises allowed participants to practice group leadership skills in a protected environment of simulated support groups. Participants provided evaluation of the training process, and quickly grasped the essential tools of listening and leadership.

The trained Peer Support Officers participated at the ensuing Family Workshop seminars that were presented during the period covered by this grant. The Peer Support Officers continued their involvement as facilitators in the ongoing family support groups.

Evaluations from family members about the presence of the Peer Support Officers were virtually unanimous in their praise and appreciation for the officers' insights and leadership skills. The volunteer Peer Support Officers received no salary for their work with the families. MAP supported the per diem costs for the Peer Support Officers.

### **Marketing the Family Workshop Seminars**

A marketing and outreach effort maximized attendance at the first of the planned five Family Workshop Seminars. The first seminar served families living in Nassau and Suffolk Counties, bedroom communities near New York City where substantial numbers of (9,000) metropolitan law enforcement officers reside.

In the two weeks prior to the first Family Workshop Seminar, marketing activities included:

- Informational flyer mailed to police officers and their families in the two counties
- Peer Support Officers announced the Workshop to roll calls at all commands throughout the city on a continuous basis
- MAP had the Family Workshop Seminar announced at Roll Calls at the Police Academy
- Flyers distributed to 1,500 Police Academy Recruits
- Press release resulted in an in-depth article published in a weekly civil service newspaper prior to the first Workshop.

Pre-registered from the family members was requested. Attendance at each of the Family Workshop Seminar was limited to 100 people.

Results of the first Family Workshop Seminar included:

55 people pre-registered

44 people attended the first seminar.

The relationship of family members with an officer:

24 wives

5 fathers

4 mothers

4 friends

1 sister

6 non-defined

### **Format of the Family Workshop Seminars**

The four-hour Family Workshop Seminars were led by mental health clinicians from the Manhattan Counseling Psychotherapy Associates, five Peer Support Officers, and the MAP Director. The first session of the workshops covered causes of stress, and techniques of recognizing stress-related problems. Ordinary stresses as well as the stress problems that particularly affect police officers were covered. The second part of the workshops offered small group discussions where individuals identified specific problems and other issues. The small

group format also gave the participants opportunities to become familiar with a support group format.

The format of the Workshop included an open discussion period to allow for questions and to allow participants to become familiar with the processes of discussion and listening. In the initial open discussion of the first Workshop, a wife of a police officer spoke. Her husband had had a recent experience with a critical incident. The wife's honest and open sharing about the effect of Post-Traumatic Stress on their family set a tone that remained throughout the first Workshop.

After the open discussion period, the Workshop groups divided into four smaller support groups to identify further and more personal areas of concern. The Peer Support Officers worked with the smaller support groups at the first seminar.

Due to the groups' increased levels of emotions and lack of familiarity with the format, the groups did not achieve all the goals planned by the program leaders. However, the participants indicated on the Family Workshop Seminar evaluations that Workshops proved very helpful at easing their sense of isolation. The families found they were not alone in their worries and issues.<sup>12</sup>

All three Family Workshop Seminars took place on Friday nights, monthly, from 6:00pm to 10:00pm. Workshops were held at locations such as hotel meeting rooms. Break times provided opportunities for informal sharing among the participants.

### **Family Workshop Seminar Topics**

- Seminar One: Overview of Stress in the Police Family
- Seminar Two: A closer Look at Maladaptive Stress Behaviors in the Police Family Member
- Seminar Three: Stress Management in the Police Family

A decision was made by the program presenters to eliminate a planned inclusion of gambling and debt problems among police officers. This decision was based on the families' stated need to direct more attention to the problems listed above.

### **Distribution of Educational Materials**

An Information Table was set up at every Family Workshop Seminar. The Information Table displayed a wide variety of materials and resources for the families.

The materials for spouses included:

- Tips for Helping Yourself When Your Cop is in Crisis
- Ten Favorite Marriage Myths Online Resources for Spouses of Police Officers
- On the Front Lines, Fact Sheet from Shroeder hearing
- Psychotherapy: What is It?
- Tips for Healthier Relationships
- How to Fight Constructively
- Alcoholism in the Family

**Gun Safety:**

- Eddie Eagle Gun Safety Program
- A Parent's guide to Gun Safety

**For Parents:**

- Twenty-four Ways to Prevent Child Abuse
- Seven Stands for Effective Parenting
- What Every Preteen Really Wants to Know
- Fifteen Ways to Help Your Kids Through Crisis
- Family Problems

Participants also received MAP-generated materials that included support group guidelines, a sign up sheet for ongoing support groups, evaluation forms, and name tags.

**Concerns of the Family Members**

The concerns of the family members at the first Workshop included the following:

- An increasing lack of communication between officers and their families
- Work Schedules that interfered with family activities, family events, and holidays
- Fear of having weapons in the house
- Resentment of being isolated from officers during the work periods
- Neighbors expect officers to be the neighborhood security when off duty; expect spouses to be experts in legal matters

### **Location of Family Workshop Seminars**

The five proposed sites for the Family Workshop Seminars were chosen to best serve the metropolitan areas' police families, as to areas of residence. One Family Workshop presentation site was cancelled (see Chapter 7). During period covered by this grant, four Family Workshop Seminars were presented in:

- Nassau and Suffolk Counties
- Staten Island
- Queens/Brooklyn
- Northern Bronx/Riverdale (which includes Westchester County)

### **Registration and Attendance**

Participants registered for the Family Workshop Seminars by mail or by telephone. MAP's strict rules of confidentiality were stressed on all marketing materials and registration forms. Each Workshop site experienced an attendance decline from the initial Workshop to the final Workshop of the three-part series.

### **Ongoing Family Support Groups**

As an outgrowth of the Family Workshops, a support group for the families was initiated. As planned, for the first four sessions, a mental health clinician lead the family support groups assisted by a Peer Support Officer. The support groups met once monthly for approximately two hours. The clinician established healthy group dynamics, and instituted the suggestions that

allow an atmosphere of trust and openness among participants. The clinician also supervised the Peer Support Officers to enhance the development of his or her group leadership skills

### **Conclusions**

The NIJ grant supported a first-time, widespread outreach to the families of New York City police officers in order to address the issue of stress. The program provided services to police family members residing in the diverse residential neighborhoods of metropolitan New York City. Informational flyers announcing Family Workshop Seminars were mailed to thirty-eight hundred (3,800) homes of police officers.

A second set of seminars served police families residing in the Counties of Rockland and Orange. Informational flyers were mailed to the homes of 1,856 police officers in Rockland and Orange counties. Since the pre-registration response only yielded four (4) family members interested in attending, a decision was made to cancel or to reschedule seminars in these two counties. As a result of this experience, MAP planned future seminars by taking into account such issues as site location, scheduling convenience, and childcare issues.

As a result of the Bronx/Manhattan family seminars, eight family members signed up for and regularly attended the family support group developed as a continuance of the family support network. The Manhattan Support Group consists of one mother, four wives, one husband, one sister and two fiancées of police officers. The ongoing support group formed for the Bronx/Manhattan families formed the second group. The first ongoing support group in Long Island validated a need for a police family network of support.

Three volunteer Peer Support Officers facilitate both groups. Additionally, during the period supported by the NIJ grant, the program provided participation by a licensed Clinician. A problem of scheduling support group meetings to encourage maximum participation was addressed by addressing child care and transportation issues.



Evaluation of all Family Workshop Seminars proved consistently high. The ongoing Family Support Seminars currently serve 155 police family members. Issues that emerged during the Family Workshop Seminars included the participation of spouses married to Peer Support Officers who were present at the seminars. These situations provided useful experiences for the development of more complete guidelines for future Workshops.

## Chapter 4:

### Creation of a Referral Network

The New York Metropolitan area has tremendous resource in the field of mental health care. Still, until MAP, with the support of the NIJ grant, created a central listing of mental health clinicians trained to deal with issues around law enforcement and stress, the nation's largest metropolitan police force had to access to a central listing of clinicians trained to help law enforcement officers and their families deal with stress-related issues. The goal of MAP, to help police officers seek help for stress-related issues, resulted in the creation of New York City's first law enforcement referral databank of mental health professionals.

The widespread geographical area of residency communities for New York City police officers made a computer-driven database the most viable and effective method to store and access information on mental health clinicians. The Manhattan Counseling Psychotherapy Associates, under the direction of Ronnie Hirsh, Ph.D., oversaw the marketing to clinicians, selection of qualified applicants, and designed the computer program to operate the database listing of New York City metropolitan area mental health clinicians experienced in issues confronting police officer and their families. Peer Support Officers, trained to recognize when and how to refer a fellow police officer for professional intervention, have access to the this new Referral Network.

The first step in creating the Referral Network involved marketing and outreach to the mental health community by MCPA. An application format ensured that all clinicians enrolled in the database more than met minimum professional standards, and included other information such as fee scales and insurance plans accepted. The application, in turn, provided the basis information for the database form for each clinician. The information on each clinician was input into the computer database. Afterwards, the clinicians were invited to verify their own data entry and to

return the database form along with a copy of their current license and malpractice insurance face sheet.

The initial list for clinicians was drawn from personal recommendations and from contacts within professional mental health associations. Preliminary data from MAP surveys revealed that the most common issue for police officers seeking a therapist involved relationships. For this reason, Clinical Members of the American Association of Marriage and Family Therapy were first considered, based on their expertise in marital and family matters. Since this selection cannot be based on credentials alone, an interview process screened potential MAP clinicians and validated credentials. Each clinician's application was carefully examined, and the initial referral list included 100 clinicians.

The Manhattan Counseling and Psychotherapy Associates designed the software program for the database, oversaw the inputting of information, updating information, and maintaining software, hardware, and database. The Referral List on a data base accessible by Peer Support Officers by such categories as treatment modality, location of services, insurance accepted, fees, and office hours has been key to the success of MAP. The database program, designed to be flexible, allows for more names to be added and removed as appropriate. The use of computer technology improved the collection of data, and made subsequent retrieval of information for specific geographic areas more efficient.

MAP also provided training workshops to mental health practitioners to increase the professionals' familiarity with the specific needs and problems of police officers and their families. The Manhattan Counseling and Psychotherapy Associates provided the training for the

workshops. The goal was to make mental health services more available to police officers and their families by providing compassionate and experienced mental health providers.

The database has been field-tested. The testing was accomplished by distributing the referral list to the team coordinators of the six Peer Support teams. A Peer Support Officer has the responsibility to determine the need for professional intervention in a person-to-person interview of police officers seeking assistance. When the Peer Support Officer completes the initial interview, he or she contacts their respective team coordinator for an appropriate referral. After conferring with the Peer Support Officer, the team coordinator refers to the Referral List to ascertain the appropriate clinician by geographic accessibility and insurance coverage availability.

Prior to the creation of the referral list, only the MAP office could make a referral. Allowing the Peer Support Officers access to the list eliminated a cumbersome obstacle in rendering timely and efficient assistance to a member seeking help.

Clinicians enrolled on the database receive a MAP Clinician card, and were required to attend MAP training workshops. At the workshops, clinicians met with the MAP Director and the New York City Police Department Liaison Psychologist. Clinicians learned the correct procedures for working with MAP clients. They received information that outlined the requirements for using the "Blue Line" status as per Chief of Personnel Memo 11, as well as related topics. A

symposium entitled, "Police Officers in Psychotherapy: What Every Clinician Needs to Know," was presented for all clinicians interested in working with police officers and their families.

Informal research has shown that many police officers in New York City fail to seek psychotherapy due to a distrust of therapists in general. Therefore selecting clinicians sensitive to the lives of police officers was seen as vitally important. MAP seeks to help police officers feel safe in requesting mental health services. The clinicians' enhanced understanding and interest in the overall mission to reduce stress for police officers has resulted in an improved image of clinician among the law enforcement personnel.

### **Conclusions**

The Peer Support Officers' initial unfamiliarity with mental health clinicians' specific professional disciplines and its application to the needs presented by the officers seeking help proved to be a problem. Also, prior to training, the clinicians had difficulty with the process of MAP.

MAP addressed the problem by enhancing Peer Support Officer training and refresher techniques that include identification of the varied mental health disciplines. Likewise, clinicians will continue to receive training and orientation regarding MAP processes.

## Chapter 5: Marketing the Program

### **Introduction**

The New York City Membership Assistance Program for Police Officers and their Families focused its marketing activities on the following groups: police officers, police unions, mental health practitioners, and police families. Marketing efforts also involved outreach to the senior executive administration of the New York City Police Department.

Ongoing marketing efforts on behalf of the Program for the Reduction of Stress for New York City Policemen and Their Families has taken place throughout the period of the grant.

### **Marketing Techniques**

Media marketing techniques included articles in journals and newspapers, a marketing video, direct mail flyers and letters to members and their families. Personal outreach marketing efforts included appearances by MAP representatives at the following: police assemblies, police academies, police fraternal organizations, and police union assemblies.

During the period covered by the NIJ grant, MAP made public presentations about the Family Member Workshop Seminars at the Police Academy's Family Day assemblies, which take place just prior to graduation of the new officers. Family Day assemblies, a standard procedure of the New York City Police Department, included a MAP presentation, informing the family members about the program's alternative services to using the department psychological services.

## **Goal**

The goal of the marketing strategy was to reach all member of the Department at all ranks, and all family members with notification about the services provided by MAP. All marketing emphasized the confidentiality of MAP, and explained that the Program operates outside of the New York City Police Department while, at the same time, with full Department approval.

To achieve the marketing goals, the first action was to introduce MAP to all five police unions' leaders and to union delegates at regularly scheduled union meetings. MAP also reached out to police fraternal organizations and societies, including the COPS Group (Committee on Police Societies), which includes the leadership of all the societies and fraternal organizations. The societies and fraternal organizations include the Emerald Society, Gay Officers Alliance League, Guardians Association, Hispanic Society, Colombian Association, and Shomrim Society.

The format used in these presentations involved the same basic structure: a twenty-minute presentation by the MAP Director and a seven-minute talk by a Peer Support Officer. Literature such as the MAP brochure and information on how to recognize and to reduce stress was distributed. The presentations also offered an opportunity to recruit volunteers for Peer Support Officers and to promote the Family Member Workshop Seminars.

### **Marketing to Police Officers**

MAP recognized that the primary obstacle to police officers seeking help for stress-related issues was connected to their belief that to seek help resulted in stigmatization with a resulting negative impact on their careers. MAP, therefore, decided to use established and respected police publications to first announce its services to New York City police officers. Articles generated through MAP activities were published in police publications. The news articles informed officers of MAP's services, and underscored the fact that MAP operated with total autonomy and with the full support of both the Department and the Unions. MAP quickly gained greater validity when officers saw articles printed in these publications. News articles also provided the most effective and cost effective way to reach the thousands of law enforcement officers who make up the nation's largest police force.

The Director of MAP solicited the editorial support of union publications. The union publications agreed to run articles on MAP. The New York City Police Department's monthly magazine also included MAP services in its general announcement of all available programs for officers.

Initially, local and national police publications carried stories on MAP and its services. These included *New York's Finest* (a monthly union publication), *Spring 3100* (NYPD quarterly magazine), and *Law and Order* (a national publication)<sup>13</sup>. As a result of these features, local city newspapers, *The Daily News*, *New York Post*, *Newsday*, and *The New York Times*, also published articles on the development of the peer support program for New York City police officers.



A video that was used in marketing had resulted from the field experiences of the initial group of Peer Support Officers after they returned to their local commands. The Peer Support Officers reported that a lack of knowledge and misinformed knowledge of MAP services still existed among all ranks of police officers. This fact resulted in a decision by MAP to create a video that was developed in collaboration with the Department. The video offered the best method to systemically describe MAP and its services to police officers. The video stresses and authenticates the confidentiality of MAP.

The New York City Police Department's Video Unit, with input from the MAP Director, first wrote the script. Volunteers from the Peer Support Officers group participated in the video and portrayed themselves. Professional actors in a combination of civilian and police officers (who had never used MAP services) portrayed clients in the video. The video used real case vignettes to demonstrate need and solutions. Interviews with MAP clients provided the fact-based crisis situations used in the video. The Chief of Personnel of the New York City Police Department and the Director of MAP had final approval of the video.

The resulting seven-minute video, *MAP*, highlights the cause factors involved in the build up of stress for police officers and emphasizes that help is available. The video informs police officers about MAP's goals, and encourages them to reach out and get help from MAP services. The New York City Police Department uses the video as part of its various training presentations for New York City police officers. To reach the rest of the police force population and to reinforce

the message of the video, the Department's Training Officers received training on how to present the video and then air the video during training sessions. The Training Officers receive a one-hour training orientation session on how to present the video, and then show the video at various commands throughout the city.

The continued marketing activities allowed MAP to maintain a high visibility among police officers. MAP made periodic mailings about all their program activities. MAP also issued press releases to union publications. Marketing efforts to police officers were increased prior to the presentation of Family Member Workshops. These efforts included announcements to the officers by the Peer Support Officers at the precinct level. The New York City Police Department's official memos distributed to officers and rank and file members also enhanced the MAP marketing efforts.

### **Mental Health Professionals**

Marketing efforts to mental health professionals included the mailing of press releases<sup>14</sup> as well as direct informational efforts through flyers mailed to members of professional mental health societies. The marketing strategies to clinicians were written and directed by the Manhattan Counseling and Psychological Associates.

Articles written by clinicians in professional journals about MAP also provided a way to further market the program. All MAP Clinicians received follow-up letters and informational flyers about the MAP Orientation Workshops that were required for the one hundred MAP Clinicians.

Notices and events columns in professional journals and university publications announced the MAP-run symposium offered to all clinicians interested in working with police officers and their families.

### **Families**

Direct mail provided the best avenue to market Family Member Workshop Seminars to police officers' families and loved ones. Additionally, MAP representatives presented information on the Family Program to Police Academy Recruits and at precincts throughout the five boroughs of New York City. For example, prior to the presentation of Family Workshop Seminars at the Nassau/Suffolk County site, a mailing went out to 9,000 police officers' homes two weeks prior to the first seminar. The eighty-five Peer Support Officers announced the seminars to roll calls at all commands on a continuing basis. The flyer mailed to the police officers' residences introduced the Workshop Seminars, and explained the goals and outlined the agenda. Everyone who registered for the Family Member seminars received a follow-up mailing.

The marketing materials for the families were developed in collaboration with the Manhattan Psychological Associates and the MAP Director. The one-page mailings were head lined by the phrase; "Do you Love a Cop?" The mailings provided information on the three seminar topics, stressing that the seminars were free to participants and announced that ongoing family support groups would be established. The flyer included an application form and a telephone number for those who wanted to register by telephone.

### **Marketing the Family Workshop Seminars:**

Superior officers in each area authorized that a flyer could be mailed to all the rank and file officers.

In addition:

- Peer Support Officers announced Family Workshop Seminars to 1,500 Police Academy Recruits and distributed flyers to the Recruits for all Seminars
- Peer Support Officers announced the Family Workshop Seminars at police roll calls

A mailing to approximately 1,900 families in Rockland/Orange Counties announced a site for the Family Member Workshop Seminars. The selected site, centrally located near major highways, was also in an area with little public transportation, which was found to deter spouses from attending the Workshops. The Rockland/Orange Counties mailing received positive responses from two people, although the direct mailing efforts and Peer Support Officers' announcements for these counties had duplicated efforts in other geographical targeted areas. The lack of response in the Rockland/Orange Counties did not deter further outreach to families. MAP next directed the Family Member Workshop Seminars for the Bronx/Manhattan/Westchester location.

### **Family Workshop Seminars in Nassau/Suffolk Counties**

- 9,000 Flyers mailed
- 55 Family members and loved ones enrolled for the first Workshop, 44 attended
- 76 Enrolled for the second Workshop, 37 attended
- 74 Enrolled for the third Workshop, 36 attended

### **Family Workshop Seminars in Staten Island**

- 3,083 Flyers mailed
- 15 Family members and loved ones enrolled for the first Workshop, 6 attended
- 20 Enrolled for the second Workshop, 8 attended
- 38 Enrolled for the third Workshop, 11 attended

### **Family Workshop Seminar in Queens/Brooklyn**

- 9,500 Flyers mailed
- 25 Family members and loved ones enrolled for the first Workshop, 19 attended
- 26 Enrolled for the second Workshop, 6 attended
- 27 Enrolled for the third Workshop, 5 attended

### **Family Workshop Seminars in Bronx/Westchester/Manhattan Counties**

- 5,000 Flyers mailed
- 48 Family members and loved ones enrolled for the first Workshop, 25 attended
- 49 Enrolled for the second Workshop, 15 attended
- 53 Enrolled for the third Workshop, 15 attended

Ongoing marketing activities for family members continues, mainly through the family support group network of participants. MAP mails flyers to families to announce monthly meeting of their respective support groups. To enhance attendance at the support group meetings, announcements of the ongoing support groups are also mailed to all police family members in each respective area.

## Chapter Six

### Monitoring and Evaluation of the Demonstration Project,

This chapter offers an analysis of the statistics and data of the Program for the Reduction of Stress for New York City Police Officers and Their Families. For example, the number of calls to the Help Line March through December 1996 totaled 220; January 1997 through December 1997 totaled 450 calls, and January 1998 through October 23, 1998, 960 calls were received. Seventy-five percent of the callers met Peer Support Officers in a person-to-person assessment. Twenty-five percent of all callers, which includes hang-up calls, did not require a personal meeting. Sixty percent of all callers met by Peer Support Officers were referred to professional clinicians.

For example, of the 220 callers in 1996, 165 callers were met in a personal contact by a Peer Support Officer, who spent a range of time from two to twelve hours per callers. This reflects the commitment of each Peer Support Officer to the program. Each call that is met requires averages a minimum of an hour for the preliminary telephone assessment of the client's needs. An average meeting, it was found, took about four hours.

Thus, in 1996, the 165 clients' assessment required 825 hours in direct volunteer work from the Peer Support Officers. Each month, the 50 Peer Support Officers spent altogether sixty-eight hours each month in addition to their regular assigned police duties, their MAP monthly meetings (36 hours per year). Additionally, the six Peer Support Officers who participated in the Family Workshop Seminar activities spent another twelve hours a month on those activities.

In 1996-97, the number of callers to the Help Line more than doubled. In 1997-98, the percentage in telephone calls to the Help Line increased more than 220 percent from its inception. The number of Peer Support Officers increased forty-one percent, from 50 to 120 over the three-year period.

The 1,150 projected callers for 1998 (based on the 960 callers in first ten months) means a total of 3,456 hours will be spent on the telephone and in face to face meetings by the Peer Support Officers, in their addition to their regular police duties.

The doubling each year in the number of calls to the Help Line indicates that the level of trust among the New York City police force for the MAP stress reduction program has also increased each year. The statistics offer a good indication that New York City police officers increasingly became more aware, during the three-years of MAP services, that is seek help, and that MAP can be trusted to provide this help.



Additionally, sixty-percent of the police officers that were met by a Peer Support Officer received a referral to a mental health clinician. From March 1996 through to December 1996, 99 police officers were referred to a clinician, and in 1997, 202 officers received referrals. A projected 518 officers in 1998 will receive a referrals to mental health clinicians. In three years, 819 police officers have received referrals to mental health clinicians trained in issues relating to stress and law enforcement. These 819 police officers represent two percent of the total 38,000 members of the city's police force. Thus, in just three years MAP has helped two percent of the total 38,000-member police force receive help for their stress related issues.

Blue Line cases represent the agreed procedures between MAP and New York City Police Department (see Personnel Memo 11) for voluntary weapon removal and the assignment of sick leave or reduced duty status of police officers. In 1996, sixteen percent of all callers that Peer Support Officers met with (22 officers) were placed on Blue Line status. In 1997, thirteen percent (37 officers) were placed on Blue Line status. In 1998, six percent (38 officers) officers) were placed on Blue Line status. The fewer Blue Line callers means that officers came to MAP earlier, before stress built to most dangerous levels.

Since program is dependent upon the Peer Support Officers to achieve its goals, retention of trained and experienced volunteers is important. The statistical fact that more than half of the original pioneer group of Peer Support Officers remained active in the program is counted as a sign of success. In addition to the original group, 50 more volunteers were recruited in 1997, and an additional 50 volunteers in 1998. Due to various factors, attrition has depleted the volunteer corps by 40 over the three-year period (which includes the 25 in the pioneer group). The Peer Support Officers recruited after stricter guidelines were instituted in the second year have an overall lower attrition rate.

Over the period covered by this grant, October 1, 1996 to September 30, 1998, twelve Family Workshop Seminars were presented in four sites across the New York City metropolitan area. All families of the 38,000 police officers of the New York City Police Department were notified about the Family Support Workshops and received educational materials on the impact of stress as it relates to police families.

The following is a breakdown of the attendees' at the family seminars and a significant observation of this attendance is the apparent diversity of the participants relationship to the police officer. It should be noted that the categories of sibling, friend, and fiancé were all respondents from our family day outreach in the police academy.

- Seminar 1 - 32 attendees (Long Island, Nassau and Suffolk Counties)  
18 spouses, 4 parents, 2 siblings  
6 friends or fiancées, 3 children
  
- Seminar 2 - 20 attendees: (Bronx/Westchester/Manhattan)  
10 spouses, 2 parents, 2 siblings  
2 friends, 2 fiancées, 2 children
  
- Seminar 3: 12 attendees (Staten Island)  
8 spouses, 2 fiancées, 2 parents
  
- Seminar 4: 16 (Brooklyn/Queens)  
8 spouses, 4 fiancées, 3 parents, 1 friend

Statistics for the two-year Family Workshop Seminar program reveal the difficulty inherent in reaching out to the families of law enforcement personnel.<sup>15</sup> Yet, the overall high evaluations provided by the family members who attended the Family Workshop Seminars demonstrated that a great need existed for continuing stress reduction programs that are aimed at serving the families of law enforcement personnel.

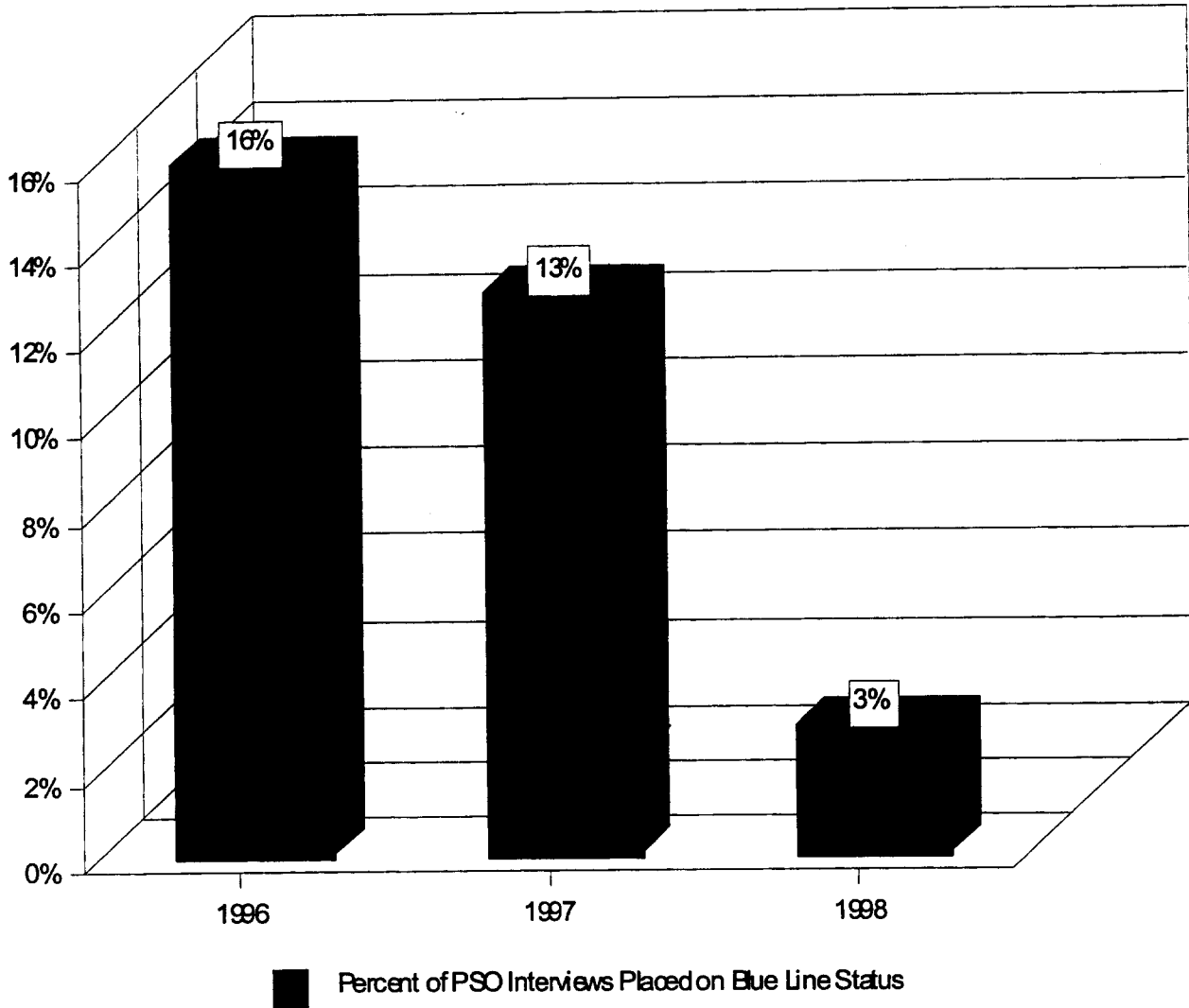
## Chapter 7: Summary

In this final report, we have examined the development and implementation of a volunteer Member Assistant Program in New York City. This represents the first-time partnership of the New York City Police Department, police unions, the private sector, and the eventual expansion of that program to serve police families. We have also shown how Peer Support Officers can motivate their fellow officers to seek help for their problems, and help families understand stress-related issues inherent in law enforcement, and establish support groups to help them cope better with stress.

Additionally, we have demonstrated that to encourage police officers to seek professional services for stress related issues requires that a resource of experienced mental health professional be created and the referral list must be in a format that is easily accessible to Peer Support Officers. Finally, this report details the necessity of developing a sense of collaboration among the executive leadership of the major partners: the police department and the police unions.

The MAP team has accomplished its stated objective, and the result has been a great increase in the number of New York City police officers reaching out for help with their stress-related issues. Furthermore, in conjunction with the increase in the number of telephone calls to the Help Line over the past three years, there also was a corresponding decrease in the number of callers referred to Blue Line status. Since Blue Line status represents the most critical cases, it is easy to conclude that officers are reaching out before their stress reaches critical stages.

Exhibit 4  
Decrease of Blue Line Cases



We have noted the success of the Program to Reduce Stress Among Police Officers and their Families in several ways:

- By providing Peer Support Officers with extensive and ongoing training
- By challenging traditional occupational police cultures characterized by police officers' self-reliance, denial of the affects of stress, and career stigmatization.
- By developing a first-time police department-approved non-agency program.
- By a significant decrease in the number of police officers committing suicide.

By establishing a program to serve police officer families throughout the New York metropolitan area.

- By a significant increase in the number of police officers seeking professional help for stress-related issues.
- By reducing the need for sick leave (Blue Line) cases, MAP proved effective in encouraging early self-referrals by officers.

The effective means that the Program to Reduce Stress Among Police Officers and their Families used to motivate troubled New York City police officers and their families to seek help for their problems and to ensure that troubled officers received high-quality, professional mental health services include several components.

These include:

- Establishing a training program for mental health professionals
- Establishing a 24-Hour Help Line for police officers
- Establishing that all personnel records of Members Assistance Program were kept at a non-departmental site.
- Establishing a broad and on-going program of outreach and education on stress-related issues for police officers, their families, and management and personnel of the Police Department and the Police Unions.
- Establishing official policy that allowed MAP to remove weapons and placement of members on sick leave.
- Establishing a policy that allowed Peer Support Officers to receive their salary during their training period.
- Establishing the first non-departmental volunteer Peer Support Officers program.
- Establishing Family Member Support groups that helped the families play a pro-active role in the reduction of stress in police families.

We also note that the Program to Reduce Stress Among Police Officers and Their Families has results that have the potential to produce long term impact. These include:

- Peer Support Officers' personal contact with the officer client establishes an ongoing relationship between the member and MAP.
- The mental health clinicians that have received training share these issues with their colleagues, and the number of mental health clinicians enrolled in the data base of trained clinicians has increased.
- Mental health clinicians have learned that law enforcement personnel have issues particular to their profession.

The whole report reflects the establishment of a spirit of cooperation between the New York City police department and the police unions. This cooperation has broken a long tradition. Police Officers perceptions of a dysfunctional family model would show the patriarch (Police Department) and matriarch (Police Unions) in opposition in the development of policies that affect their personal lives. MAP, by showing the cooperative spirit of the unions and the department has shown that it is possible to work collaboratively in the best interest of police officers. This collaborative atmosphere created a healthy environment for the New York City police officers to reach out for assistance without fear of rejection or reprisal from either agency.

The success of this Program demonstrates that the support by the police department and the police unions has to be sincere at all levels. It is a fact that beyond policies and agreed policies, the pro-active involvement of the New York City Police Department through its Chief of Personnel and, from the Police Unions, through the Union Presidents, enabled the police officers to consciously recognize the existence of concern for their well-being existed. This recognition encouraged the police officers' trust and resulted in the increase of officers reaching out for help for their stress-related issues.



An element in the Program's success to reduce stress among police families was the role played by Peer Support Officers in the workshops for family members. Considering that the volunteers are full-time line officers makes their dedication even more remarkable. The Peer Support Officers introduced MAP and the process of MAP and the family members in turn were empowered to take that information back to their love ones who are police officers.

Finally, this Program demonstrated that city governments play an important role in the establishment of Peer Support Programs for their law enforcement personnel. The initial financial support of this program from the City of New York proved crucial in its implementation. The initial support provided the impetus for creating MAP, and provided the time needed to allow its demonstration to the police department and police unions. This short time period allowed the development MAP, which quickly demonstrated that a non-department program could be established and effective in reducing stress among law enforcement personnel.

### Biographical Sketch of the Author

William W. Genet, a thirty-three year member of the New York City Police Department which includes twenty-six years as an executive board member of the Patrolmen's Benevolent Association. He organized the MAP program and authored this report. A native New York City resident, and four-year U.S. Navy veteran, graduated with BA degree in Criminal Justice from John Jay College. A Certified Employee Assistance Professional (CEAP), the author has more than eight years experience of working in the field of substance abuse and has received a certification in alcohol and substance abuse (from the Central Rehabilitation Council in New York) in October 1990.

In 1994, the author completed a training program with the AMTRAK railroads' Red-Block program, which began his interest in the effectiveness of peer support programs. He speaks often before groups about peer support programs and abuse issues and was a guest speaker at a seminar on domestic violence that was sponsored by the International Association of Chiefs of Police (IACP) in September 1997.

He has been an active member of the New York City and National chapter of the Industrial Relations Research Association (IRRA) for the past fifteen years. Currently, the author continues to be a member in good standing with the American Academy for Professional Law Enforcement (AAPLE).

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